

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## Neonatal Intensive Care Unit (NICU) Level of Care Authorization and Reimbursement Policy

**Policy Number: CPCP004**

**Version 1.0**

**Enterprise Clinical Payment and Coding Policy Committee Approval Date: November 17, 2023**

**Plan Effective Date: March 6, 2024 (Blue Cross and Blue Shield of Texas Only)**

### Description

The purpose of this policy is to provide information for Neonatal Intensive Care Unit (NICU) billing and reimbursement information for when NICU services are rendered. A NICU is a critical care area in a facility for newborn babies who need specialized care. Healthcare providers (i.e., facilities, hospitals, physicians and other qualified health care professionals (QHP)) are expected to exercise independent medical judgement in providing care to members. This policy is not intended to impact care decisions or medical practice.

The NICU levels of care are based on the complexity of care that a newborn with specified diagnoses and symptoms requires. All four levels of care are represented by a unique revenue code: Level 1/0171, Level 2/0172, Level 3/0173, and Level 4/0174. *Any inpatient revenue codes not billed as levels 2-4 will be recognized as a level 1.*

The Plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. Claims are reviewed on a case-by-case basis.

### Reimbursement Information:

Inpatient admissions may be reviewed in order to ensure that all services are of an appropriate duration and level of care to promote optimal health outcomes. Clinical documentation of an ongoing NICU hospitalization may be reviewed concurrently to substantiate the level of care with continued authorization based on the documentation submitted and aligning with the MCG Intensity of Care Guidelines.

A provider claim resulting in a NICU level of care or a charge with a NICU revenue code must be able to provide documentation establishing that the criteria for that level of care/revenue code has been satisfied.

NICU Level	Revenue Code Description	MCG NICU Intensity of Care
<b>Level 1</b>	<b>0171:</b> Newborn Level I	For NICU Intensity of Care Criteria 1 see MCG Care Guidelines LOC: LOC-010 (ISC, GRG)
<b>Level 2</b>	<b>0172:</b> Newborn Level II	For NICU Intensity of Care Criteria 2 see MCG Care Guidelines LOC: LOC-011 (ISC, GRG)
<b>Level 3</b>	<b>0173:</b> Newborn Level III	For NICU Intensity of Care Criteria 3 see MCG Care Guidelines LOC: LOC-012 (ISC, GRG)
<b>Level 4</b>	<b>0174:</b> Newborn Level IV	For NICU Intensity of Care Criteria 4 see MCG Care Guidelines LOC: LOC-013 (ISC, GRG)

Please refer to the Plan’s website or contact your Network Management Office for any additional information related to this policy.

### References:

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### Policy Update History:

Approval Date	Description
06/08/2017	New policy
04/20/2018	Annual Review
03/25/2019	Annual Review
12/15/2021	Annual Review, Disclaimer Update
12/13/2021	Annual Review
11/17/2023	Annual Review