Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Newborn Care

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses well and sick newborn care services performed in contracted inpatient facilities, including professional providers who render such services. Services are covered in accordance with the member's benefits, as well as applicable federal and state mandates.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

Tufts Health Together and Tufts Health One Care

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 (Together) or 857-304-6404 (One Care) within 25 days after birth. The facility **must** also submit a Notification of Birth form to MassHealth within 10 days after birth, in accordance with MassHealth APB 305.

- Bill the entire NICU stay on one claim to ensure accurate claim pricing. Tufts Health Plan will compensate the days the newborn was enrolled with Tufts Health Plan and deny the days the newborn was covered by MassHealth.

Tufts Health RITogether

Within 10 days after birth, the admitting or delivering hospital must notify Tufts Health Plan of each delivery thorough the secure Provider portal or by faxing a Tufts Health RITogether Notification of Birth form to 857-304-6404.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Reimbursement methodology varies by state; see below:

Massachusetts (Commercial Products including Tufts Health Direct)

- Non-routine newborn care is reimbursed only when the newborn is enrolled in the plan under a separate identification number. If the newborn has not been added to the plan within 60 days, Point32Health reimburses all routine newborn care using the mother's member ID number; up to 48 hours for a vaginal delivery or up to 96 hours for a cesarean delivery
- Reimbursement is contingent upon the newborn's enrollment to the plan. The newborn receiving non-routine newborn care must have his/ her own identification number for services to be reimbursed

Maine

- Point32Health reimburses routine newborn care billed using the mother's member ID number, until the mother is discharged
- Non-routine newborn care should be billed under the newborn's member ID, or the mother's member ID number if not enrolled, and will be reimbursed up to 31 days from the date of birth
- If neither the newborn's nor the mother's member ID number is available, use the subscriber's member ID number to bill routine and non-routine newborn services
- If the newborn has not been added to the plan, Point32Health will reimburse newborn care according to applicable laws and contracted rates

New Hampshire

- Point32Health reimburses routine and non-routine newborn care billed using the mother's member ID number for up to 31 days
- If neither the newborn's nor the mother's member ID is available, use the subscriber's member ID number to bill routine and non-routine newborn services
- If the newborn has not been added to the plan within 45 days, Point32Health reimburses non-routine newborn care billed using the mother's ID number, for up to 31 days

Routine Newborn Care Services

- Inpatient physician services
- Routine inpatient nursery charges and related ancillary charges
- Standard and mandated diagnostic testing and screening

Non-routine Newborn Services

- Circumcision when requested by the parents while the newborn is still in the hospital following delivery or in the member's home within two weeks from the date of birth, when the services are rendered by a contracted provider
- Lingual frenectomy (tongue clipping)
- NICU services in accordance with contracted rates, when applicable
- Other medically necessary surgical procedures
- Phototherapy for hyperbilirubinemia

Point32Health Does *Not* Reimburse

- Ritual circumcisions performed by non-clinicians

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

Code	Description
0170	Room and Board Nursery
0171	Newborn Level I
0172	Newborn Level II
0173	Newborn Level III
0174	Newborn Level IV
0179	Other Nursery

Code	Description
0220	Human donor milk and milk-derived products. Included in patient facility payment (Massachusetts members only)

Massachusetts Newborn Care Billing

- Bill newborn care services using the newborn's member identification (ID) number
- Bill only routine newborn service under the mother's member ID number, only when the newborn's ID number is not available
- Point32Health reimburses only routine newborn care using the mother's member ID number for up to 48 or 96 hours, depending on type of delivery
- Non-routine newborn care and NICU services must be billed with the newborn's ID number
- Newborn services must be submitted to the newborn's plan using the newborn's member ID number
- Submit newborn services under the mother's member ID if the newborn has not been added to the plan, or under the newborn's member ID number if the newborn has been added to the plan

Rhode Island Newborn Care Billing

Commercial Products

- Bill routine and non-routine newborn services including NICU under the mother's member ID number only when the newborn's ID number is not available
- Point32Health reimburses routine and non-routine newborn care billed using the mother's member ID number for up to 31 days
- Submit newborn services under the mother's member ID if the newborn has not been added to the plan, or under the newborn's member ID number if the newborn has been added to the plan
- Routine newborn services may be covered under the mother's benefits (as plan type allows). However, non-routine services must be submitted using the newborn's member ID number. Refer to the applicable regulations for Rhode Island EOHHS for specific coding and billing requirements

Maine Newborn Care Billing

- Bill routine and non-routine newborn services including NICU under the mother's member ID number only when the newborn's ID number is not available
- Point32Health reimburses routine newborn care billed using the mother's member ID number until the mother is discharged

New Hampshire Newborn Care Billing

- Bill routine and non-routine newborn services including NICU under the mother's member ID number only when the newborn's ID number is not available
- Point32Health reimburses routine and non-routine newborn care billed using the mother's member ID number for up to 31 days

Other Information

- When billing separate claims for mother and newborn, submit the newborn care claims at the same time or after the mother's obstetrical claim
- If a newborn claim has been submitted under the mother's member ID number, a duplicate claim should not be submitted under the newborn's member ID number
- When billing for multiple infants, submit a separate claim for each infant

Related Policies and Resources

Payment Policies

- Inpatient Hospital Admissions
- Observation Stay

Additional Resources

- Coordination of Benefits (COB) Claims
- Claims Requirements, Coordination of Benefits and Dispute Guidelines chapter of the applicable Provider Manual

Publication History

05/01/2026 Annual policy review; administrative edits
04/01/2025: Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.