Neonatal Levels of Care and Inpatient Management

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The American Academy of Pediatrics (AAP) and American College of Obstetricians, and Gynecologists (ACOG) has defined both the levels of neonatal care (Level I Newborn Observation Unit to Level IV Regional Neonatal Intensive Care Unit) and capabilities required of facilities to provide each level of care. Facilities offering neonatal intensive care must meet healthcare standards through federal/state licensing or certification. It is the hospital's responsibility to know their NICU level certification. The American Hospital Association has delineated 4 billing codes that correspond to varying degrees of intensity of clinical care provided to neonates at each level. These 4 codes are widely accepted as billing designations and focus on the quantity and intensity of medical care and services the newborn needs on a given day.

Criteria

Commercial

PacificSource considers admission to and continued stay in appropriate neonatal levels of care medically necessary for appropriate care of the neonatal (up to 28 days old) member.

- PacificSource considers neonates to be a newborn up to 28 days old.
- Newly admitted infants over 28 days old may not qualify for NICU level of care.
- NICU billing levels may be reviewed daily and are based on the infant's intensity of care needs at 2400 hours on the day being reviewed.
- Approved codes may fluctuate during the NICU admission.
- Transition periods between levels, defined as 4 hours or fewer in the NICU, will be approved for the lowest appropriate level care regardless of interventions completed during the transition time.
- Facilities will be reimbursed based on their NICU level credentialing only (i.e., facility must be credentialed to provide NICU level 3 care to be reimbursed NICU level 3).

- Revenue code 0171 (NICU level 1) is the lowest accepted billing level for NICU.
- Revenue code 0179 is not an accepted billing level.

Facilities with a Level l and Level II Nursery only: Revenue Code 0173 or 0174 may be used when:

- Providing mechanical ventilation for brief duration (<24 hours) or Nasal/Mask CPAP;
- Stabilizing infants born before 32 weeks gestation and weighing less than 1500 grams until a transfer to a Level III or IV NICU.

NICU Level l: Revenue Code 0171

This level of care is for infants who are physiologically stable, receiving routine evaluation, care, and observation in the immediate post-partum period. This billing code can be utilized by facilities approved to provide Level I, II, III and IV care. PacificSource considers the coverage of infants for Level I medically necessary when **ONE** of the following conditions is met:

- Oral (nipple) feedings for asymptomatic hypoglycemia not requiring subsequent Intravenous (IV) therapy;
- Routine tests, examples include, but are not limited to, bilirubin, blood glucose, blood type and Coombs, direct antiglobulin test (DAT), complete blood count (CBC) or oximetry;
- Diagnostic work-up/surveillance, on an otherwise stable neonate where no therapy is initiated;
- Hyperbilirubinemia requiring phototherapy (single bank only) or bili blanket;
- Infants transferred from a higher level of care who are physiologically stable, breathing room air, in an open crib, and taking either no medications or on a stable or declining dose of oral medications and requiring observation to document successful nipple feeding;
- Initial sepsis evaluation (CBC, blood culture for an asymptomatic neonate) until transfer to higher level of care;
- Services rendered to growing premature infant without supplemental oxygen or IV fluid needs or environmental control needs (other than blankets, cap, swaddling, etc.);
- Services to improve poor breast or bottle feeding that is advancing to full volume feeds;
- Temperature instability surveillance requiring use of isolette or warmer until transfer to higher level of care.

NICU Level II: Revenue Code: 0172

This billing code can be utilized by Level II, III and IV facilities. PacificSource considers the coverage of infants for NICU Level II medically necessary when **ONE** of the following conditions is met:

- Apnea/Bradycardia episode requiring mild stimulation;
- Oral pharmacologic treatment for apnea and/or bradycardic episodes;
- Evaluation of apnea of prematurity;
- Feeding via an orally or nasally inserted tube, for example nasogastric, nasojejunal, or gastrostomy tube;
- Services rendered for Neonatal Abstinence Syndrome (withdrawal) scores less than 8;
- Hyperbilirubinemia requiring phototherapy more than single bank or bili blanket;
- Documented need for environmental control via an incubator/warmer for thermoregulation in an otherwise physiologically stable infant;
- Physiologically stable infants in the process of being weaned from an incubator/warmer to an open crib;
- Initial medical or surgical sub-specialty consultation;
- IV fluids, IV medications or IV treatment of hypoglycemia;

- High-flow nasal cannula (HFNC) with flow less than or equal to 3 liters per minute;
- Supplemental oxygen via oxygen hood or low flow nasal cannula;
- Vapotherm up to 8L/min;
- Initial sepsis evaluation (CBC, blood culture, and other blood tests or cultures) for an asymptomatic neonate and antibiotic treatment pending laboratory and/or culture results;
- Sepsis suspected or documented with treatment (IV/IM therapies) beyond the initial 48 hours of treatment;
- Evaluation of temperature instability requiring isolette or warmer to maintain body temperature;

NICU Level III: Revenue Code: 0173

This level of care is directed at those neonates that require invasive therapies and/or are critically ill with respiratory, circulatory, metabolic or hematologic instabilities and/or require surgical intervention with general anesthesia. This billing code can be utilized by Level III and IV facilities. PacificSource considers the coverage of infants for NICU Level III medically necessary when **ONE** of the following conditions is met:

