



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). It provides complex services to manage, monitor, and treat these infants from birth until discharge.

The NICU Level of Care review ensures coding accuracy through review of the medical record documentation.

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.

Features

- No member liability associated with findings
- Full support for rebuttals and appeals
- Experienced clinical reviewers
- Performed across all lines of business relevant to newborns and reimbursed on a per diem basis: Generally, Commercial lines of business

Contact HMS today and discover your potential NICU billing overpayment.

[hms.com](https://www.hms.com)



HMS® provides the broadest range of solutions in the industry to help payers and at-risk providers improve financial and health outcomes. Using innovative and time-tested technology and analytics, we help our clients reduce costs, enhance quality, and safeguard compliance. As a result of our services, our clients save billions of dollars every year and achieve their performance goals.