

**Pediatric and Neonatal Critical and Intensive Care Services Policy,
Professional for Louisiana**

Policy Number	2021R0126A .LA	Annual Approval Date	11/14/2018	Approved By	Reimbursement Policy Oversight Committee
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

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

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT® is a registered trademark of the American Medical Association

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

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.

Reimbursement Guidelines

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 health care professionals in the same group.

UnitedHealthcare Community Plan follows the (AMA) CPT 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 and intensive care code by the Same Group Physician and/or Other Health Care Professional, those services will be considered for separate reimbursement or bundled into 99468-99476 and 99477-99480 in accordance with those edits outlined in the attachment section.

For a complete list of edits please see the attachment section.

Modifiers

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 Health Care Professional. In this circumstance UnitedHealthcare will follow the CMS National Correct Coding Initiative (NCCI) to determine if a modifier override could be allowed if appropriate.

Modifier	Modifier Description
59	Distinct Procedural Service Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances
XE	Separate Encounter A Service That Is Distinct Because It Occurred During A Separate Encounter
XS	Separate Structure A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure
XU	Unusual Non-Overlapping Service The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service

For a complete list of edits and allowable modifier overrides, please see the attachment section.

Definitions


Same Group Physician and/or other Health Care Professional	All physicians and/or other health care professionals of the same group reporting the same Federal Tax Identification number.
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Questions and Answers

1	Q: If pediatric and neonatal critical and/or intensive care services are performed for the same patient, on the same day, as other evaluation and management (E/M) services, are both of those services reimbursable?
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A: Pediatric and neonatal critical and/or intensive care services may be subject to additional UnitedHealthcare Community Plan reimbursement policies. Refer to UnitedHealthcare Community Plan’s Same Day/Same Service policy for further details regarding reimbursement of E/M codes billed on the same day by physicians and/or other health care professionals in the same group practice who are of the same specialty, and UnitedHealthcare Community Plan’s Rebundling policy for information regarding reimbursement of E/M codes billed on the same day by the same individual physician and/or other health care professional.

Attachments: Please right-click on the icon to open the file.

 <p>Pediatric and Neonatal Critical and Intensive Care Edits</p>	<p>This table identifies edits between codes 99468-99476 and/or 99477-99480 and other procedure services and where modifiers are allowed when appropriate.</p>
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Resources

Individual state Medicaid contracts, regulations, manuals & fee schedules
 American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
 Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

2/15/2021	Removed reference to other state exceptions
1/1/2019	Policy Version Change Modifier Section: Added modifiers and definitions History Section: Dates prior to 1/1/2017 have been removed
11/14/2018	Annual Policy Approval Date and Version Change Definitions: Revised Added the word “Professional” to policy title Application: Removed pathway to policies for other lines of business
9/15/2018	Application section update per legal update
1/10/2018	Pediatric and Neonatal Critical and Intensive Care Edits list updated
1/1/2018	Annual Policy Version Change Attachments Section: Updated
11/8/2017	Annual Approval
5/20/2017	Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies
1/1/2017	Annual Policy Version Change Annual Approval Date updated; Committee name updated. Attachments Section: Updated
3/1/2015	Policy implemented by UnitedHealthcare Community Plan
8/13/2014	Policy approved by the Payment Policy Oversight Committee