



COMMUNITY FIRST
HEALTH PLANS

2008 Corrected Complex Neonate Acuity of Service Matrix

Purpose: This matrix serves as a general template to align the level of services that are delivered to CFHP newborns with the level of service that is pre-authorized. Medical Director's discretion based on peer-to-peer discussions will be utilized on a case-by-case basis when the clinical status overlaps one or more cells in the matrix. This matrix has been approved by the CFHP Quality Improvement Committee as the standard criteria to be used for the determination of Revenue Codes/level of services for CFHP members at inpatient facilities. It is not intended to be the sole tool used to determine physician billing codes for inpatient services.

Procedure: The authorizations will be driven by the revenue code when pre-authorizing inpatient stays. The level of care is a general description of the category of service that is provided and required. This description may vary between facilities and according to certain contractual mandates. Therefore, level of care will not be used as the "driver" for pre-authorization.

Revenue/CPT Codes	Associated Treatment/Clinical Status
<p>Rev Code 174 UB 92 Level IV AAP Level IIIB and IIIC Physician Critical Care Services CPT 99293, 99294, 99295 or 99296</p>	<ul style="list-style-type: none"> • Mechanical ventilation (excluding Nasal CPAP) or continuous oxygen therapy $\geq 40\%$ FiO₂ • Infants with life threatening condition requiring intensive 1:1 nursing care and/or medications to maintain stable vital signs and oxygenation • Infant on dialysis • Major surgery performed (e.g. omphalocele repair, tracheal-esophageal fistula or esophageal atresia repair, bowel resection, myelomeningocele closure) within the past 48 hours • Medical NEC treatment (NPO, Repogle to LCWS, IV antibiotics) • Inhaled Nitric Oxide Therapy (Facility must notify CFHP for determination of medical necessity.) • Organ transplant • ECMO • Seizures requiring IV anticonvulsive medications
<p>Rev Code 173 UB 92 Level III AAP Level IIIA or IIB Physician Intensive Care Services Codes 99477, 99298, 99299, 99300</p>	<ul style="list-style-type: none"> • Nasal CPAP or high flow nasal cannula $< 40\%$ FiO₂ and < 30 days duration • TPN/Intralipids via central line • IV antibiotics – acute phase of infectious disease, including pending cultures AND symptomatic, or positive cultures • Infants of Diabetic Mother with abnormal blood glucose levels lasting more than 12 hours • Unstable apnea/bradycardia requiring tactile stimulation or blow-by oxygen • Blood products / volume expanders • Neurologic assessment > 6 times in 24 hours
<p>Rev Code 172</p>	<ul style="list-style-type: none"> • Continuous oxygen therapy, ≥ 30 days duration • Environmental control (Isolette, radiant warmer) ≤ 35 weeks corrected gestational age

<p>UB 92 Level IIA AAP Level IIA Physician Intensive Care Services Codes 99299, 99300, 99231, 99232, 99233</p>	<ul style="list-style-type: none"> • Phototherapy for infants who meet criteria for higher risk as defined by AAP Clinical Practice Guideline for Management of Hyperbilirubinemia • IV antibiotics without other problems, including pending cultures and asymptomatic • Low birth weight infants (BW \geq 1500 grams or \leq 2500 grams) who are not ill but require frequent feeding • TPN/IL via peripheral line in conjunction with OG, PO, G-tube or J-tube feeds • Neonatal drug withdrawal management with pharmaceutical intervention and NAS/Finn scores averaging 8 or higher daily (all scores for a 24 hour period between 12:00 AM and 11:59 PM will be included in the average) • Other abnormal metabolic status requiring short term IV therapy or early feeds < 12 hours duration • Stable neonatal apnea, bradycardia or desaturations - self-resolved, no supplemental oxygen required • Stable neonatal tachycardia • Intracranial reservoir taps in an infant who is otherwise medically stable – feeding, growing, awaiting shunt placement • Apnea watch, 3-5 days duration, inclusive of isolated unstable CR events that do not require re-initiation of caffeine or continuous oxygen therapy
<p>Rev Code 171 UB 92 Level I AAP Level I Physician Care Services Codes 99231, 99232, 99233, 99431, 99433</p>	<ul style="list-style-type: none"> • Normal Newborn Care, birth weight > 2000 grams, gestational age \geq 35 weeks • Environmental control (Isolette) >35 weeks corrected gestational age • Neonatal drug withdrawal management: <ul style="list-style-type: none"> ○ Initial observation of ISAM infant before initiation of pharmaceutical intervention (treatment should begins after 3 consecutive NAS/Finn scores averaging 8 or 2 consecutive NAS/Finn scores averaging 11) ○ Continued from Rev Code 172 and NAS/Finn scores averaging <8, with or without pharmaceutical intervention (all scores for a 24 hour period between 12:00 AM and 11:59 PM will be included in the average) • Weight loss \geq 8% of birthweight, no other clinical conditions present • Negative 48 hour blood cultures, asymptomatic, IV antibiotic(s) being continued due to pertinent maternal history only • Transitional Care x 4 hours - uncomplicated
<p>Rev Code 170 Physician Care Service Codes 99431, 99433</p>	<p>Boarder Baby: Infant with continued stay for maternal reasons or for social/legal reasons Or Stable infant >35 weeks gestation rooming in with Mom</p>

References: Guidelines for Perinatal Care, 6th Edition
Policy Statement of the American Academy of Pediatrics
2009 Interqual Clinical Criteria
2007 ICD-9-CM
2007 CPT Professional Edition

Submitted for QIC Approval 10/13/2009
Effective for Dates of Service on and after January 1, 2010