

Applies to:**Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RItogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting inpatient facilities and professional providers who render newborn services in an inpatient setting.

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers medically necessary well and sick newborn services, in accordance with the member's benefits and in accordance with federal and applicable state mandate coverage including, but not limited to the provisions of [Chapter 175 Section 47C](#), [Chapter 175 Section 47F](#), and [Chapter 176G Section 4](#).

Effective for dates of service (DOS) beginning Nov. 21, 2024, members of Massachusetts products are covered for medically necessary inpatient donor human milk and donor human milk-derived products.

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting Commercial Provider Services.

Preventive Services

Due to the Patient Protection and Affordable Care Act (commonly referred to as federal health care reform), with the exception of groups maintaining "grandfathered" status, all Tufts Health Plan products provide 100% coverage for preventive care services. Grandfathered groups are not subject to this requirement, but many have opted to cover preventive services with no cost sharing.

This means that most members will have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be responsible for any applicable cost sharing for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit. Refer to the Preventive Services list for a complete list of services that are considered preventive in nature.

Inpatient Admission Requirements

An inpatient notification should be submitted for newborns requiring inpatient services beyond the mother's discharge date. For information on submitting and verifying inpatient notifications, refer to the Referral, Prior Authorizations, and Inpatient Notification chapter of the Commercial Provider Manual.

Obstetrical Admissions

Inpatient notification is not required for obstetrical admissions resulting in the planned delivery of a newborn. Inpatient

notification is required for admissions that fall outside of the mandated 48 hours for a vaginal delivery or 96 hours for a caesarian delivery. Obstetrical admissions that do not result in a planned delivery are subject to Tufts Health Plan's inpatient notification requirements.

Circumcision

Circumcision for newborns is covered under the mother's inpatient notification as a newborn charge when performed in the hospital by a licensed practitioner. Circumcisions performed in any setting other than a hospital, surgical day care or practitioner's office (e.g., in the home) are not covered.

Note: Member cost share may apply if the circumcision is performed after the newborn's discharge from the hospital.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage.

- Submit birthweight in grams for each newborn claim submitted
- Accurate and timely claims processing is contingent upon the newborn's enrollment as a Tufts Health Plan member.
- Submit claim(s) to the mother's primary insurance carrier.¹
- Submit a separate claim for each newborn if there are multiple births.
- Submit claim(s) under the mother's ID number if the newborn has not been added to the plan, or under the newborn's ID number if the newborn has been added to the plan.²

Newborn Care Services

The following tables lists CPT procedure and revenue codes used to report services to newborns. The absence or presence of a CPT procedure code is not an indication and/or guarantee of coverage and/or payment.

Code	Description
99460	Initial hospital or birthing center care, per day, for E&M of normal newborn infant
99461	Initial care, per day, for E&M of normal newborn infant seen in other than hospital or birthing center
99462	Subsequent hospital care, per day, for E&M of normal newborn
99463	Initial hospital or birthing center care, per day, for E&M of normal newborn infant admitted and discharged on the same date
99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Newborn Revenue Codes

Code	Description
0170	Room and board nursery
0171	Newborn Level I
0172	Newborn Level II
0173	Newborn Level III
0174	Newborn Level IV

Birthweight

Birthweight is needed for correct claims processing and accurate compensation of newborn inpatient claims and should always be submitted in accordance with industry standards on the UB-04 claim form. In the event that birthweight is not submitted or available on a claim, Tufts Health Plan will apply a birthweight in accordance with the following condition-related diagnoses submitted on the claim. If no condition-related diagnosis exists on the claim, then Tufts Health Plan will apply a birthweight in accordance with the following supplementary classification diagnoses submitted on the claim:

Diagnosis Codes				Birth Weight (grams)
P05.00	P05.10	P07.00	P07.10	Unspecified weight
P05.01	P05.11	P07.01		Less than 500

¹ In accordance with coordination of benefits, if it is the intent to add the newborn to a plan other than the birth mother's, submit claims in accordance with applicable instructions/rules of such other carrier.

