

Newborn Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting inpatient facilities and professional providers who render newborn services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary well and sick newborn services, in accordance with the member's benefits and in accordance with federal and applicable state mandates.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Tufts Health Public Plans Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

While you may not be the provider responsible for obtaining prior authorization or providing notification, as a condition of payment you will need to make sure that prior authorization or notification for inpatient services has been obtained. It is the submitting provider's responsibility to verify and confirm individual inpatient notifications.

Obstetrical Admissions

As per federal law, Tufts Health Plan does not require prior authorization or inpatient notification for planned deliveries that fall within the timeframes (from time of delivery) of 48 hours for a vaginal delivery and 96 hours for a Cesarean Section. Obstetrical admissions that do not result in a planned delivery or occur within these timeframes are subject to Tufts Health Plans' inpatient notification or observation requirements. Refer to the [Inpatient Facility Payment Policy](#) or the [Observation Services Payment Policy](#) for more information.

Newborns

An inpatient notification should be submitted for newborns requiring inpatient services beyond the mother's discharge date. Refer to the [Inpatient Facility Payment Policy](#) for more information and submission channels.

Tufts Health Together, Tufts Health RITogether and Tufts Health Unify

Notification of delivery and indication of live birth or multiple births are required. Inpatient stays are covered in accordance with state and federal laws. In-network facilities are required to notify MassHealth or RI Medicaid using a NOB (notification of birth) form as outlined below:

- **Tufts Health Together and Tufts Health Unify:** The admitting or delivering hospital must notify Tufts Health Plan of each delivery through the secure Provider portal or by fax at 888-415-9055 (Together) or 857-304-6404 (Unify) within 25 days after birth. The facility must also submit a [Notification of Birth form \(NOB-1\)](#) form to MassHealth within 10 days after birth, in accordance with [MassHealth APB 305](#).
 - Bill the entire NICU stay on **one claim** to ensure accurate claim pricing (i.e., do not split the claim between Tufts Health Plan and MassHealth). Tufts Health Plan will compensate the days the newborn was enrolled with Tufts Health Plan and deny the days the newborn was covered by MassHealth.
- **Tufts Health RITogether:** Within 10 days after birth, the admitting or delivering hospital must notify Tufts Health Plan of each delivery through the secure Provider [portal](#) or by faxing a [Tufts Health RITogether Notification of Birth Form](#) to 857-304-6404.

Note: Tufts Health Plan does not cover planned deliveries at out-of-network facilities without prior authorization.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

- Submit the correct member ID based on the mother’s plan type and/or health status of the newborn (i.e., well or sick):
 - **For mothers on Tufts Health Together or Tufts Health Unify:** Newborn services must be submitted to the newborn’s plan using their unique member ID number. Claims submitted under the mother’s member ID number will deny.
 - **For mothers on Tufts Health Direct or Tufts Health RITogether:** Submit claim(s) under the mother’s ID number if the newborn has not been added to the plan, or under the newborn’s ID number if the newborn has been added to the plan.¹
 - **Well vs sick diagnosis:** Well newborn services may be covered under the mother’s benefits (as plan type allows). However, newborn claims billed with a sick diagnosis code must be submitted using the newborn’s member ID
- Submit a Present on Admission (POA) indicator for each diagnosis code when applicable. A birthweight is needed for DRG to be calculated correctly and should always be submitted in accordance with industry standards on the UB-04 claim form.
- Providers must file a separate claim for newborn nursery charges. Providers must file a claim for all hospital newborn services on a UB04 form using the appropriate nursery revenue codes, as shown below.

Revenue Code	Description
170	Nursery – General Classification
171	Newborn level I – special care nurse
172	Newborn level II – NICU level II
173	Newborn level III – NICU level III
174	Newborn level IV - - NICU level IV

¹ If a claim has been submitted under the mother’s ID, a duplicate claim should not be submitted under the newborn’s ID.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Compensation for inpatient treatment and related services is based on the applicable contracted rate (e.g., DRG). Refer to your current contract for details regarding inpatient reimbursement provisions. Refer to the [Inpatient Facility Payment Policy](#) for more information.

ADDITIONAL RESOURCES

- [Coordination of Benefits Payment Policy](#)
- [Claims Requirements, Coordination of Benefits and Dispute Guidelines](#) chapter of the Tufts Health Public Plans Provider Manual
- [Inpatient Facility Payment Policy](#)
- [Observation Services Payment Policy](#)

DOCUMENT HISTORY

- April 2023: Annual policy review; clarified existing notification process for Tufts Health Together and Tufts Health Unify members
- July 2022: Added NICU inpatient notification information and billing instructions for Tufts Health Together members, effective for DOS on or after July 1, 2022
- March 2022: Annual review; no changes
- March 2021: Clarified notification process for Tufts Health Together and Tufts Health Unify products, effective for dates of service on or after January 1, 2021
- July 2020: Updated references to secure Provider portal
- June 2020: Clarified existing inpatient notification process
- October 2019: Policy created

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. Tufts Health Plan reserves the right to amend a payment policy at its discretion.