
Newborn Care and Neonatal Intensive Care

Policy

Harvard Pilgrim reimburses inpatient newborn care and neonatal intensive care unit (NICU) services performed in a Harvard Pilgrim–contracted facility.

Policy Definition

Newborn Care Services refer to services performed from birth to four weeks.

Neonatal Intensive Care Services (NICU) are critical care services for the newborn.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [Referral, Notification and Authorization](#) for more information.

HMO/POS/PPO

- Notification is required for all non-routine newborn care (level II – IV) and NICU admissions. This requirement is applicable when a newborn is:
 - admitted to the NICU immediately following delivery
 - transferred from the birth hospital to another hospital for non-routine care
 - discharged from the hospital and then re-admitted
- A Harvard Pilgrim identification number in the newborn’s name should be acquired and used for notification. Refer to [Neonatal Intensive Care Unit \(NICU\) Admission Notification](#) for specific requirements.

Open Access HMO and POS

For [Open Access HMO and Open Access POS](#) products, no referral is required to see a contracted specialist.

Choice Plus and Options PPO Plans

Special notification requirements may apply for *lengths of stay* exceeding a specified length. Refer to the [Choice Plus and Options PPO Plans](#) product page for special requirements.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Newborn services separately from the mother’s inpatient maternity charges using the newborn’s Harvard Pilgrim identification number.
- Reimbursement methodology (varies by state; see below).

Massachusetts

- Non-routine newborn care is reimbursed only when the newborn is enrolled in the plan under a separate identification number. If the newborn has not been added to the plan within 60 days, Harvard Pilgrim reimburses all routine newborn care billed using the mother’s Harvard Pilgrim number — for a vaginal delivery, up to 48 hours; for a cesarean section, up to 96 hours.
- Reimbursement is contingent upon the newborn’s enrollment in a Harvard Pilgrim plan. The newborn receiving non-routine newborn care must have his/her own identification number for services to be reimbursed.
- Human donor milk and milk-derived products (effective for DOS beginning Nov. 21, 2024)

Maine

- Harvard Pilgrim reimburses routine newborn care billed using the mother’s identification number, until the mother is discharged.
- Non-routine newborn care should be billed under the newborns ID and will be reimbursed up to 31 days from the date of birth.

- If neither the newborn's Harvard Pilgrim identification number nor the mother's Harvard Pilgrim identification number is available, use the subscriber's Harvard Pilgrim identification number to bill routine and non-routine newborn services.
- If the newborn has not been added to the plan within 45 days, Harvard Pilgrim reimburses routine newborn care billed using the mother's identification number until the mother is discharged.

New Hampshire

- Harvard Pilgrim reimburses routine and non-routine newborn care billed using the mother's identification number, for up to 31 days. If neither the newborn's Harvard Pilgrim identification number nor the mother's Harvard Pilgrim identification number is available, use the subscriber's Harvard Pilgrim identification number to bill routine and non-routine newborn services.
- If the newborn has not been added to the plan within 45 days, Harvard Pilgrim reimburses non-routine newborn care billed using the mother's identification number, for up to 31 days.

Connecticut

- Harvard Pilgrim reimburses routine and non-routine newborn care as well as inpatient and outpatient care billed using the mother's identification number, for up to the first 61 days of life. If the mother is not a Harvard Pilgrim member, but the newborn is enrolled on a family policy, the newborn is covered for all medically necessary care, including routine and non-routine newborn care available under the Plan up to the first 61 days of life.
- Reimbursement is contingent upon the newborn's enrollment in a Harvard Pilgrim plan. The newborn receiving routine, non-routine and medically necessary newborn care must have his/her own identification number for services to be reimbursed after the initial 61 days of life. In order to continue coverage beyond 61 days, Harvard Pilgrim must receive notice and the child must be enrolled in the plan.