² If a claim has been submitted under the mother's ID, a duplicate claim should not be submitted under the newborn's ID.

Diagnosis Codes			Birth Weight (grams)
P05.02	P05.12	P07.02	500-749
P05.03	P05.13	P07.03	750-999
P05.04	P05.14	P07.14	1,000-1,249
P05.05	P05.15	P07.15	1,250-1,499
P05.06	P05.16	P07.16	1,500-1,749
P05.07	P05.17	P07.17	1,750-1,999
P05.08	P05.18	P07.18	2,000-2,499

If none of the above is available, Tufts Health Plan will utilize 2,500 grams as the default birthweight to process newborn inpatient claims.

Human Donor Milk and Milk-Derived Products

Effective for DOS beginning Nov. 21, 2024, claims for donor human milk should be billed on a UB-04 facility claim form using revenue code 0220. (**Note:** this code is not separately reimbursed and is included in the inpatient facility payment)

Well and Sick Newborn Criteria

Compensation and authorization are dependent upon the status of the newborn, either defined as well or sick, based on the ICD-CM diagnoses and revenue code(s) billed.

Multiple Diagnoses

Tufts Health Plan accepts multiple diagnoses submitted on an inpatient room and board claim. If both well and sick diagnoses are submitted, Tufts Health Plan uses sick diagnoses to process the claim, even if it is not the primary diagnosis submitted.

Note: Sick newborn(s) must be enrolled with Tufts Health Plan and a separate inpatient notification must be submitted for any sick-related charges beyond the mother's discharge date.

Well Newborn Criteria

Compensation for services for well newborns is based on all of the following:

- Newborn is without perinatal complications requiring medical or surgical intervention
- Well diagnosis only
- Industry-standard revenue codes for routine nursery for the entire length of stay (LOS)

ICD-CM Code	Description
P08.0	Exceptionally large newborn baby
P08.1	Other heavy for gestational age newborn
P08.21	Post-term newborn
P08.22	Prolonged gestation of newborn
P12.0	Cephalhematoma due to birth injury
P12.1	Chignon (from vacuum extraction) due to birth injury
P12.2	Epicranial subaponeurotic hemorrhage due to birth injury
P12.3	Bruising of scalp due to birth injury
P12.4	Injury of scalp of newborn due to monitoring equipment
P12.81	Caput succedaneum
P12.89	Other birth injuries to scalp
P12.9	Birth injury to scalp, unspecified
P13.4	Fracture of clavicle due to birth injury
P24.10	Neonatal aspiration of (clear) amniotic fluid and mucus without respiratory symptoms
P24.20	Neonatal aspiration of blood without respiratory symptoms
P24.30	Neonatal aspiration of milk and regurgitated food without respiratory symptoms
P24.80	Other neonatal aspiration without respiratory symptoms
P37.5	Neonatal candidiasis
P39.1	Neonatal conjunctivitis and dacryocystitis
P54.5	Neonatal cutaneous hemorrhage
P59.9	Neonatal jaundice, unspecified
P76.1	Transitory ileus of newborn
P78.2	Neonatal hematemesis and melena due to swallowed maternal blood

ICD-CM Code	Description
P83.0	Sclerema neonatorum
P83.4	Breast engorgement of newborn
P83.5	Congenital hydrocele
P96.82	Delayed separation of umbilical cord
P96.83	Meconium staining

Sick Newborn Criteria

Coverage for sick newborns is based on the presence of a sick diagnosis code (even if billed in conjunction with a well diagnosis code), as well as one of the following revenue codes:

- 0172 (premature)
- 0173 (special care)
- 0174 (NICU)

Tufts Health Plan considers the following ICD-CM diagnosis code ranges “sick”:

