Kansas City	**Newborn and Neonatal Critical and Intensive Care**	
	Policy Number: POL-PP-200	**Original Creation Date: 11/1/2020**
	Version Number: 09	**Version Effective Date: 11/1/2020**
	Policy Status: Active	**Next Review Date: 11/1/2026**

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☐ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Neonatal critical care, also known as neonatal intensive care, refers to the specialized care given to sick or premature newborn babies in a hospital setting, typically in a Neonatal Intensive Care Unit (NICU). These infants often require advanced

medical technology and a multidisciplinary team of specialists to address health issues such as prematurity, low birth weight, birth defects, or respiratory and heart conditions.

Policy

CPT/CMS currently defines a critical illness or injury as an illness or injury that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life-threatening deterioration in the patient's condition.

Providing medical care to a critically ill, injured, or post-operative infant qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the requirements,

Evidence that criteria were met must be present in the medical record with the physician's attestation that critical care was provided. Documentation must be clear that there is active management of vital organ systems to prevent deterioration or death, and that the provider was either at the bedside or immediately available for care.

If neonatal critical care is submitted with a diagnosis not supporting critical care, it will be denied, and medical record review may be necessary.

Critical care is a time-based code. This means you sum up all the time you spend delivering critical care to a single patient, which may include,

- Direct critical care at the bedside (excluding procedures that are NOT bundled into the critical care billing code; see below)
- Discussing the patient with members of the care team, including consultants, APPs, and nurses
- Reviewing data related to the patient
- Writing notes in the chart when on the unit and immediately available to the patient
- Discussions with family members, but only if the patient is unable to participate in their care or if it involves obtaining a clinically relevant history (and ideally, who you spoke with should be documented!)

Professional Services

Critical care services for the neonate (28 days of age or younger) are to be billed with codes 99468 (initial inpatient) and 99469 (subsequent inpatient).

CPT 99477 is for the neonate who requires intensive care and observation as well as frequent interventions. Subsequent services for intensive care are not based on the infant's age, but on the infants' weight at the time of the service.

The following services are included in neonatal critical care codes (99468-99469) and neonatal initial intensive care (99477, 99478, 99479, 99480 and should not be reported separately.

Code(s)	Description
31500	Endotracheal intubation
36000	Peripheral vessel catheterization
36140, 36620	Other arterial catheters
36400, 36405, 36406	Vascular Access Procedures
36140, 36620	Other Arterial catheters
36420, 36600	Vascular Punctures
36430, 36440	Transfusion of blood components
36510	Umbilical venous catheters
36555	Central Vessel catheterization

36660	Umbilical Arterial catheters
43752	Oral or nasogastric tube placement
51100	Suprapubic bladder aspiration
51701, 51702	Bladder catheterization
62270	Lumbar puncture
94002-94004	Ventilatory management
94375	Bedside pulmonary function testing
94610	Surfactant Administration
94660	Continuous positive airway pressure (CPAP)
94760, 94761, 94762	Monitoring or interpretation of blood gasses or oxygen saturation
94780-94781	Car seat evaluation
96360, 96361	Administration intravenous fluids

Facility Billing

Critical care levels are based on the complexity of care that a newborn with specified diagnoses and symptoms requires and should be clinically evaluated daily.

The level of care and the resulting revenue code can change during the newborn's inpatient stay.

Neonatal critical care services are only reimbursed when provided in a Level III maternal/newborn service (as defined by 105 CMR 130.601).