Routine Newborn Care Services

- Routine inpatient nursery charges and related ancillary charges
- Standard and mandated diagnostic testing and screening
- Inpatient physician services

Non-routine Newborn Services

- Circumcision when requested by the parents while the newborn is still in the hospital following delivery or in the member's home within two weeks from the date of birth, when services are rendered by a contracted provider.
- Lingual frenectomy (tongue clipping).
- Phototherapy for hyperbilirubinemia.
- Other medically necessary surgical procedures.
- NICU services are reimbursed when provided in a level III nursery (as defined by 105 CMR 130.601) separately from the mother's inpatient maternity charges, in accordance with contracted rates.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

Ritual circumcision.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
0170	Room and Board Nursery	Used for routine newborn care.

PAYMENT POLICIES

Code	Description	Comments
0171	Newborn Level I	Used for non-routine newborn care.
0172	Newborn Level II	Used for non-routine newborn care. Notification is required.
0173	Newborn Level III	Used for non-routine newborn care. Notification is required.
0174	Newborn Level IV	Used for non-routine/NICU care. Notification is required.
0179	Other	
0220	Human donor milk and milk-derived products	Included in inpatient facility payment. Massachusetts members only.
99466, 99467	Critical care services delivered by a physician to a critically ill or injured pediatric patient 24 months of age or less	Bill 99467 in conjunction with 99466.
99468, 99469	Initial & subsequent inpatient neonatal critical care per day	Bill for critically ill neonates age 28 days or less.
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services	Use for the initial care of neonates who require intensive care though are not critically ill.
99478-99480	Subsequent intensive care per day for the recovering very low birth weight infant	Use for the recovering very low birth weight infant. Bill with appropriate code according to infant weight.

Other Information
General Billing Tips

- Always bill for newborn services with the newborn's Harvard Pilgrim identification number. (Absence of a newborn's identification number may delay processing of the claim.)
- Bill separate claims for mother and newborn. Submit the newborn care claims at the same time or after the mother's obstetrical claim.
- Newborn care claims submitted prior to the receipt of the mother's claim will be denied.
 - To avoid denial of newborn care claims, submit the mother's *obstetrical* claim at the same time, or prior to, submitting the newborn services claim.
 - If the newborn claim is denied because the mother's obstetrical claim has not yet been submitted:

If:	Then:
The mother is a Harvard Pilgrim member:	Submit the mother's claim and resubmit the baby's claim. If the filing limit has been exceeded, an appeal is required.
The mother is <i>not</i> a Harvard Pilgrim member:	Submit an appeal form and check off "Corrected Claim". Include a copy of the newborn's UB-04 claim, the EOB with the "OB" denial and documentation of the mother's obstetrical discharge date. Documentation can include an Explanation of Benefits (EOB) from the mother's insurer, a letter or a note on the appeal form indicating the mother's admission and discharge dates.

- To facilitate prompt payment of newborn services, the responsible payer must be identified.
- When billing for multiple infants, submit a separate claim for each infant
 - Enter the newborn name in Form Locator 08b of the paper UB04 or loop 2010CA, NM1 segment with last name in NM103 and first name in NM104 of the 837I.
 - Enter the newborn's Harvard Pilgrim identification number in Form Locator 60 of the paper UB04 or loop 2010BA, segment NM109 with MI qualifier in NM108 of the 837I.
- If reimbursed by DRG enter the hospital assigned DRG code in Form Locator 71 of the paper UB04 or loop 2300 HI101 segment with DR qualifier in HI101-1 and DRG in HI101-2 of the 837I.
- Interim bills are not appropriate for neonatal intensive care services.

Massachusetts Newborn Care Billing

- Bill newborn care services using the newborn's Harvard Pilgrim identification number.
- Bill only routine newborn services under the mother's Harvard Pilgrim Identification number only when the newborn's Harvard Pilgrim identification number is not available.
- If the newborn has not been added to the plan within 45 days, Harvard Pilgrim reimburses only routine newborn care billed using the mother's Harvard Pilgrim Identification number for up to 48 or 96 hours, depending on the type of delivery.
- Non-routine newborn care and NICU services must be billed with the newborn's Harvard Pilgrim identification number.