ICD-CM Code	Description
A33	Tetanus neonatorum
P07.00	Extremely low birth weight newborn, unspecified weight
P07.01	Extremely low birth weight newborn, less than 500 grams
P07.02	Extremely low birth weight newborn, 500-749 grams
P07.03	Extremely low birth weight newborn, 750-999 grams
P07.10	Other low birth weight newborn, unspecified weight
P07.14	Other low birth weight newborn, 1000-1249 grams
P07.15	Other low birth weight newborn, 1250-1499 grams
P07.16	Other low birth weight newborn, 1500-1749 grams
P07.17	Other low birth weight newborn, 1750-1999 grams
P07.18	Other low birth weight newborn, 2000-2499 grams
P07.20	Extreme immaturity of newborn, unspecified weeks of gestation
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks
P07.30	Preterm newborn, unspecified weeks of gestation
P07.31	Preterm newborn, gestational age 28 completed weeks
P07.32	Preterm newborn, gestational age 29 completed weeks
P07.33	Preterm newborn, gestational age 30 completed weeks
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks
P07.34	Preterm newborn, gestational age 31 completed weeks
P07.35	Preterm newborn, gestational age 32 completed weeks
P07.36	Preterm newborn, gestational age 33 completed weeks
P07.37	Preterm newborn, gestational age 34 completed weeks
P07.38	Preterm newborn, gestational age 35 completed weeks
P07.39	Preterm newborn, gestational age 36 completed weeks
P10.0	Subdural hemorrhage due to birth injury
P10.1	Cerebral hemorrhage due to birth injury
P10.2	Intraventricular hemorrhage due to birth injury
P10.3	Subarachnoid hemorrhage due to birth injury

ICD-CM Code	Description
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and hemorrhages due to birth injury
P10.9	Unspecified intracranial laceration and hemorrhage due to birth injury
P11.0	Cerebral edema due to birth injury
P11.1	Other specified brain damage due to birth injury
P11.2	Unspecified brain damage due to birth injury
P11.3	Birth injury to facial nerve
P11.4	Birth injury to other cranial nerves
P11.5	Birth injury to spine and spinal cord
P11.9	Birth injury to central nervous system, unspecified
P13.0	Fracture of skull due to birth injury
P13.1	Other birth injuries to skull
P13.2	Birth injury to femur
P13.3	Birth injury to other long bones
P13.8	Birth injuries to other parts of skeleton
P13.9	Birth injury to skeleton, unspecified
P14.0	Erb's paralysis due to birth injury
P14.1	Klumpke's paralysis due to birth injury
P14.2	Phrenic nerve paralysis due to birth injury
P14.3	Other brachial plexus birth injuries
P14.8	Birth injuries to other parts of peripheral nervous system
P14.9	Birth injury to peripheral nervous system, unspecified
P15.0	Birth injury to liver
P15.1	Birth injury to spleen
P15.2	Sternomastoid injury due to birth injury
P15.3	Birth injury to eye
P15.4	Birth injury to face
P15.5	Birth injury to external genitalia
P15.6	Subcutaneous fat necrosis due to birth injury
P15.8	Other specified birth injuries
P15.9	Birth injury, unspecified
P19.0	Metabolic acidemia in newborn first noted before onset of labor
P19.1	Metabolic acidemia in newborn first noted during labor
P19.2	Metabolic acidemia noted at birth
P19.9	Metabolic acidemia, unspecified
P22.0	Respiratory distress syndrome of newborn
P22.1	Transient tachypnea of newborn
P22.8	Other respiratory distress of newborn
P22.9	Respiratory distress of newborn, unspecified
P23.0	Congenital pneumonia due to viral agent
P23.1	Congenital pneumonia due to Chlamydia
P23.2	Congenital pneumonia due to staphylococcus
P23.3	Congenital pneumonia due to streptococcus, group B
P23.4	Congenital pneumonia due to Escherichia coli
P23.5	Congenital pneumonia due to Pseudomonas
P23.6	Congenital pneumonia due to other bacterial agents
P23.8	Congenital pneumonia due to other organisms

