Payment Policy

Newborn and Neonatal Intensive Care Services

Purpose

The purpose of this payment policy is to define how Minuteman Health, Inc. (MHI) reimburses facility and professional claims for the care of well and sick newborns.

Applicable Plans

- ☒ MHI MA Plans
- ☒ MHI NH Plans

Definitions

Well Newborn

Well Newborn: Revenue codes 0170 and 0171 billed for a healthy newborn (>35 weeks gestation or >2,000 grams birth weight) at low risk for complications that may require interventions of a low complexity.

Sick Newborn

Premature Newborn: Revenue code 0172 billed for a hemodynamically unstable newborn, less than 35 weeks of gestational age or less than 2,000 grams birth weight or that requires moderately complex medical intervention.

Newborn at Risk: Revenue code 0173 billed for a newborn with complex medical conditions, less than 32 weeks of gestational age or less than 1,500 grams birth weight or hemodynamically unstable and requires continuous invasive or complex intervention.

Neonatal Critical Care Newborn: Revenue code 0174 billed for a newborn with critical care needs, transferred to the NICU Unit in the same facility or another facility to receive intense, complex and comprehensive services, thus requiring constant nursing and continuous cardiopulmonary and other support for severely ill neonates.

Requirements

MHI Review Date: 11/1/2015, 11/01/2016

See the MHI Provider Manual for Notification and Submission of Clinical Information Requirements.

Well Newborn Claim Submissions

A. Member responsibility is applied based on the mother's or newborn's benefit outlined in the Explanation of Coverage of Summary of Benefits.

B. All incurred inpatient well newborn services are included in the payment for the mother's obstetrical stay provided that the mother is an MHI member. MHI reimburses the following services for a routine well newborn.
   - Routine nursery charges and related ancillary charges
   - Standard and mandated diagnostic testing and screening
   - Inpatient physician services.

   Non routine services including circumcisions are paid under the newborn's ID.

   OR

   If the newborn is not enrolled in MHI within 30 days of birth, only routine newborn care will be reimbursed as part of the mother's obstetrical care stay under the mother's benefit for up to 48 hours for a vaginal delivery and 96 hours for a cesarean delivery. MHI reimburses the services for a routine well newborn as listed above.

C. If the mother is not enrolled with MHI, the newborn must be fully enrolled and claims must be submitted with the newborn's ID number.

Sick Newborn Claim Submissions

When a newborn receives complex or critical care services, the newborn must be fully enrolled to receive benefits under their acute hospital care benefit and claims must be submitted with the newborn's ID number.

- If the newborn is not fully enrolled, the claim will be denied under the mother's or father's ID number, whichever ID the claim is submitted under.

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Authorization Requirements

- Some Inpatient admissions require prior authorization. Refer to the MHI Provider Manual.
- Sick Newborns require a separate authorization in addition to the mother's obstetrical approval.

Attachments

None

MHI Review Date: 11/1/2015, 11/01/2016

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®[1]), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services MHI provider Manual

History

New 11/1/2015, 11/01/2016