



Clinical Claim Review

Neonatal Intensive Care Unit

Ensure appropriate billing and reimbursement for accurate levels of care.

Newborn babies who need intensive medical attention following birth are often admitted into a highly specialized area of the hospital called the Neonatal Intensive Care Unit (NICU). The NICU provides complex services to manage, monitor, and treat critically ill or very low birth weight infants from birth until discharge.

HMS clinical review staff reviews the documentation in the medical record to ensure guidelines were met for the NICU revenue code billed, and the revenue code was accurate for each day.

NICUs have varying levels of care depending on the complexity of care and resources required, and the severity of illness of the infant. For example,

intermediate care is available for babies who are not as sick but still require specialized nursing care, while intensive care is available for a severely ill baby with critical care needs requiring constant, complex care. These levels of care can change from day to day.

Each level of care is represented by a unique revenue code with a corresponding reimbursement rate and criteria. Providers bill revenue codes on the uniform bill (UB), representing the NICU level of care that was necessary

for each day spanning the episode of care.

The UB Manual governs claim submission for all claims submitted on a UB, including NICU level of care. The guidelines utilized in the NICU review are the UB Manual NICU revenue code descriptions as determined by the National Uniform Billing Committee

(NUBC), which is endorsed by the American Hospital Association and the Centers for Medicare and Medicaid Services. The criteria outlined in these NICU revenue code descriptions must be met to ensure the accurate NICU level of care was billed and therefore, reimbursed appropriately.

It is the fundamental responsibility of every provider to bill and code accurately. HMS ensures accuracy of billing and reimbursement for Neonatal Intensive Care Unit (NICU) level of care through a medical record review.

The NICU Level of Care review ensures coding accuracy through review of the medical record documentation, and does not question the medical necessity of the services provided. HMS clinical review staff reviews the documentation in the medical record to ensure guidelines were met for the NICU revenue code billed, and the revenue code was accurate for each day. This review can be conducted for those lines of business that reimburse based on per diem rates, per revenue code.

Contact HMS today and discover your potential NICU billing overpayment.

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HMS provides the broadest range of cost containment solutions in healthcare to help payers and accountable care organizations improve performance. Using innovative and time-tested technology and analytics, we prevent and recover improper payments related to fraud, waste, and abuse. As a result of our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments.