RB.030.C Newborn Authorizations

Original Implementation Date : 1/1/2023
Version [C] Date : 2/1/2025
Last Reviewed Date: 01/31/2025

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

POLICY STATEMENT

The plan rules surrounding prior authorization for newborns:

- When an infant is discharged home with the mother, a separate authorization is not needed for the baby.
- For any newborn detained after their mother is discharged, prior authorization is required for claim payment consideration. Lack of prior authorization will result in a claim denial.
- For any newborn that requires admission to the NICU, a prior authorization is required for claim payment. Lack of prior authorization will result in claim denial.
- Any newborn transferred to a different facility for treatment requires prior authorization for claim payment consideration.

POLICY GUIDELINES

A newborn is required to have its own state issued ID# which is required for claims submission. Prior to 9/1/2024, normal newborn birth would not require an authorization for payment consideration.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only.

Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply.

When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive. *CPT® is a registered trademark of the American Medical Association.*

CPT Code	Description
N/A	

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

N/A

DEFINITIONS

N/A

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by us to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2025 Review. Policy statement and guideline revised.	C	2/1/2025
2024 Review. Policy statement was revised.	B	9/18/2024
This is a new policy.	A	1/1/2023

REFERENCES

N/A

1-888-991-9023
1101 Market Street, Suite 3000
Philadelphia, PA 19107
JeffersonHealthPlans.com