ICD-CM Code	Description
P23.9	Congenital pneumonia, unspecified
P24.00	Meconium aspiration without respiratory symptoms
P24.01	Meconium aspiration with respiratory symptoms
P24.11	Neonatal aspiration of (clear) amniotic fluid and mucus with respiratory symptoms
P24.21	Neonatal aspiration of blood with respiratory symptoms
P24.31	Neonatal aspiration of milk and regurgitated food with respiratory symptoms
P24.81	Other neonatal aspiration with respiratory symptoms
P24.9	Neonatal aspiration, unspecified
P25.0	Interstitial emphysema originating in the perinatal period
P25.1	Pneumothorax originating in the perinatal period
P25.2	Pneumomediastinum originating in the perinatal period
P25.3	Pneumopericardium originating in the perinatal period
P25.8	Other conditions related to interstitial emphysema originating in the perinatal period
P26.0	Tracheobronchial hemorrhage originating in the perinatal period
P26.1	Massive pulmonary hemorrhage originating in the perinatal period
P26.8	Other pulmonary hemorrhages originating in the perinatal period
P26.9	Unspecified pulmonary hemorrhage originating in the perinatal period
P27.0	Wilson-Mikity syndrome
P27.1	Bronchopulmonary dysplasia originating in the perinatal period
P27.8	Other chronic respiratory diseases originating in the perinatal period
P27.9	Unspecified chronic respiratory disease originating in the perinatal period
P28.0	Primary atelectasis of newborn
P28.10	Unspecified atelectasis of newborn
P28.11	Resorption atelectasis without respiratory distress syndrome
P28.19	Other atelectasis of newborn
P28.2	Cyanotic attacks of newborn
P28.3	Primary sleep apnea of newborn
P28.4	Other apnea of newborn
P28.5	Respiratory failure of newborn
P28.81	Respiratory arrest of newborn
P28.89	Other specified respiratory conditions of newborn
P28.9	Respiratory condition of newborn, unspecified
P29.0	Neonatal cardiac failure
P29.11	Neonatal tachycardia
P29.12	Neonatal bradycardia
P29.2	Neonatal hypertension
P29.4	Transient myocardial ischemia in newborn
P29.81	Cardiac arrest of newborn
P29.89	Other cardiovascular disorders originating in the perinatal period
P29.9	Cardiovascular disorder originating in the perinatal period, unspecified
P35.0	Congenital rubella syndrome
P35.1	Congenital cytomegalovirus infection
P35.2	Congenital herpesviral [herpes simplex] infection
P35.3	Congenital viral hepatitis
P35.8	Other congenital viral diseases
P35.9	Congenital viral disease, unspecified
P36.0	Sepsis of newborn due to streptococcus, group B