- Infants less than 32 weeks gestational age or less than 1500 grams;
- IV pharmacologic treatment for apnea and/or bradycardic episodes;
- Blood or blood product transfusion;
- Services rendered for Neonatal Abstinence Syndrome (NAS) when the score is greater than or equal to 8;
- Chest tube;
- Exchange transfusion, partial or complete and up to 48 hours after exchange transfusion;
- Inborn error of metabolism requiring IV therapy (e.g., blood glucose less than 30 mg/dl at least twice within 12 hour period);
- IV therapy for severe physiologic/metabolic instability (including blood thinners);
- Metabolic acidosis, alkalosis, or electrolyte imbalance requiring IV therapy;
- Seizures requiring IV therapy;
- Short bowel or "dumping" syndrome requiring total parenteral nutrition (TPN) at 50 or greater ml/kg/day;
- High-flow nasal cannula (HFNC) with flow greater than 3 liters per minute;
- CPAP providing regulated and measured pressure via mask, nasal or bubble devices;
- Positive pressure ventilator assistance with intubation and 24 hours post-ventilator care;
- Conditions requiring invasive intervention for airway protection (i.e., repogle);
- Surgical conditions requiring general anesthesia up to two days post-op;
- Surgical intervention or therapies for retinopathy of prematurity (ROP);
- Umbilical Artery Catheters (UACs), Peripheral Artery Catheters (PACs), Umbilical Vein Catheters (UVCs) and/or Central Vein Catheters (CVCs);
- Peritoneal Dialysis;
- Withdrawal of life support; end of life care; palliative care.

Note: Immediate post-delivery intubation in the delivery room [DR] (when the endotracheal tube is removed prior to leaving the DR), brief intubation for administration of surfactant, or deep tracheal suctioning does not meet level III criteria for intubation.

NICU Level IV: Revenue Code: 0174

This level of care covers critically ill neonates with respiratory, circulatory, metabolic or hemolytic instabilities as well as conditions that require surgical intervention. This billing code can be utilized by Level IV facilities only. PacificSource considers the coverage of infants for NICU Level IV medically necessary when **ONE** of the following conditions is met:

- Invasive hemodynamic monitoring and CNS pressure monitoring;
- High Frequency Ventilation: oscillator or jet;
- Extracorporeal Membrane Oxygenation (ECMO) / Nitric Oxide (NO);
- Hypothermia therapy for anoxic damage, including selective head cooling;
- Hemodialysis;
- Encephalopathy, coma, or other acute neurologic abnormality;
- Pre- and post-surgical care for severe congenital malformations or acquired conditions (e.g., gastroschisis, ventricular septal defect (VSD) or bowel perforation, that require the use of advanced technology and support); May move to lower level post-op day 1-2;
- CPR in the last 24 hours;
- Continuous IV infusion or IV medication requiring close monitoring or dose adjustment including **one (1) or more** of the following:
    - Antiarrhythmic agents;
    - Neuromuscular blocking agents (e.g., pancuronium, vecuronium);
    - Beta-blockers;
    - Calcium channel blocking agents;
    - Inotropic or chronotropic drugs;
    - IV prostaglandin therapy.

Medicaid

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-125-0000 to 2080 and MCG care guidelines 25th edition for coverage of Neonatal Levels of Care and Inpatient Management.

Medicare

PacificSource Medicare follows this policy for coverage of Neonatal Levels of Care and Inpatient Management.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0170 Room and Board Nursery
0171 Newborn Level I
0172 Newborn Level II
0173 Newborn Level III
0174 Newborn Level IV

Definitions

Apnea of Prematurity (AOP) - A condition in which premature infants stop breathing for 15 to 20 seconds during sleep and apnea spells require medical management such as Aminophylline, theophylline, or caffeine.

Bubble CPAP - A CPAP that uses nasal prongs or a nasal mask as the delivery device and creates positive pressure by immersing the expiratory limb of the circuit into a fluid column to the desired depth (cmH2O) to achieve the desired end-expiratory pressure.

Continuous Positive Airway Pressure (CPAP) - A treatment modality used to maintain continuous positive pressure during both inspiratory and expiratory phases when the infant is breathing spontaneously.

Exchange Transfusion - A potentially life-saving procedure that is done to counteract the effects of serious jaundice or changes in the blood due to diseases such as sickle cell anemia or Hemolytic Disease of the Newborn (HDN). The procedure involves slowly removing the patient's blood and replacing it with fresh donor blood or plasma. In most cases, this involves placing one or more thin tubes, called catheters, into a blood vessel.

(ECMO) Extracorporeal membrane oxygenation - A treatment that uses a pump to circulate blood through an artificial lung back into the bloodstream of a very ill baby. This system provides heart-lung bypass support outside of the baby's body. The purpose of ECMO is to provide enough oxygen to the baby while allowing time for the lungs and heart to rest or heal.

Gastroschisis - A herniation (displacement) of the intestines through an abdominal wall defect, usually on the right side of the umbilical cord.

Neonatal Abstinence Syndrome - group of problems that occur when a pregnant woman takes addictive illicit or prescription drugs such as: Amphetamines, Barbiturates, Benzodiazepines (diazepam, clonazepam), Cocaine, Marijuana, Opiates/Narcotics (heroin, methadone, and codeine). These and other substances pass through the placenta to the baby during pregnancy. The placenta is the organ that connects the baby to its mother in the womb. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, symptoms of withdrawal may occur.

Respiratory Distress Syndrome (RDS) - The disease is mainly caused by a lack of a slippery substance in the lungs called surfactant. This substance helps the lungs fill with air and keeps the air sacs from deflating. Surfactant is present when the lungs are fully developed. Neonatal RDS can also be due to genetic problems with lung development. Most cases of RDS occur in babies born before 37 weeks. The less the lungs are developed, the higher the chance of RDS after birth. The problem is uncommon in babies born full-term (at 40 weeks).

Transition Period - A stay of four hours or less in the NICU.

References

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Appendix

Policy Number:

Effective: 8/1/2020 **Next review:** 8/1/2022

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s):

Commercial Ops: 12/2021

Government Ops: 12/2021