Newborn Levels of Care/Revenue Codes for Facility Claims

Although the list of criteria used to determine the NICU levels of care in this policy is not all inclusive, it does provide an overview of the guidelines that are used. Please see the chart below:

NICU Level	Revenue Code	Minimum Criteria for NICU level of Care
	0170	General Nursery
LEVEL 1	0171	Admission for or continuation (from higher level) of care at Level 1 may be indicated for newborn or neonate that has 1 or more of the following: • Routine newborn care • Continued care during convalescence from condition or conditions treated at higher level of care while awaiting resolution of specific issues (e.g., sustained weight gain, establishment of safe discharge destination and plan). • Evaluation and Level 1 care for conditions as indicated by 1 or more of the following: ○ Routine evaluation and management of laboratory testing (bilirubin, glucose, Coomb's testing, CBC) ○ Monitoring of asymptomatic abnormalities (e.g., hypoglycemia) ○ Advancing oral intake, improving nipple or other feeding, and monitoring weight gain.
LEVEL 2	0172	Admission for or continuation (from a higher level) of care at Level 2 indicated by the presence of 1 or more of the following: • Continued inpatient care during convalescence from condition or conditions treated at higher level of care • Apnea, bradycardia without recent episodes

		• Limited or absent oral feedings requiring efforts to advance toward the expected oral goal (e.g., frequent feedings via oral and nasogastric routes • Suspected sepsis: evaluation and observation of asymptomatic infant • Infection, under appropriate treatment (e.g., clinically stable now finishing course of antibiotics) • Neonatal abstinence with score below treatment threshold (modified Finnegan score 8 or less) • Neonatal jaundice requiring monitoring (e.g., elevated bilirubin levels being repeated more frequently than every 12 hours) or treatment with phototherapy • Supportive care (e.g., frequent feeding) needed for other instability or condition (e.g., low birth weight, convalescing premature infant) Newborn must have no mechanical ventilation or CPAP requirement, be in an open crib, be hemodynamically stable, have no fever and no toxic appearance in addition to one of the above criteria.
LEVEL 3	0173	Admission for or continuation (from a higher level) of care at Level 3. Admission for care or continuation of care (from higher level) for physiologic immaturity or moderate-severity condition as indicated by 1 or more of the following: • Need for short-term ventilatory support (mechanical ventilation or continuous positive airway pressure, usually 24 hours or less). • Convalescent care for infant on stable ventilation (e.g., transitioning to home ventilator) • Active apnea episodes requiring pharmacologic regimen or stimulation • Bradycardia needing only stimulation • Tachypnea (respiratory rate greater than 60 breaths per minute) • Unstable body temperature (continued active interventions (e.g., isolette or radiant warmer) needed to keep temperature greater than 36.0 degrees C • Inadequate feedings (e.g., oral, and nasogastric) requiring ongoing IV fluids • Neonatal jaundice with severe findings (e.g., hemolysis, transfusion needed) • Suspected sepsis: with fever, lethargy of toxic appearance • Persistent hypoglycemia: glucose less than 30 mg/dL or associated lethargy or hypotonia • Anemia requiring (non-exchange) transfusion • Modified Finnegan neonatal abstinence scoring that shows 1 or more of the following: o 2 consecutive scores greater than or equal to 12 o 3 consecutive scores greater than or equal to 8 • Other instability or condition (e.g., prematurity between 32- and 35-weeks' gestation or low birth weight greater than or equal to 1500g) that requires Level 3 care as indicated by ALL the following: o Active evaluation and treatment adjustment to treat ongoing instability by pediatric specialists available 24 hours a day are needed. o Not expected to resolve rapidly with continuing (Level 2) or routine (Level 1) care. To meet Level 3, the newborn must: • Have oxygen administration at FiO2 less than 40%, CPAP or mechanical ventilation with expected short-term need or stable mechanical ventilation (e.g., transitioning to or on home ventilator) • Have no surfactant replacement needed • Have no high-rate IV fluids (e.g., 10 to 20 mL/kg/hour of isotonic saline if hypovolemia is suspected) or medications to support blood pressure, no active diuresis and fluid

		adjustment for chronic lung disease, no IV medications, including antiarrhythmics, neuromuscular blocking agents, and no extracorporeal membrane oxygenation
		• Have no condition requiring intensive support:
		  ○ Invasive (e.g., CNS) monitoring
		  ○ Hypotension
		  ○ High-frequency ventilation
		  ○ Seizures that are frequent or require IV medication
		  ○ Need for major surgery
		  ○ Other conditions that require ongoing evaluation, active management, and therapy adjustment by continuously available neonatologist, pediatric subspecialty care readily accessible on site (or equivalent, e.g., immediately available via telemedicine), and Level 4 care support services

