

Payment Policy: Pediatric Intensive Care Unit (PICU) Level of Care Authorization and Reimbursement Matching (KY Only)

Reference Number: KY.PP.400

Product Types: Kentucky

Effective Date: 08/15/2023

Last Review Date: 04/10/2023

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

A Pediatric Intensive Care Unit (PICU), is a hospital unit that provides intensive care unit (ICU) services specializing in the care of critically ill children and young aged 0-21.

Application

According to the Committee on Hospital Care and Pediatric Section of the Society of Critical Medicine, the PICU is a specialized unit in a hospital “that provides treatment to children with a wide variety of illnesses of a life-threatening nature, including children with highly unstable conditions and those requiring sophisticated medical and surgical intervention.”³ As an example, a PICU would be able to care for children with severe multiple trauma or children requiring open heart surgery or following organ transplantation. Furthermore, the Committee defined a PICU as an institution responsible for providing comprehensive critical care capable of providing 24-hour accessibility to a broad range of pediatric subspecialty services necessary for optimal care.³

In 1993, the American Academy of Pediatrics (AAP) and the pediatric section of the Society of Critical Care Medicine (SCCM) developed guidelines for PICUs. Since this time, the number of PICUs and PICU beds has increased in the United States. Advances in medical care and the increased survival rate of children with chronic illnesses also played a factor in development of guidelines.

Reimbursement

WellCare authorizes PICU Facility Levels by assignment of an authorized revenue code(s) to a provider for the PICU room and board stay. If a PICU Facility Level is submitted on the UB-04 claim form with a revenue code that is at a higher level of care than the revenue code authorized by WellCare, the reimbursement for the PICU claim will be at the PICU Facility Level authorized.

The revenue codes used in the authorization process are listed in Table 1 of the Coding & Billing section below.

Utilization

PICU levels of care are categorized as Level I or Level II and are defined by the availability of resources and the scope of medical conditions which are treated. The AAP and SCCM updated the Leveling of Care guidelines in 2004 and, most recently, in 2019. The AAP and SCCM describe the general requirement for the three levels of PICU admission by level of care 1) quaternary or specialized PICU care, tertiary, and community levels of PICU care.

Quaternary or Specialized PICU

This is the highest level of PICU, which provides regional care and serves larger populations or is in a region with a high population of patients that attend that hospital. These facilities could treat complex patients and diagnosis-specific care for select patient populations. Quaternary/specialized PICUs are

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required to have resources that support the American College of Surgeons (ACS) verified Level I or Level II Children's Surgical Centers or Level II Pediatric Trauma Centers.

Level I PICU: Tertiary

These facilities provide advanced care for medical and surgical illnesses in infants and children. Examples include, ventilatory support such as high frequency oscillatory ventilation and inotropic management but would not include extracorporeal membrane oxygen support. From a clinical resource perspective, the patient would have readily available access to pediatric medical subspecialties (i.e., pulmonology, cardiology, neonatology, nephrology, hematology), but these specialties may not be considered part of the in-house coverage.

Level II PICU: Community Medical Center PICU

These units provide a range of services. Resources could differ based on the type of facility, hospital size and the referral base. These units are typically located within general medical-surgical facilities that have the capability to treat pediatric patients.

The Uniform Billing Editor

The Uniform Billing Editor (UB-04) is a uniform institutional provider bill suitable for use in billing multiple third-party payers. The National Uniform Billing Committee (NUBC) maintains lists of approved coding for the form.

Hospitals are expected to bill PICU services using industry-standard hospital revenue codes. There are a total of two hospital revenue codes, noted in the Uniform Billing Editor (UB-04), which can be used to submit claims for inpatient services to PICU patients.

Documentation Requirements

Documentation should describe the appropriate level of PICU service authorized.

Coding and Billing

Coding Implications

This reimbursement policy references the Uniform Coding Billing Editor (UB04) and the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual which is copyrighted by the American Hospital Association (AHA) and is the only official source of UB-04 billing information adopted by the NUBC. All Revenue codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. Revenue Codes and descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this reimbursement policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of

professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1

Revenue Code	Level
0203	Intensive Care Unit – Pediatric
0206	Intensive Care Unit – Intermediate ICU

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DEFINITIONS

Intensive Care Unit	A department/unit in a hospital providing intensive care for critically ill or injured patients that is staffed by specially trained medical personnel and has equipment that allows for continuous monitoring and life support.
Pediatric Intensive Care Unit	An area within a hospital specializing in the care of critically ill infants, children, teenagers, and young adults aged 0-21.
Uniform Billing Editor (UB-04)	A uniform institutional provider bill suitable for use in billing multiple third-party payers. The National Uniform Billing Committee (NUBC) maintains lists of approved coding for the form.

References

1. Epstein D, Brill JE. A history of pediatric critical care medicine. *Pediatr Res.* 2005;58(5):987-996. doi:10.1203/01.PDR.0000182822.16263.3D
2. Hsu BS, Hill V, Frankel LR, et al. Executive Summary: Criteria for Critical Care of Infants and Children: PICU Admission, Discharge, and Triage Practice Statement and Levels of Care Guidance. *Pediatrics.* 2019;144(4):e20192433. doi:10.1542/peds.2019-2433
3. Guidelines for pediatric intensive care units. *Pediatrics.* 1983;72(3):364-372.

Revision History	
04/10/2023	New policy.

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend

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treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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