

Commercial Reimbursement Policy

Subject: **Newborn Inpatient Stays - Facility**

Policy Number: **C-18002**

Policy Section: **Facilities**

Last Approval Date: **01/01/2022**

Effective Date: **01/01/2022**

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan allows reimbursement for newborn inpatient stays.

I. Diagnosis Related Group (DRG) Newborn Revenue Code Mismatch

When the reimbursement is based on the Diagnosis Related Group (DRG), newborn inpatient stays should be billed with the appropriate revenue code to match the corresponding DRG code. If there is no Neonatal Intensive Care Unit (NICU) revenue code listed on the claim, the claim will not group to a sick newborn DRG.

Inpatient newborn stay reimbursement is based on the following rules:

- Normal newborn DRG: Normal newborn DRG codes billed with the appropriate well newborn revenue codes.
- Sick newborn newborn DRG: Sick newborn DRG codes billed with the appropriate sick newborn newborn revenue codes.

NOTE: Current authorization guidelines for newborn inpatient stays will be applied.

II. Neonatal Levels of Care

When the reimbursement is based on the revenue code, neonatal levels of care shall be based on the following guidelines indicated in the related coding section below:

Related Coding

Code	Description	Comments
0170	General Nursery or Well-Baby Nursery	This level of care is for healthy neonates who are physiologically stable and under routine evaluation and observation in the immediate post-partum period. Infants weighing 2000 grams or more at birth and clinically stable infants at 35 weeks gestational age or greater may be cared for in a well-baby nursery. This is not a neonatal intensive care level. Phototherapy, intravenous (IV) fluids and antibiotic therapy are not appropriate for this level of care.
0171	Level I Surveillance 'Special Care Nursery'	This level of care covers neonates who are medically stable but require surveillance/care at a higher level than provided in the general nursery.
0172	Level II Neonatal Intensive Care	Newborns admitted or treated at this level are those with physiological immaturity combined with medical instabilities.
0173		Newborns admitted or treated at this level are those with physiological immaturity combined with medical instabilities.
0174		This level of care covers critically ill neonates with respiratory, circulatory, metabolic or hemolytic instabilities as well as conditions that require surgical intervention.

Policy History

01/01/2022	Effective 01/01/2022; Added Section I. DRG Newborn Revenue Code Mismatch.
12/09/2020	Biennial Review approved; Neonatal policy C-15001 retired and revenue code level and complexity and descriptions included in this policy (C18002)
03/23/2018	New policy approved and effective 09/01/2018

References and Research Materials

This policy has been developed through consideration of the following:

- National Uniform Billing Committee (NUBC)
- CG-MED-26: Neonatal Levels of Care

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Claims Requiring Additional Documentation - Facility

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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