Maine and New Hampshire Newborn Care Billing

- Bill routine and non-routine newborn services including NICU services under the mother's Harvard Pilgrim identification number only when the newborn's Harvard Pilgrim identification number is not available.
- If the newborn has not been added to the plan within 45 days, Harvard Pilgrim reimburses routine and non-routine newborn care billed using the mother's Harvard Pilgrim identification number for up to 31 days.

Connecticut Newborn Care Billing

- Bill routine and non-routine newborn services including any medically necessary services under the mother's Harvard Pilgrim identification number only when the newborn's Harvard Pilgrim identification number is not available.
- If the newborn has not been added to the plan within 61 days, Harvard Pilgrim reimburses routine and non-routine newborn care including any medically necessary care billed using the mother's Harvard Pilgrim identification number for up to 61 days.

Coordination of Benefits

- If the mother is not a Harvard Pilgrim member, but the newborn is enrolled in a Harvard Pilgrim family policy, submit NICU claims using the subscriber's Harvard Pilgrim identification number.
- Submit an Explanation of Benefits (EOB) from the mother's insurer or other documentation that includes the mother's discharge date.

Related Policies

Payment Policies

- Inpatient Acute Medical Admissions

Billing & Reimbursement

- Coordination of Benefits (COB) Claims

Referral, Notification & Authorization

- Elective Admission Notification
- Emergent/Urgent Admission Notification
- Non-Routine Newborn Care (Level II-IV)/Neonatal Intensive Care Unit (NICU) Admission Notification
- Notification Policy

PUBLICATION HISTORY

09/15/00	original documentation Newborn Care Policy
06/01/01	inpatient auth requirement for Newborn care changed to notification
08/01/01	no prerequisite requirement – Newborn care
11/01/01	original documentation Neonatal Intensive Care Policy
01/01/02	added clarification of billing requirements Newborn Policy
10/01/02	added NICU—not a covered benefit to NICU Policy
10/01/03	annual review; NICU Policy; removed payment methods (refer to Inpatient Acute Medical Admissions)
10/31/04	annual review; clarification of routine and non-routine newborn care
01/31/06	annual coding update
04/01/06	annual review; added NICU and newborn care CPT codes and definition of level III nursery
01/31/07	coding update
04/30/07	annual review; no policy changes
04/30/08	annual review; added code 99477 to coding grid; no policy changes
01/31/09	annual coding update
05/15/09	annual review; clarified non-routine care; removed boarder baby references
05/15/10	annual review, clarified billing for newborns on separate claim from mother
04/15/11	annual review; no policy changes
01/01/12	removed First Seniority Freedom information from header
04/15/12	annual review; no policy changes
01/15/13	annual coding update
04/15/13	annual review; changed # of days from 45 to 60 for MA newborn enrollment
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
08/15/14	annual review; added CT to Harvard Pilgrim Reimburses and Other Information sections; minor edit to Harvard Pilgrim Reimburses under Maine and New Hampshire heading
03/15/15	annual review; no changes
03/15/16	annual review; EDI information added for clarification
02/15/17	updated notification requirements for all NICU admissions effective dos 4/15/2017, added related Non-Routine Newborn Care (Level II-IV)/NICU Admission Notification policy
01/01/18	updated Open Access Product referral information under Prerequisites
03/01/18	annual review; no changes
03/01/19	annual review; no changes
03/02/20	annual review; no changes
03/01/21	annual review; updated provider billing guidelines; removed version 5010
04/01/22	annual review; no changes
03/31/23	annual review; updated Maine routine vs non-routine billing guidelines
04/01/24	annual review; no changes
07/01/24	updated Maine Harvard Pilgrim reimburses non-routine services up to 31 days from the date of birth
12/31/24	added coverage and billing guidance for human donor milk and milk-derived products, effective for DOS beginning Nov. 21, 2024

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to newborn/neonatal care.