LEVEL 4	0174	Admission to Level 4 care is indicated for prematurity or other sever condition requiring Level III or Level IV facility care as indicated by 1 or more of the following:
		
		• Need for long-term ventilatory support (usually more than 24 hours) with continuous monitoring and adjustment (mechanical ventilation or continuous positive airway pressure)
		• Cardiovascular support using 1 or more of the following:
		  ○ Ongoing IV fluid bolus resuscitation and high-rate IV drip needed to support instability
		  ○ Pharmacologic support with agents such as dobutamine, milrinone, epinephrine
		• Intensive medication and fluid support as indicated by ongoing use and adjustment of IV agents, including **1 or more** of the following:
		  ○ Anticonvulsants such as phenobarbital or phenytoin
		  ○ Antiarrhythmic agents
		  ○ Neuromuscular blocking agents
		  ○ Electrolytes (e.g., calcium, magnesium) and bicarbonate, with ongoing monitoring and adjustment as necessary
		  ○ Other IV agent requiring continuous patient monitoring and dosage adjustment
		• High Frequency Ventilation (HFOV, Jet)
		• Extracorporeal membrane oxygenation
		• Nitric administration
		• Invasive Monitoring includes 1 or more of the following:
		  ○ Umbilical vessel catheter, peripheral artery catheter, central vein catheter
		  ○ CNS pressure monitoring
		• Intensive medication and fluid support (monitoring and adjustments every hour)
		  ○ Anticonvulsants
		  ○ Antiarrhythmic agents
		  ○ Neuromuscular blocking agents
		  ○ Beta-blockers
		  ○ Calcium channel blocking agents
		  ○ Electrolytes and bicarb
		  ○ Other IV agent requiring continuous patient monitoring
		• Acute neurologic instability from hypoxic-ischemic event such as lethargy, coma, frequent seizures
		• Apnea requiring IV therapy, bag-mask (neo-tee) ventilation, or other intensive interventions (e.g., CPAP)

		• Hemolysis of severe anemia requiring massive or exchange transfusion • Other intensive treatment or support being performed for condition that requires ongoing evaluation, active management, and therapy adjustment by continuously available neonatologist and readily accessible on site (equivalent, e.g., immediately available via telemedicine) pediatric subspecialty care • Initial perioperative care following major surgery • Hypothermia therapy for anoxic damage, including selective head cooling • Perioperative care for surgery on severe defects or conditions, such as cardiac defects, bowel obstruction, or perforation, and gastroschisis

Coding

CPT	Code Description
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1,500 grams)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2,501-5,000 grams)
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1,500-2,500 grams)
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age

References and Resources

Blue KC Provider Reference guide
American Medical Association
Centers for Medicare and Medicaid Services

Related Documents

POL-PP-236 CPT Evaluation and Management Guidelines
POL-PP-192 Critical Care Services

Revision History

Version	Date	Summary of Revisions
001	11/1/2020	Initial version

002	8/11/2021	CPT code list was removed
003	7/8/2021	Added – Benefits are not provided for replacement of items still functional and/or under warranty. If the items(s) work as intended, replacement will be patient responsibility.
004	11/1/2021	Annual review, no updates, or changes were made to the policy
05	11/1/2022	Annual review; removed CPT 93561, 93562 Interpretation of cardiac output measurements and 92953 Temporary transcutaneous pacing from the table.
006	1/1/2023	Added The word Critical to the policy title to read, Newborn and Neonatal Critical and Intensive Care Services. Clarified difference between critical and intensive care based on AMA definition.
007	11/1/2023	Annual review, no updates, or changes were made to the policy
008	11/1/2024	Annual review, language was added describing the importance of documentation supporting critical care management, the AMA/CMS definition of critical care, and critical care submitted without a support diagnosis may be denied
009	11/1/2025	Annual review , no updates, or changes were made to the policy