



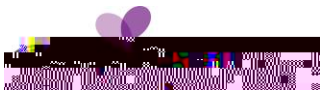
A. Subject

Neonatal Intensive Care Unit (NICU) Level of Care

B. Background

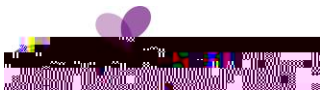
This policy aligns with guidance from the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) regarding NICU levels of care. This policy provides guidelines for determining the medical

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



NICU Level	Revenue Code Description	MCG NICU Intensity of Care
Level 1	0171: Newborn Level I	Intensity of Care Criteria 1 - Routine Care (LOC-010)
<p>Level 1 . Neonatal care may be indicated for a newborn or neonate with any of the following:</p> <ul style="list-style-type: none"> • Physiologically stable infant (eg, no apnea, bradycardia, or unstable temperature) who is in need of care consisting of one or more of the following: <ul style="list-style-type: none"> ○ Routine newborn care ○ Evaluation and care of neonates with conditions that require inpatient services available at Level I ○ Continued inpatient care during convalescence from condition(s) treated in Level II, III or IV while awaiting resolution of specific issues, (eg: Sustained weight gain, poor PO feeding) or establishment of safe discharge destination and plan ○ Uncomplicated jaundice treated only with phototherapy and requiring infrequent bilirubin checks ○ Absence of parenteral medications ○ Evaluation and management of glucose levels without IV fluids, diagnostic work-up/surveillance, on an otherwise stable neonate where no therapy is initiated 		
Level 2	0172: Newborn Level II	Intensity of Care Criteria 2 - Continuing Care (LOC-011)
<p>Level 2 . Neonatal care may be indicated for one or more of the following:</p> <ul style="list-style-type: none"> • W^h [~[c[^]*^ } çæ@ [å (ml 0%), } æ æ &æ } ~ æ[c[^]*^ } , (mGŠ{ å), , ã@[c@! &[- morbidities stable • Administration of intravenous (IV) medications • IV Therapy; peripheral or PICC <ul style="list-style-type: none"> ○ IV fluids inclusive of hyperalimentation (less than 50% of total nutrition) ○ IV heparin lock medications; or ○ IV medications in a physiologically/clinically stable infant; or ○ IV treatment of hypoglycemia at a rate less than or equal to 5 mg/kg/min or hypoglycemia that is responsive to one IV dextrose bolus (2 ml/kg or 200mg/kg) • Weaning from nasogastric (NG) or naso-jejunal (NJ) tube feedings while attempting to increase oral intake • Apnea, bradycardia, or desaturation, but with episodes requiring stimulation, or only self-limited episodes; OR <ul style="list-style-type: none"> ○ æ } ^æ%&[~ } cå[, } +UÜ ○ events requiring caffeine • Services for neonatal abstinence syndrome (NAS) requiring medication (weaning) when the Finnegan score is 8 or less or Eat Sleep Console (ESC) scores are improving • Monitor of jaundice during phototherapy requiring frequent lab draws due to high risk etiology • Temperature control system, eg, incubator, radiant warmer, in otherwise stable infant • Evaluation for sepsis NOT toxic appearing but on antibiotics • Clinically stable infections completing course of IV medications 		

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- Extracorporeal membrane oxygenation (ECMO)
- High frequency oscillatory or jet ventilation (initial week)
- Therapeutic cooling
- Exchange transfusion (day of procedure)
- Uncontrolled active seizures despite medications
- Ongoing cardiovascular support (inotropes, chronotropes, antiarrhythmics)
- Severe hemodynamic instability requiring ongoing intravenous fluid/medication support
 - Dialysis
 - IV sedation that includes paralysis
 - Prostaglandin infusion
- Cardiopulmonary resuscitation (CPR) in the last 24 hours (not inclusive of delivery room resuscitation)
- Transfusion of blood products in setting of severe acute etiology or manifestation (eg, hemolytic anemia, disseminated intravascular coagulation, hemorrhage)

E. Conditions of Coverage

- I. Reimbursement is independent of the location of care and corresponds to the medical treatment provided and level of service the neonate requires. To ensure accurate reimbursement, submitted claims will be reviewed to align preauthorized levels of care and/or clinically validate diagnoses, procedures and other claim information that impact payment. Based on review, the following may occur:
 - Down-code revenue codes to authorized levels of care
 - Issue a base DRG payment
 - Adjust claim diagnoses/procedures that are not substantiated in the medical information provided and apply DRG regrouping
 - Request for complete medical records and/or itemized statements to support the services on the claim may be made

- II. In the event of any conflict between this policy and any written agreement between the provider and CareSource, that written agreement will be the governing document.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	09/27/2023	New policy. Approved at Committee.
Date Revised		

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