

Crosswalk of Neonatal Intensive Care Levels of Care, Facility Levels and Revenue Codes

Neonatal Facility Levels

Neonatal Facility Levels are assigned by the American Academy of Pediatrics based on resource availability and capabilities (in a manner similar to the way the American College of Surgeons designates levels of Trauma Centers). These levels are laid out in the AAP Policy Statement Levels of Neonatal Care found at <http://pediatrics.aappublications.org/content/130/3/587>.

The NICU Facility Levels are only loosely tied to Revenue Codes. For example, any given day of care at a Level IV facility may be appropriate at any Revenue Code in the Neonatal category (Rev Codes 17X). However, Rev Code 174 would rarely, if ever, be appropriate at a Level I facility.

As documented in the MCG Job Aid: Neonatal Facility Levels and Admission Guidelines the following Rev Codes would be appropriate:

Neonatal Facility Level	Appropriate Rev Codes
I	170, 171
II	173, 172, 171, 170
III	174, 173, 172, 171, 170
IV	174, 173, 172, 171, 170

Neonatal Facility Levels should not be the driving consideration in the leveling of NICU care during the concurrent review process.

Neonatal Care Levels

Assignment of the appropriate level of clinical neonatal care during the concurrent review process begins with accurate assignment of the Neonatal Admission Level. The criteria for the four levels of neonatal care are laid out in the Neonatal Admission Levels Comparison Chart in MCG- 20 (in quick search box enter term Neonatal Comparison Chart). With rare exceptions (e.g. ECMO) there are few single clinical factors that always qualify for MCG-20 Intensive Care Level 4 status. Once the admission level of care has been accurately assigned and the neonate is stabilized, levels of care may increase (e.g. sudden onset of sepsis in previously healthy full term neonate) or may decrease (e.g. premature infant in the final stages of transition to full oral feedings in preparation for discharge). When a neonate is receiving higher levels of care that do not meet evidence-based criteria (e.g. an infant receiving phototherapy that is not medically necessary per AAP and MCG guidelines) that medically unnecessary care should not be considered in assigning the level of care.

MCG NICU Care levels and Rev Codes are directly tied per the table below:

InterQual	MCG – 19	MCG – 20	Rev Code
Transitional Care	Newborn Care, Routine	Newborn Care, Routine	170
Newborn Level 1	I	Routine Care Level 1	171
Special Care Level II	IIc, Ic	Continuing Care Level 2	172
Neonatal Intensive Care Level III	II	Intermediate Care Level 3	173
Neonatal Intensive Care Level IV	III	Intensive Care Level 4	174

Finally, site of care within the hospital is not a consideration in assigning the level of care and companion Rev Code. Many hospitals no longer maintain a separate step-down or Special Care Nursery unit. If a child is physically in the Neonatal Intensive Care Unit, but is receiving care that meets at a lower level (e.g. gainer/growers), the nature of the care being rendered and not the site of care determines the level.

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