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## **1.0 Description of the Service**

Neonatal and pediatric critical care services are an array of services provided by physicians directing the inpatient care of critically ill newborns, infants and very young children. Neonatal and pediatric critical care services involve high complexity decision making to manage, monitor and treat a critically ill patient. Neonatal and pediatric intensive care services are services provided by physicians directing the continuing inpatient intensive care of the low birth weight (LBW) or very low birth weight (VLBW) infant who is no longer critically ill but continues to require intensive observation and frequent services and interventions only available in the intensive care setting.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Limitations**

Medicaid recipients who are two years of age or less are eligible for these services.

### **2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if the service is medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination\*\* (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not

apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**\*\*EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

*Basic Medicaid Billing Guide:* <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

**EPSDT provider page:** <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

### 3.0 When the Service Is Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

Critical care services are covered when a newborn, infant or a very young child is critically ill. Intensive care services are covered when a LBW or VLBW infant is no longer critically ill, but continues to require intensive observation and interventions.

### 4.0 When the Service Is Not Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

Critical care services are not covered when the newborn, infant or very young child does not require critical care. Intensive care services are not covered when the newborn, infant or young child does not require intensive care.

## 5.0 Requirements for and Limitations on Coverage

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

### 5.1 Global Critical Care Service Codes

Physicians directing the care of a critically ill newborn, infant, or very young child use critical care CPT codes 99293 through 99296 to report services provided per day. Care rendered while the patient is receiving critical care services include management, monitoring, and the treatment of the patient. Medicaid uses the guidelines established by the American Medical Association in the CPT manual, in addition to the Correct Coding Initiative and other sources, to identify services that are included in the bundled (global) critical care service codes. The following CPT codes represent procedures and services that are included in critical care and **must not be billed separately**:

|       |       |          |          |          |       |
|-------|-------|----------|----------|----------|-------|
| 31500 | 36000 | 36140    | 36400    | 36415    | 36420 |
| 36425 | 36430 | 36440    | 36510    | 36540    | 36555 |
| 36600 | 36620 | 36660    | 43752    | 51000    | 51701 |
| 51702 | 62270 | 71010-26 | 71015-26 | 71020-26 | 90780 |
| 90781 | 91105 | 92953    | 93561-26 | 93562-26 | 94375 |
| 94656 | 94657 | 94660    | 94662    | 94760    | 94761 |
| 94762 |       |          |          |          |       |

### 5.2 Low Birth Weight Infant Care

Care for very low birth weight (VLBW) infants who require intensive care but who are not critically ill is reported using CPT codes 99298 and 99299. The services identified in **Section 5.1** should not be billed separately when 99298 and 99299 are billed.

### 5.3 Continued Hospitalization Care

Care for newborns, infants, and very young children who require continued hospitalization and who **are not critically ill and weigh more than 2500 grams** is reported with hospital inpatient E/M CPT codes 99221-99223 or 99231-99233.

## 6.0 Providers Eligible to Bill for the Service

Physicians enrolled in the N.C. Medicaid program who provide this service may bill for this service.

## 7.0 Additional Requirements

There are no additional requirements.

## 8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

### 8.1 Claim Type

Physicians bill professional physician services on the CMS-1500 claim form.

### 8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity.

### 8.3 Procedure Codes

Neonatal and pediatric critical and intensive care CPT codes that are covered by the Medicaid program include

99293  
99294  
99295  
99296  
99298  
99299

### 8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

## 9.0 Policy Implementation/Revision Information

**Original Effective Date:** June 1, 2002

### Revision Information:

| Date     | Section Updated | Change   |
|----------|-----------------|--|
| 09/01/04 | Section 5.1     | 2003 CPT codes added to services included in global NICU service   |
| 09/01/04 | Title           | The title of the policy was changed to "Neonatal and Pediatric Critical and Intensive Care Services"   |
| 09/01/04 | Section 1.0     | "Pediatric" and "inpatient" were added to the description of critical care services. Description of inpatient intensive care services added. |

| <b>Date</b> | <b>Section Updated</b> | <b>Change</b>   |
|-------------|------------------------|---|
| 09/01/04    | Section 2.0            | The age limitation two years of age or less was added to the eligibility information.   |
| 09/01/04    | Section 3.0            | “Infant or a very young child” was added to the criteria. Intensive care information added.   |
| 09/01/04    | Section 4.0            | “Infant or a very young child” was added to the criteria. Intensive care information added.   |
| 09/01/04    | Section 5.0            | “Infant or a very young child” was added to the criteria.   |
| 09/01/04    | Section 5.1            | Codes updated to reflect changes in national CPT codes. Guidelines references updated.  |
| 09/01/04    | Section 5.2            | Policy guidelines for billing CPT codes 99298 and 99299 were added. Reference to global codes and codes listed in 5.1 added.  |
| 09/01/04    | Section 5.3            | Policy guidelines for billing CPT codes 99231 – 99233 were added. Title “Continued Hospitalization care” added.   |
| 09/01/04    | Section 6.0            | Text stating that reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs was added. |
| 09/01/04    | Section 8.3            | Word “intensive” added. CPT codes 99293, 99294, 99298, and 99299 were added to the list of covered procedure codes. Code 99297 deleted since it was deleted by CPT.                             |
| 9/1/05      | Section 2.0            | A special provision related to EPSDT was added.   |
| 9/1/05      | Section 8.0            | The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.            |
| 12/1/05     | Section 2.3            | The web address for DMA’s EDPST policy instructions was added to this section.  |
| 12/1/06     | Sections 2 through 5   | A special provision related to EPSDT was added.   |
| 5/1/07      | Sections 2 through 5   | EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age  |