In the event of conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.

In the event of conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides services to eligible member(s) and/or plans, the provider contract will govern.

Neonatal Intensive Care Unit (NICU) Level of Care Authorization and Reimbursement Policy

Policy Number: ECPCP004

Version 5.0

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Description

The Neonatal Intensive Care Unit (NICU) is a critical care area in a facility for newborn babies who need specialized care. The NICU is a combination of advanced technology and a NICU team of licensed professionals. While most infants admitted to the NICU are premature, others are born at term but suffer from medical conditions such as infections or birth defects. A newborn also could be admitted to the NICU for associated maternal risk factors or complicated deliveries.

The NICU levels of care are based on the complexity of care that a newborn with specified diagnoses and symptoms requires. All four levels of care are represented by a unique revenue code: Level 1/0171, Level 2/0172, Level 3/0173 and Level 4/0174. Although the list of criteria used to determine the NICU levels of care in this policy is not all inclusive, it does provide an overview of the guidelines that are used. *Any inpatient revenue codes not billed as levels 2-4 will be recognized as a level 1.*

Reimbursement Information:

Inpatient admissions may be reviewed in order to ensure that all services are of an appropriate duration and level of care to promote optimal health outcomes in the most efficient manner. Clinical documentation of an ongoing NICU hospitalization may be reviewed concurrently to substantiate level of care with continued authorization based on the documentation submitted and aligning with the MCG level of care guidelines.

A case may be referred to a Physician Reviewer if the information received does not meet established criteria for a NICU level of care and corresponding revenue code. The attending physician or professional provider who ordered the services shall be afforded a reasonable opportunity to discuss the plan of treatment with the Physician Reviewer. In situations where

preauthorization request for level of care differs from what would be authorized based on clinical documentation and or MCG guidelines, the Physician Reviewer can deny preauthorization for that level of care. A new preauthorization request will need to be submitted for the appropriate level of care.

Inpatient claims may be reviewed to ensure that billing is in accordance with what is preauthorized. If the claim submitted does not align with approved authorizations, then complete medical records and itemized bills may be requested to support the services billed.

Authorization requests are reviewed using MCG criteria (formerly Milliman Care Guidelines®) which promotes consistent decisions based on nationally accepted, physician-created clinical criteria. Internally developed criteria for extension requests are based on established industry standards, scientific medical literature and other broadly accepted criteria, such as Medicare guidelines. The review criteria may be customized to reflect HCSC Medical Policy and internally developed guidelines. Diagnosis, procedure, comorbid conditions and age are considered when assigning the length of stay/service. A provider submitting a request for preauthorization of a NICU level of care or a charge with a NICU revenue code must be able to provide documentation establishing that the criteria for that level of care/revenue code are satisfied.

NICU Level	Revenue Code	Minimum Criteria for NICU level of Care
Level 1	0171	**Level 1 neonatal care can include all of the following:** • Physiologically stable (e.g. ruling out apnea, bradycardia, sepsis, or unstable temperature • In need of care that is one or more of the following: ○ Convalescence from a condition/conditions treated at a higher level of care ○ Absence of parenteral medications ○ Acceptable respiratory status for level 1 (no apnea, tachypnea) ○ Routine evaluation and management of laboratory testing (bilirubin, glucose) ○ Monitoring for continues weight gain/sustained weight gain on all nipple feeding ○ Establishment of safe discharge
Level 2	0172	**Level 2 neonatal care includes any conditions from level 1 plus one or more of the following:** • Use of hood oxygen (<40%) or nasal cannula oxygen (< 2L); HHBNC with stable other co-morbidities • Administration of intravenous (IV) heplock medications • Weaning from nasogastric (NG) or nasojejunal (NJ) tube feedings while attempting to increase oral intake • Open crib • Apnea, bradycardia or desaturation, but without recent episodes or only self-limited episodes; for example: – apnea countdown – titrating caffeine • Services for neonatal abstinence syndrome (NAS) when the Finnegan score is 8 or less • Monitoring of bilirubin levels every 12 hours during use of phototherapy for jaundice • Clinically stable infections finishing course of medications

NICU Level	Revenue Code	Minimum Criteria for Acceptance

Level 3	0173	**Level 3 neonatal care includes Level 2 requirements are met and**
		Temperature control modalities, such as isolette or radiant warmer, are in use
		and
		One or more of the following:
		• Ventilator support using one of the following:
		  – at least two liters per minute of oxygen via nasal cannula/high flow nasal cannula
		  – continuous positive airway pressure (CPAP)
		  – ventilator (short term or stable ventilator settings)
		• Active apnea/bradycardic episodes requiring pharmacologic intervention and stimulation
		• Suspected sepsis with toxic appearance
		• Persistent hypoglycemia (glucose <30 mg/dl)
		• Hyperbilirubinemia with other findings; for example, hemolysis and transfusions are needed
		• Total parenteral nutrition or IV fluids to supplement inadequate oral intake (NG or PO)
		• NAS with one or more of the following:
		  – three consecutive Finnegan scores greater than or equal to 8, or
		  – two consecutive Finnegan scores greater than or equal to 12
		• Pediatric subspecialty care of severe disorder or complication
		• Other condition requiring urgent pediatric subspecialty care not available at lower levels of care

Level 4	0174	**Level 4 neonatal care includes Level 3 requirements are met and**
		One or more of the following clinical interventions:
		• Perioperative care following surgical repair of severe congenital defect, for example:
		  – omphalocele repair
		  – bowel resection for necrotizing enterocolitis (NEC)
		  – tracheoesophageal fistula repair
		  – cardiac defects
		  – myelomeningocele closure
		  – organ transplant
		• Inhaled nitric oxide (iNO)
		• Extracorporeal membrane oxygenation (ECMO)
		• High frequency oscillating ventilator (HFOV)
		• Therapeutic cooling
		• Exchange transfusion
		• Active seizures
		• Ongoing cardiovascular support (inotropes, chronotropes, antiarrhythmics)
		• Invasive CPM or UVC monitoring
		• Severe hemodynamic instability requiring ongoing intravenous fluid/medication support

References:

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6/8/17	New policy