ICD-CM Code	Description
P36.10	Sepsis of newborn due to unspecified streptococci
P36.19	Sepsis of newborn due to other streptococci
P36.2	Sepsis of newborn due to Staphylococcus aureus
P36.30	Sepsis of newborn due to unspecified staphylococci
P36.39	Sepsis of newborn due to other staphylococci
P36.4	Sepsis of newborn due to Escherichia coli
P36.5	Sepsis of newborn due to anaerobes
P36.8	Other bacterial sepsis of newborn
P36.9	Bacterial sepsis of newborn, unspecified
P37.0	Congenital tuberculosis
P37.1	Congenital toxoplasmosis
P37.2	Neonatal (disseminated) listeriosis
P37.3	Congenital falciparum malaria
P37.4	Other congenital malaria
P37.8	Other specified congenital infectious and parasitic diseases
P37.9	Congenital infectious or parasitic disease, unspecified
P38.1	Omphalitis with mild hemorrhage
P38.9	Omphalitis without hemorrhage
P39.0	Neonatal infective mastitis
P39.2	Intra-amniotic infection affecting newborn, not elsewhere classified
P39.3	Neonatal urinary tract infection
P39.4	Neonatal skin infection
P39.8	Other specified infections specific to the perinatal period
P39.9	Infection specific to the perinatal period, unspecified
P50.0	Newborn affected by intrauterine (fetal) blood loss from vasa previa
P50.1	Newborn affected by intrauterine (fetal) blood loss from ruptured cord
P50.2	Newborn affected by intrauterine (fetal) blood loss from placenta
P50.3	Newborn affected by hemorrhage into co-twin
P50.4	Newborn affected by hemorrhage into maternal circulation
P50.5	Newborn affected by intrauterine (fetal) blood loss from cut end of co-twin's cord
P50.8	Newborn affected by other intrauterine (fetal) blood loss
P50.9	Newborn affected by intrauterine (fetal) blood loss, unspecified
P51.0	Massive umbilical hemorrhage of newborn
P51.8	Other umbilical hemorrhages of newborn
P51.9	Umbilical hemorrhage of newborn, unspecified
P52.0	Intraventricular (nontraumatic) hemorrhage, grade 1, of newborn
P52.1	Intraventricular (nontraumatic) hemorrhage, grade 2, of newborn
P52.21	Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn
P52.22	Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn
P52.3	Unspecified intraventricular (nontraumatic) hemorrhage of newborn
P52.4	Intracerebral (nontraumatic) hemorrhage of newborn
P52.5	Subarachnoid (nontraumatic) hemorrhage of newborn
P52.6	Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8	Other intracranial (nontraumatic) hemorrhages of newborn
P52.9	Intracranial (nontraumatic) hemorrhage of newborn, unspecified
P53	Hemorrhagic disease of newborn
P54.0	Neonatal hematemesis

ICD-CM Code	Description
P54.1	Neonatal melena
P54.2	Neonatal rectal hemorrhage
P54.3	Other neonatal gastrointestinal hemorrhage
P54.4	Neonatal adrenal hemorrhage
P54.6	Neonatal vaginal hemorrhage
P54.8	Other specified neonatal hemorrhages
P54.9	Neonatal hemorrhage, unspecified
P55.0	Rh isoimmunization of newborn
P55.1	ABO isoimmunization of newborn
P55.8	Other hemolytic diseases of newborn
P55.9	Hemolytic disease of newborn, unspecified
P56.0	Hydrops fetalis due to isoimmunization
P56.90	Hydrops fetalis due to unspecified hemolytic disease
P56.99	Hydrops fetalis due to other hemolytic disease
P57.0	Kernicterus due to isoimmunization
P57.8	Other specified kernicterus
P57.9	Kernicterus, unspecified
P58.0	Neonatal jaundice due to bruising
P58.1	Neonatal jaundice due to bleeding
P58.2	Neonatal jaundice due to infection
P58.3	Neonatal jaundice due to polycythemia
P58.41	Neonatal jaundice due to drugs or toxins transmitted from mother
P58.42	Neonatal jaundice due to drugs or toxins given to newborn
P58.5	Neonatal jaundice due to swallowed maternal blood
P58.8	Neonatal jaundice due to other specified excessive hemolysis
P58.9	Neonatal jaundice due to excessive hemolysis, unspecified
P59.0	Neonatal jaundice associated with preterm delivery
P59.1	Inspissated bile syndrome
P59.20	Neonatal jaundice from unspecified hepatocellular damage
P59.29	Neonatal jaundice from other hepatocellular damage
P59.3	Neonatal jaundice from breast milk inhibitor
P59.8	Neonatal jaundice from other specified causes
P60	Disseminated intravascular coagulation of newborn
P61.0	Transient neonatal thrombocytopenia
P61.1	Polycythemia neonatorum
P61.2	Anemia of prematurity
P61.3	Congenital anemia from fetal blood loss
P61.4	Other congenital anemias, not elsewhere classified
P61.5	Transient neonatal neutropenia
P61.6	Other transient neonatal disorders of coagulation
P61.8	Other specified perinatal hematological disorders
P61.9	Perinatal hematological disorder, unspecified
P70.0	Syndrome of infant of mother with gestational diabetes
P70.1	Syndrome of infant of a diabetic mother
P70.2	Neonatal diabetes mellitus
P70.3	Iatrogenic neonatal hypoglycemia
P70.4	Other neonatal hypoglycemia

