



Policy	REIMB_0044
Effective Date	01/01/2026
Reviewed/Revised Date	10/13/2025
Next Review Date	10/13/2026
Origination Date	09/01/2024
Originated Department	Clinical Operations

Neonatal Intensive Care Unit

Audience
Medical Management

Purpose
Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.

Definition
This policy addresses the reporting of pediatric and neonatal critical and intensive care services, Current Procedural Terminology (CPT®) codes 99468-99476 and 99477-99480, based on instruction from the American Medical Association (AMA) CPT book.

Policy/Procedure
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) are expected to exercise independent medical judgement in providing care to members. This policy is not intended to impact care decisions or medical practice.

CPT instruction gives specific direction for the appropriate reporting of pediatric and neonatal critical and intensive care codes 99468-99476 and 99477-99480. This direction applies to situations when pediatric and neonatal critical and/or intensive care services are performed for the same patient, on the same day, with certain procedure services. CPT direction specifies what codes to report and what codes are considered inclusive in situations where multiple services are performed for the pediatric or neonatal patient requiring critical and/or intensive care. CPT applies these reporting instructions to physicians and/or Other Qualified Health Care Professionals in the same group.

Mountain Health follows the AMA guidelines with respect to the reporting of pediatric and neonatal critical and intensive care codes 99468-99476 and 99477-99480. When services considered inclusive are reported on the same day with a pediatric and neonatal critical or intensive care code by the Same Group Physician and/or Other Qualified Health Care Professional, those services will be considered for separate reimbursement or bundled into 99468-99476 and 99477-99480 in accordance with those edits.

Modifiers

59

XE

XS

XU

CPT direction indicates that certain procedure services are included in, and not reported separately from, pediatric and neonatal critical and intensive care services. CPT does not give direction indicating where it would be appropriate to allow for a modifier override when pediatric and neonatal critical and intensive care codes are reported with a specified procedure code on the same day for the same patient by the Same Group Physician and/or Other Qualified Health Care Professional. In this circumstance Mountain Health will follow the CMS National Correct Coding Initiative (NCCI) to determine if a modifier override could be allowed if appropriate.

Provider Billing

Providers are reimbursed according to the applicable contracted rates and fee schedules.

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.

Mountain Health reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. Inpatient admissions may be reviewed to ensure claims for services include proper duration and level of care. Clinical documentation of ongoing NICU hospitalizations may be reviewed concurrently to substantiate the level of care.

NICU claims must be supported by documentation establishing the level of care/revenue code has been satisfied.

Coding	
0170	Room and Board Nursery
0171	Newborn Level I
0172	Newborn Level II
0173	Newborn Level III
0174	Newborn Level IV
0179	Other Nursery
0220	Human donor milk and milk-derived products

References
1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

Vendors
<ul style="list-style-type: none"> • HPS

Review/Revision/Approval History	
Date	Description
10/13/2025	Adopted

Disclaimer
<p>This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.</p> <p>The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.</p> <p>Mountain Health CO-OP makes no representations and accepts no liability regarding the content of any external information cited or relied upon in this policy. Mountain Health CO-OP updates its Coverage Policies regularly and reserves the right to amend these policies and give notice per State and Federal requirements.</p>

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