

## Clinical Policy: NICU Discharge Guidelines

Reference Number: WNC.CP.163

Last Review Date: 02/2025

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

**Note:** When state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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### Description

Infants who require neonatal admission remain at increased risk for morbidity and mortality following discharge. A comprehensive discharge plan for these infants helps prevent prolonged hospital stays, ensures a smooth transition home from the neonatal intensive care unit (NICU), and reduce morbidity and mortality after discharge.<sup>5</sup>

### Policy/Criteria

It is the policy of WellCare of North Carolina® that infants are considered medically ready for discharge if the following physiologic competencies in **A-F** are met, and care competencies in **G** are met **OR** for a lower level of care, if the authorization protocol is met:

- I. Sufficient nutrition to support appropriate growth, both** of the following:
  - A. Adequate pattern of weight gain, one** of the following:
    1. Preterm infants or term infants > one week of age demonstrate a consistent pattern of weight gain (typically about three days) via the current nutritional route;
    2. ≤ 7% of birth weight lost in term infants < 1 week of age;
    3. ≤ 9% of birth weight lost in late preterm (34 0/7 - 36 6/7 weeks of age) infants < 1 week of age.
  - B. The nutritional product, enteric or intravenous, is appropriate for the nutritional needs of the infant and one** of the following:<sup>1</sup>
    1. The infant is on full oral nutrition;
    2. Home management of specialized nutrition needs, **all** of the following:
      - a. caregiver and provider agree to home management;
      - b. consultations (e.g., gastroenterology and nutrition) completed;
      - c. appropriate feeding evaluation, family assessment and therapeutic interventions completed;
      - d. **one** of the following:
        - i. gavage feeding for an infant who cannot feed well enough orally and for whom feeding is the last issue requiring continued hospitalization;
        - ii. long-term gastrostomy tube feedings for infants with minimal or no ability to feed orally, or the expectation of such. **Note:** Gastrostomy tube placement may be prior to NICU discharge or after a short-term trial of nasogastric (NG)/oral feeds at home; gastrostomy tube placement

- generally requires a seven-day post-operative stay for recovery and parent/caregiver education.
- iii. intravenous (IV) total parenteral nutrition (TPN) as a nutritional source:
    - a) infant has an inadequate ability to absorb calories (short gut);
    - b) fluid and electrolyte requirements have stabilized, as documented by the physician.<sup>1</sup>

## II. Ability to maintain normal body temperature in a home environment

- A. Infant demonstrates the ability to maintain normal body temperature (36.5 to 37.5° C axillary or 36.6 to 38.0° C rectal) while clothed in an open bed/crib with normal ambient temperature (20 to 22.2° C) for 24 to 48 hours after removing thermal support (e.g., radiant warmer, isolette).<sup>5</sup>

*Note: Weaning from an isolette should be considered when an infant in a stable cardiopulmonary state reaches >1600-1800 grams and is able to be swaddled.<sup>11</sup>*

## III. Mature respiratory control, one of the following:

- A. Infant is stable on room air;
- B. Infant is stable but has ongoing respiratory needs requiring additional support, **all** of the following:
  1. Caregiver and physician agree to home management;
  2. Appropriate consultations and home equipment arrangements made;
  3. Infant has **one or more** of the following conditions:
    - a. Chronic Lung Disease (CLD) / Bronchopulmonary dysplasia (BPD) and on low flow nasal cannula at any oxygen concentration with a flow rate of  $\leq 0.5$  LPM (liters per minute);
    - b. Tracheostomy and requires positive pressure ventilation:
      - i. ventilator settings are stable and fraction of inspired O<sub>2</sub> is  $\leq 40\%$  utilizing a home ventilator;  
**Note:** May need to demonstrate up to 7 days of stability on their home ventilator in the hospital prior to discharge.
      - ii. home nursing support is arranged;
    - c. Ongoing medical conditions that increase risk for apnea, airway obstruction, or hypoxia **and both** of the following:
      - i. assessment completed to determine which type of home monitoring system is appropriate (pulse oximetry monitor, cardiorespiratory monitor);
      - ii. caregiver training in infant CPR.

*Note: For guidelines for discharge of infants with apnea of prematurity, reference WNC.CP.164 NICU Apnea and Bradycardia.*

IV. **Bilirubin Levels** are acceptable based on hours of life and risk factors (reference relevant nationally recognized clinical decision support criteria, and/or *WNC.CP.131 Home Phototherapy for Neonatal Hyperbilirubinemia*).

V. **Free of Infections** or caregiver and physician agree to home antibiotics, for example, prophylactic antibiotics for urinary reflux.

*Note: Reference WNC.CP.167 Neonatal Sepsis Management.*

VI. **Caregiver Competency**, evidenced by **ONE** of the following:

- A. Physician/nurse attestation or documentation.
- B. Successful room-in with parents/caregiver for one to two days.

VII. **Authorization Protocol**

A. As an infant stabilizes, a lower level of care is appropriate for addressing medical needs. If there are no significant medical issues necessitating continued stay in Level I, II, III or IV nursery, the transitional care nursery level should be approved for any of the following:

1. Completion of an approved duration of antibiotic treatment;
2. Weaning of O<sub>2</sub> for a BPD patient or periodic O<sub>2</sub> needed for a patient that is progressing toward discharge on room air, as supported by physician documentation;
3. Tube feeding < 50% of daily caloric requirement and progressing toward discharge on all oral feedings as supported by physician documentation;  
**Note:** Short term home NG feedings should be considered particularly when the infant is term or near-term gestation.
4. Apnea or bradycardia monitoring with a new significant episode in the last five to seven days and not planning to go home on a monitor.
5. Apnea or bradycardia monitoring with last dose of caffeine five to seven days prior to discharge.

