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**CHAPTER 5: PROFESSIONAL SERVICES**

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**SECTION 5.1: COVERED SERVICES****PAGE(S)**21

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**Newborn Care and Discharge**

~~Physician providers billing for initial newborn care should shall use the~~ The appropriate *Current Procedural Terminology (CPT)* ~~procedure~~ codes for ~~the initial history and examination care~~ of the normal newborn ~~may be submitted~~ when the service provided meets the criteria ~~for the initial as defined by CPT examination rendered and occurs in the hospital or birthing center.~~ This procedure code ~~is limited to once per lifetime of the recipient/beneficiary.~~

The ~~procedure CPT~~ code for subsequent ~~hospital or birthing center care per day hospital or birthing center care of the~~ normal newborn, ~~per day should may~~ be ~~billed submitted~~ for each day ~~care is rendered of normal newborn care rendered~~ subsequent to the date of birth, other than the discharge date. ~~Louisiana Medicaid covers up to three normal newborn subsequent hospital care days. limits this procedure to three per lifetime of the recipient.~~

**Discharge Services**

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

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

**Routine Circumcision**

~~In fee-for-service Medicaid, R~~outine ~~newborn~~ circumcision is a ~~voluntary,~~ non-covered service ~~through Medicaid managed care partners.~~ and ~~is billable~~ to the ~~recipient's~~ beneficiary's responsible party. The provider shall inform the responsible party that the service is not covered by Medicaid before performing the service. ~~;~~

~~For newborns covered by a managed care organization, providers are to refer to that provider manual for coverage and other guidance.~~ routine circumcision is covered as a value-added benefit.

All medically necessary circumcisions ~~continue are to be~~ a covered benefit ~~for all beneficiaries.~~

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**SECTION 5.1: COVERED SERVICES****PAGE(S)**21

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~~For newborns covered by a managed care organization, providers are to refer to that provider manual for coverage and other guidance.~~

**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.~~

~~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.**~~Neonatal/ Newborn Screenings

Newborn screening (via heel stick) includes testing for certain [specified](#) conditions recommended by the American College of Medical Genetics. Louisiana Revised Statute 40:1081.1 and 1081.2 requires hospitals with delivery units to screen all newborns before discharge regardless of the newborn's length of stay at the hospital. The Louisiana Administrative Code Title 48, Part V, Subpart 18, Chapter 63 provides the requirements related to newborn screenings.