

Newborn Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – MassHealth MCO Plan
- Tufts Health Unify – OneCare Plan and Accountable Care Partnership Plans

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

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 mandate coverage including, but not limited to the provisions of, Chapter 175 Section 47C, Chapter 175 Section 47F and Chapter 176G Section 4.

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 Tufts Health Plan's secure Provider [portal](#) or by contacting [Tufts Health Public Plans Provider Services](#).

Note: Eligibility may be subject to retroactive reporting of disenrollment.

AUTHORIZATION AND INPATIENT NOTIFICATION REQUIREMENTS

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 following for more information:

- [Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#)
- [Non-DRG Inpatient Facility Payment Policy](#)
- [Observation Services Payment Policy](#)

NEWBORNS

An inpatient notification should be submitted for newborns requiring inpatient services beyond the mother's discharge date. Refer to the following for more information and submission channels:

- [Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#)
- [Non-DRG Inpatient Facility Payment Policy](#)

Tufts Health Together, Tufts Health RITogether and Tufts Health Unify

Notification of delivery and indication of a live birth or multiple births are required. Inpatient stays are covered as per state and federal laws. Notification is required for purposes of assigning a temporary ID for any claims that occur outside of those paid with the mother's delivery notification. In-network facilities are required to notify MassHealth or RI Medicaid using NOB (notification of birth) form as outlined below:

- **Tufts Health Together:** 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. The facility **must** also submit a [Notification of Birth form \(NOB-1\)](#) to MassHealth within thirty (30) days after the birth.
- **Tufts Health RITogether:** Within thirty (30) 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.
- **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 857.304.0304. The facility **must** also submit a [Notification of Birth form \(NOB-1\)](#) to MassHealth within thirty (30) days after the birth.

Note: Tufts Health Plan will not cover planned deliveries that are out-of-network 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. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- 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
- 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.

Nursery 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

COMPENSATION/REIMBURSEMENT INFORMATION

Compensation for inpatient treatment and related services is based on the applicable contracted rate (e.g., diagnosis-related group [DRG]). Refer to your current contract for details regarding inpatient reimbursement provisions. Refer to the following for more information:

- [Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#)
- [Non-DRG Inpatient Facility Payment Policy](#)

Tufts Health Plan covers newborn services in accordance with federal and applicable state mandate coverage for Massachusetts², Rhode Island³, and New Hampshire⁴.

ADDITIONAL RESOURCES

- [Observation Services Payment Policy](#)
- [Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#)
- [Non-Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#)

DOCUMENT HISTORY

- July 2020: Updated references to secure Provider portal
- June 2020: Clarified existing inpatient notification process

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

² [Chapter 175 Section 47C](#), [Chapter 175 Section 47F](#) and [Chapter 176G Section 4](#).

³ [230-RICR-20-30-1](#).

⁴ N.H. RSA [415:22](#) and N.H. [INS-17-001-AB](#).

- 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 requirements stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our 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. It is incorporated by reference into the Tufts Health Public Plans Provider Manual. Payment is based on member benefits and eligibility; medical necessity review, where applicable; and your provider agreement. Adherence to these requirements by a provider does not guarantee payment. Tufts Health Plan reserves the right to amend a payment policy at its discretion.