
CHAPTER 5: PROFESSIONAL SERVICES

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Newborn Care and Discharge

Physician providers billing for initial newborn care should use the appropriate procedure codes for history and examination of normal newborn when the service provided meets the criteria for the initial examination rendered. This procedure is limited to one per lifetime of the recipient.

The procedure code for subsequent hospital care, normal newborn, per day should be billed for each day of normal newborn care rendered subsequent to the date of birth other than the discharge date. Louisiana Medicaid limits this procedure to three per lifetime of the recipient.

Discharge Services

When the date of discharge is subsequent to the admission date, submit claims for newborn hospital discharge services using the appropriate hospital day management code.

When newborns are admitted and discharged from the hospital or birthing room on the same date, use the appropriate code for services rendered within the first 24 hours of the child's life.

Routine Circumcision

Routine circumcision is a non-covered service and billable to the recipient's responsible party. All medically necessary circumcisions continue to be a covered benefit.

Newborn Pre-certification

When normal newborn care procedure codes are billed within the initial two or four days of the mother's approved pre-certification, providers can submit claims without a newborn pre-certification.

However, if the newborn is admitted to the Neonatal Intensive Care Unit (NICU), a pre-certification must be obtained with the baby's Medicaid number. After the pre-certification has been obtained, the physician's claims for these services should be submitted through regular claims processing channels.

If the newborn is not admitted to the NICU, but requires services other than normal newborn care and it is within the initial 2 or 4 days of the mother's approved pre-certification, no pre-certification is required. Claims for these services must be submitted hard copy with appropriate documentation to substantiate the medical necessity for the billing of codes other than normal newborn care. These hard copy claims and documentation must be submitted to the fiscal intermediary's Provider Relations Unit with a cover letter requesting a pre-certification override. (See Appendix A for mailing address.)

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If the newborn is not admitted to the NICU but requires services after the initial two or four days of the mother's pre-certification, a pre-certification must be obtained with the newborn's Medicaid ID number. After the pre-certification has been obtained, claims should be submitted using the provider's normal process.

NOTE: The mother's pre-certification number should never be placed on the newborn's claim.