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## Newborn Payment Policy

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### Policy Statement

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood's) coverage and payment requirements for newborns.

### Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

### Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services. Authorization is required for the inpatient hospital admission and for the transfer of a newborn to a Neonatal Intensive Care Unit (NICU).

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

### Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.



Submit a Present on Admission (POA) indicator for each diagnosis code when applicable. A birthweight is needed for DRG to be calculated correctly and should always be submitted in accordance with industry standards on the UB-04 claim form.

Neighborhood will accept claims submitted under the mother’s member ID number for the first 30 days of a newborn’s life. Claims should include all information pertaining to the newborn with the exception of the mother’s member ID number. After 30 days, claims should be submitted under the newborn’s member ID number.

Providers must file a separate claim for newborn nursery charges, using the appropriate revenue codes. Revenue codes associated with newborn:

Revenue Code	Description
170	Nursery – General Classification
171	Newborn level I – special care nurse
172	Newborn level II – NICU level II
173	Newborn level III – NICU level III
174	Newborn level IV – NICU level IV

Providers should submit claims to Medicaid Fee-For-Service when:

1. Delivery at Women & Infants (W&I) with admission to W&I NICU
2. Delivery at W&I with admission to W&I NICU and discharge to Hasbro, Boston Children’s Hospital, or Mass General (surgical, cardiac or Extracorporeal Membrane Oxygenation (ECMO)) with readmission to W&I NICU after treatment.
3. Delivery at non-W&I facility with direct admission to W&I NICU.
4. Delivery at non-W&I facility with direct admission to W&I NICU and discharge to Hasbro, Boston Children’s Hospital, or Mass General (surgical, cardiac or ECMO) with readmission to W&I NICU after treatment.
5. Transfer from W&I Normal Newborn Nursery to W&I NICU

### Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.



### Member Responsibility

**Commercial** plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

### Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

### Document History

Date	Action
03/19/2025	Annual policy review date. No content changes.
07/01/2024	Policy Creation Date