ICD-CM Code	Description
P70.8	Other transitory disorders of carbohydrate metabolism of newborn
P70.9	Transitory disorder of carbohydrate metabolism of newborn, unspecified
P71.0	Cow's milk hypocalcemia in newborn
P71.1	Other neonatal hypocalcemia
P71.2	Neonatal hypomagnesemia
P71.3	Neonatal tetany without calcium or magnesium deficiency
P71.4	Transitory neonatal hypoparathyroidism
P71.8	Other transitory neonatal disorders of calcium and magnesium metabolism
P71.9	Transitory neonatal disorder of calcium and magnesium metabolism, unspecified
P72.0	Neonatal goiter, not elsewhere classified
P72.1	Transitory neonatal hyperthyroidism
P72.2	Other transitory neonatal disorders of thyroid function, not elsewhere classified
P72.8	Other specified transitory neonatal endocrine disorders
P72.9	Transitory neonatal endocrine disorder, unspecified
P74.0	Late metabolic acidosis of newborn
P74.1	Dehydration of newborn
P74.2	Disturbances of sodium balance of newborn
P74.3	Disturbances of potassium balance of newborn
P74.4	Other transitory electrolyte disturbances of newborn
P74.5	Transitory tyrosinemia of newborn
P74.6	Transitory hyperammonemia of newborn
P74.8	Other transitory metabolic disturbances of newborn
P74.9	Transitory metabolic disturbance of newborn, unspecified
P76.0	Meconium plug syndrome
P76.2	Intestinal obstruction due to inspissated milk
P76.8	Other specified intestinal obstruction of newborn
P76.9	Intestinal obstruction of newborn, unspecified
P77.1	Stage 1 necrotizing enterocolitis in newborn
P77.2	Stage 2 necrotizing enterocolitis in newborn
P77.3	Stage 3 necrotizing enterocolitis in newborn
P77.9	Necrotizing enterocolitis in newborn, unspecified
P78.0	Perinatal intestinal perforation
P78.1	Other neonatal peritonitis
P78.3	Noninfective neonatal diarrhea
P78.81	Congenital cirrhosis (of liver)
P78.82	Peptic ulcer of newborn
P78.83	Newborn esophageal reflux
P78.89	Other specified perinatal digestive system disorders
P78.9	Perinatal digestive system disorder, unspecified
P80.0	Cold injury syndrome
P80.8	Other hypothermia of newborn
P80.9	Hypothermia of newborn, unspecified
P81.0	Environmental hyperthermia of newborn
P81.8	Other specified disturbances of temperature regulation of newborn
P81.9	Disturbance of temperature regulation of newborn, unspecified
P83.1	Neonatal erythema toxicum
P83.2	Hydrops fetalis not due to hemolytic disease

