NICU Level of Care Criteria

Introduction

The NICU Criteria were developed to assist in the authorization for various levels of Neonatal Intensive Care Unit (NICU), as well as assistance in determining the appropriate level of care. There are four levels of care – 171, 172, 173, 174.

References

Alere


Board Certified Neonatologists

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## NICU Level of Care Criteria

### Levels of Care

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
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<tbody>
<tr>
<td>4 (Rev 174)</td>
<td>UB0404 definition: A licensed unit sometimes referred to as “intensive care”, constant nursing and continuous cardiopulmonary and other support for severely ill infants. The following criteria are appropriate for:</td>
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**NICU – Revenue Code 174**

1. Ventilator/Intubated
2. Extracorporeal Membrane Oxygenation (ECMO) / Nitric Oxide (NO)
3. Any nasal flow delivered at > 2 LPM. For infants <1 kg, any nasal flow delivered at >1 LPM
4. Chest Tube
5. Exchange transfusion, dialysis
6. IV bolus or continuous drip therapy for severe physiologic/metabolic instability
7. Apnea/bradycardia > 10 episodes/day all requiring tactile stimulation or any episodes requiring Positive Pressure Ventilation (PPV)
8. Unstable vital signs requiring therapy or conditions requiring frequent Vital Signs (Medical Director consult required prior to assignment)

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Levels of Care (continued)

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<tr>
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<tr>
<td>3</td>
<td>UB04 definition: A licensed unit sometimes referred to as “intermediate care”, for sick neonates who do not require intensive care but require 6-12 hours of nursing each day. The following criteria are appropriate for:</td>
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<td>(Rev 173)</td>
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**TRANSITIONAL – Revenue Code 173**

1. Isolette/Warmer for thermoregulation in unstable infants (excludes warmers solely for phototherapy)
2. Static ↓ oxygen requirement via nasal cannula (less than or equal to 2 LPM) or hood
3. Enteral nutrition delivered by methods other than p.o.
4. Intravenous fluids/blood transfusion
5. Initial sepsis evaluation (CBC, blood culture and treatment in an asymptomatic patient on the *first day* of evaluation)
6. Apnea/bradycardia not meeting criteria in NICU IV Level of care
7. Neonatal abstinence syndrome when (NAS) scores are: greater than or equal to 8 on three consecutive scores or greater than or equal to 12 on two consecutive scores. (Medical Director consult required prior to assignment)
8. Invasive diagnostic test/procedures e.g. diagnostic laryngoscopy, ventricular tap, intravitreal injections, thoracentesis.

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Levels of Care (continued)

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<tr>
<td>2 (Rev 172)</td>
<td>UB04 definition: A licensed unit sometimes referred to as “continuing care”, for low-birth weight neonates who are not sick but require frequent feeding and who require more hours of nursing than normal. Takes care of the moderately ill or recuperating infants who are over the acute phase of illness.</td>
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The following criteria are appropriate for:

**CONVALESCENT – Revenue Code 172**

1. Phototherapy – intensive (double phototherapy or greater)
2. IV heplock meds
3. Neonatal Abstinence Syndrome when (NAS) scores do not meet LOC criteria
4. No Apnea/Bradycardia (greater than 48 hours since last episode, and otherwise meeting detained Rev Code 171 criteria)
5. Diagnostic work-up/surveillance, otherwise stable using >1 consultant and/or diagnostic test.
6. Temperature instability
7. Advancing to full volume feeds
8. Stable with sub-optimal PO
9. Apnea countdown
10. Post hemorrhagic hydrocephalus
11. Growing preemie
12. Growing preemie who is stable except O2 with feeds

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### Levels of Care (continued)

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| 1     | UB04 definition: Licensed unit sometimes referred to as a “newborn nursery” that provides routine care of apparently normal full-term or pre-term, non-NICU newborn that is not discharged with the mother.  
**DETAINED/NORMAL – Revenue Code 171**  
1. Diagnostic work-up/surveillance otherwise stable using 1 consultant and/or diagnostic test  
2. Routine well baby care  
3. Phototherapy (single source phototherapy) |