

CHAPTER 11 - HOW TO MAXIMIZE REVENUE GENERATION IN THE NURSERY?

A review of previous chapters, especially chapters 3 and 4, is strongly recommended before reading this chapter, as it lays the foundations for optimal billing and documentation. Tips in chapter 9 may also be helpful when caring for sick babies. Maximizing revenue generation is an important consideration for both private practice and academic physicians.

Unfortunately, there are not many strategies to maximize revenue generation in the nursery. This is because most of the codes used in the nursery are non-MDM-based, and revenue generation is the same regardless of how much time is spent or how complex the patient is.

Table below shows the most commonly used codes in the nursery.

99460	<i>Initial hospital or birthing center care, per day, for E/M of normal newborn infant</i>
99461	<i>Initial care, per day, for E/M of normal newborn infant seen in other than hospital or birthing center</i>
99462	<i>Subsequent hospital care, per day, for E/M of normal newborn infant</i>
99463	<i>Initial hospital or birthing center care, per day, for E/M of normal newborn infant admitted and discharged on the same date</i>
99238	<i>Hospital discharge day management, 30 minutes or less</i>
99239	<i>Hospital discharge day management, more than 30 minutes</i>
99464	<i>Attendance to delivery (when requested by physician) and initial stabilization of newborn</i>
99465	<i>Delivery room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output.</i>

For normal newborns, the initial day in the hospital is reported with 99460. The subsequent days are reported with 9462, and the discharge care day is reported with either 99238 or 99239. If the admission and discharge is on the same day/date, then 99463 is reported. Patient complexity or time spent has no effect on reimbursement rates when normal newborn codes are used.

1-NORMAL NEWBORN CODES ARE FOR NORMAL NEWBORN ONLY

Normal newborn codes are not used if the newborn is anything other than normal. Use appropriate E/M service codes for not-normal babies, including hospital, intensive, and critical care codes, when the newborn becomes sick. A good example is neonatal jaundice. Physiologic jaundice not requiring phototherapy is considered normal, and normal newborn codes are used; however, if the newborn requires phototherapy for neonatal jaundice, this is not considered normal and should be reported with sick hospital codes (99221-99223 and 99231-99233).

The same physician or members of the same group cannot bill a normal newborn care service with hospital admission code on the same day. For example, a newborn was seen in the morning, and 99460 was billed. Baby got sick and was admitted to the floor in the afternoon for IV antibiotics. Although a different physician group may use the hospital admission code 99223, the same physician or physician group may not bill this code on the same day; either should bill the normal newborn code or the hospital admission code for that day. The use of hospital codes is recommended, as they offer higher

reimbursement rates. Please review chapter 9 on how to best use the hospital code sets 99221-99223 and 99231-99233 to maximize revenue generation.

2- USE PROLONGED CARE CODES

Prolonged care code 99418 cannot be used with the normal newborn codes, but it can be used with hospital codes 99223 and 99233. Please refer to chapters 4 and 9 for more information on the use of prolonged care codes.

3- NEONATAL INTENSIVE CARE CODES ARE NOT RESERVED FOR NICU/NEONATOLOGIST

Neonatal intensive care codes may be reported by pediatricians working in the newborn nurseries as long as patients qualify for intensive care, irrespective of where the monitoring happens. Because of the intensive monitoring requirements, this care is delivered in the ICU setting at most hospitals. Intensive care is defined as services for infants or neonates who are not critically ill but continue to require

- 1- Intensive cardiac and respiratory monitoring.
- 2- Heat maintenance support.
- 3- Enteral and/or parenteral nutritional adjustments.
- 4- Laboratory and oxygen monitoring.
- 5- Constant observation by the health care team under the direct supervision of a physician.

If a monitored newborn condition meets the above criteria, neonatal intensive care codes may be reported and generate more revenue than relevant hospital codes.

4- NEONATAL CRITICAL CARE CODES

If a baby in the nursery becomes critically ill and is transferred to the NICU, the pediatrician caring for the baby may report time-based critical care services for initial stabilization prior to the NICU transfer. These services are reported with 99291 and 99292. Please refer to Chapter 10 for more information on using these codes to maximize revenue generation. For example, a normal newborn develops increased work of breathing, grunting with low sats in the 80s. The nursery pediatrician evaluates the newborn, obtains IV access, sends initial labs, obtains a CXR, places the patient on oxygen, orders antibiotics, spends 1 hour with the patient, and transfers the patient to the NICU. For this patient, the nursery pediatrician may and should bill the time-based critical care code of 99291.

5- MEDICAL TEAM CONFERENCE

Please refer to Chapter 4 for details on the medical team conference (team meeting). Reporting the time spent in the team meeting depends on the type of E/M code used when caregivers are present in the meeting. If normal newborn codes are used, the time in the team meeting is included in the daily normal newborn code and may not be billed separately. If the newborn is sick and a hospital code is used, time spent in the meeting may be counted toward the total time for that code, and prolonged care codes

may be reported if necessary. When a family member or caregiver is not present, then code 99367 can be used to report the time.

6- NON-E/M SERVICE CODES OR PROCEDURES

There are probably not many procedures done in the newborn nursery, but separate procedures like circumcision and car seat testing may be reported in addition to the newborn codes. Please review Chapter 5 for additional procedures that may be billed in the newborn nursery.

7- DO NOT FORGET TO BILL

Physicians frequently lose revenue when they forget to bill. It's a good idea to have a system that reminds you to bill for every patient that you see. This can be a computer-generated or handwritten patient list, with a check mark for every patient who is seen and billed. If you are a teaching physician, it's a good idea to write down the list of the patients you have seen that day so that if a resident forgets to write a note, you can still detect the missing note and bill for it. If you do not have your own list, then you may not realize when a resident forgets to place a note, especially if you are signing your notes and billing days after being on service.

8- FOLLOW YOUR CLAIMS

Follow your claims (CPT codes) closely to ensure they are submitted appropriately and that denials are addressed. If you do not have a system in place to track your claims, you would have no idea how much revenue you are losing.