ICD-CM Code	Description
P83.30	Unspecified edema specific to newborn
P83.39	Other edema specific to newborn
P83.6	Umbilical polyp of newborn
P83.8	Other specified conditions of integument specific to newborn
P83.9	Condition of the integument specific to newborn, unspecified
P84	Other problems with newborn
P90	Convulsions of newborn
P91.0	Neonatal cerebral ischemia
P91.1	Acquired periventricular cysts of newborn
P91.2	Neonatal cerebral leukomalacia
P91.3	Neonatal cerebral irritability
P91.4	Neonatal cerebral depression
P91.5	Neonatal coma
P91.60	Hypoxic ischemic encephalopathy (HIE), unspecified
P91.61	Mild hypoxic ischemic encephalopathy (HIE)
P91.62	Moderate hypoxic ischemic encephalopathy (HIE)
P91.63	Severe hypoxic ischemic encephalopathy (HIE)
P91.8	Other specified disturbances of cerebral status of newborn
P91.9	Disturbance of cerebral status of newborn, unspecified
P92.01	Bilious vomiting of newborn
P92.09	Other vomiting of newborn
P92.1	Regurgitation and rumination of newborn
P92.2	Slow feeding of newborn
P92.3	Underfeeding of newborn
P92.4	Overfeeding of newborn
P92.5	Neonatal difficulty in feeding at breast
P92.6	Failure to thrive in newborn
P92.8	Other feeding problems of newborn
P92.9	Feeding problem of newborn, unspecified
P93.0	Grey baby syndrome
P93.8	Other reactions and intoxications due to drugs administered to newborn
P94.0	Transient neonatal myasthenia gravis
P94.1	Congenital hypertonia
P94.2	Congenital hypotonia
P94.8	Other disorders of muscle tone of newborn
P94.9	Disorder of muscle tone of newborn, unspecified
P96.0	Congenital renal failure
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction
P96.2	Withdrawal symptoms from therapeutic use of drugs in newborn
P96.3	Wide cranial sutures of newborn
P96.5	Complication to newborn due to (fetal) intrauterine procedure
P96.89	Other specified conditions originating in the perinatal period
P96.9	Condition originating in the perinatal period, unspecified
R78.81	Bacteremia

Compensation/Reimbursement Information

Compensation for inpatient treatment and related services corresponds to the Tufts Health Plan contracted rate per case and/or any other contractual arrangements. Refer to the provider's current contract for details.

Payment methodology used for a hospital claim is determined by the methodology in place at the time of the member's discharge, except in those situations when member enrollment occurred after the admission date. In these instances, payment will be determined by the methodology in place at the time of enrollment. For more information, refer to the Inpatient Facility Payment Policy.

All incurred inpatient well newborn services are included in the payment for the mother's obstetrical stay, provided that the mother is a Tufts Health Plan member. If the newborn is not being added as a dependent to either the mother or father's plan, coverage for well newborn care will cease upon any of the following:

- Earlier of the mother's discharge
- 48 hours following a vaginal delivery
- 96 hours following a caesarian delivery

Additional payment for newborns requiring sick newborn care is contingent upon the newborn being enrolled for family coverage.

Tufts Health Plan covers newborn services in accordance with federal and applicable state mandate coverage.

Note: For policies issued in Massachusetts, the newborn period is defined as beginning at birth and lasting through 28 days. Newborns enrolled in Rhode Island-based plans (e.g., the child of an enrolled subscriber or dependent) may be eligible for coverage from birth to 31 days.

Neonatal Services

Tufts Health Plan compensates for the following:

- One neonatal or pediatric critical care service per member per date of service (DOS)
- One neonatal intensive care service per DOS by the same provider
- Initial neonatal and pediatric critical care services if the member received inpatient critical care services the previous day.

Newborn Care Services

Initial hospital or birthing center care services are not compensated if the member received initial or subsequent newborn care services the previous day.

Member Transfer

Payment may be prorated if a member is transferred to another acute facility.

Related Policies and Resources

Payment Policies

Harvard Pilgrim Health Care Payment Policies
Tufts Health Plan Payment Policies

Clinical Policies

Harvard Pilgrim Health Care Medical Necessity Guidelines
Tufts Health Plan Medical Necessity Guidelines

Publication History

December 2024: Added coverage and billing guidance for human donor milk and milk-derived products, effective for DOS beginning Nov. 21, 2024

April 2024: Annual policy review; administrative edits

March 2023: Annual policy review; administrative edits

March 2022: Annual policy review; administrative updates

August 2019: Policy reviewed by committee; policy and general benefit sections clarified; added revenue codes 0170, 0171

February 2019: Clarified existing coverage for newborns from birth to 31 days to include policies issued in Rhode Island

June 2018: Template updates

April 2018: Clarified existing coverage for newborns from birth to 31 days for Tufts Health Freedom Plan members

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.