*Note:*

- *Reference WNC.CP.164 NICU Apnea Bradycardia Guidelines for treatment guidelines for infant apnea and bradycardia.*
- *Reference WNC.CP.168 Neonatal Abstinence Syndrome Guidelines for drug withdrawal treatment for concerns of drug withdrawal.*
- *Reference WNC.CP.167 Neonatal Sepsis Management for treatment of infection.*

B. Review for Level I or transitional care nursery days for social reasons such as the following. These days may be denied as **not medically necessary** if Benefit Plan Contract does not include coverage for social days as medically necessary.

1. Discharge teaching
  2. Awaiting foster placement
  3. Inappropriate maternal behavior/poor bonding
  4. Parent/caregiver refusal to sign for medically indicated surgical procedures such as a tracheostomy or gastric tube
  5. Unsafe home environment or maternal lengthened postpartum course, illness or disability must be sent to the medical director for review.
- C. Care **may not** be denied for **any** of the following:**
1. No safe plan of care at home:
    - a. no or inadequate professional home care, when necessary
    - b. lack of necessary equipment for use at home (e.g., no home ventilator)
  2. Lack of a parent/caregiver identified.

*Note: Parent discharge teaching should be completed coincidentally with the achievement of medical stability and not after achieving medical stability. Rooming-in for one to two days after medical stability may be needed to ensure parental/caregiver competency, depending on the complexity of the infant's condition. For example, parents/caregivers of a baby needing home ventilation may need more than one night of rooming-in to ensure competency. An infant may not be able to room-in until after being clinically well. For example, an infant must be monitored continuously for five to seven days for apnea of prematurity or demonstrate stability on a home ventilator for five to seven days before being able to room-in.*

#### **VIII. NICU Discharge Recommended Practices:**

- A. Verify **all** of the following before discharge:**
1. The home/foster care environment is deemed safe and accessible;
  2. The parent or caregiver demonstrates the ability to manage the care of the infant;
  3. Follow-up care planned and communicated between caregivers and providers;
  4. Medications reconciled;
  5. Transportation needs identified and addressed;
  6. In cases of foster care placement, case worker contact information should be identified. The case worker should be involved and kept updated regarding discharge plans.
- B. Screening Tests**
1. State-mandated metabolic screening testing should be completed;
  2. Screening for retinopathy of prematurity per AAP guidelines should be performed (or arranged as outpatient) with an ophthalmologist skilled in the evaluation of the retina of the preterm infant, with adequate follow-up for patients with active disease;
  3. Hearing screening should be completed prior to discharge with follow-up plans for infants requiring a full audiology assessment;
  4. An assessment of cardiorespiratory stability in a car seat is recommended prior to discharge for infants born at < 37 weeks gestation or with other risk factors for respiratory compromise (e.g., neuromuscular, orthopedic problems).

**C. Immunizations**

1. Infants should receive appropriate immunizations per CDC guidelines before discharge (or arranged as an outpatient) based on their postnatal age;
2. Specialized immunizations, when indicated (e.g., respiratory syncytial virus immunoglobulin prophylaxis) should be administered prior to discharge;
3. Every effort should be made to assure that parents and caretakers have been immunized against pertussis with the Tdap vaccine and the flu with the influenza injection.

**D.** All parent(s) /caregiver(s) should be encouraged to attend infant CPR class or a hospital developed parent/caregiver education program prior to discharge.

**E. Car Seats**

1. All preterm infants less than 37 weeks should be tested for cardiorespiratory compromise prior to discharge. If the infant fails, the test should be repeated 12-24 hours later. If the infant fails twice, the test should be completed on a car bed and discharge with the infant on a car bed should be considered.
2. Must meet current safety standards and not exceed the expiration date.
3. Must be adjusted to the infant's size.
4. Parents/caregivers educated on proper car seat fitting and use.
5. Four-pound (1815 gram) car seat for those infants weighing less than 5 pounds (2268 grams).

**Background**

***Nutritional competency***

Weight itself should not be a criterion for discharge. Early hospital discharge is safe and feasible for very-low-birth-weight infants when behavioral and parental criteria, rather than achieved weight, serve as discharge indicators<sup>1</sup>. Term infants often have a 5-7% weight loss in the first week of life with an expectation that they will be back to birth weight by 10-14 days of age.

***Respiratory Control***

Preterm infants typically demonstrate mature respiratory control by 36-37 weeks post gestational age. Occasionally maturation of respiratory control can be delayed to up to 44 weeks.

Home oxygen therapy for infants with bronchopulmonary dysplasia has been used safely to achieve earlier hospital discharge. According to the Canadian pediatric society, some infants with prolonged oxygen dependency may be candidates for home oxygen therapy.<sup>7</sup> In making decisions about home oxygen, each family's needs should be considered individually, balancing the burden of prolonged hospitalization with the impact of caring for an infant on home oxygen.<sup>7</sup>

Cardiorespiratory monitoring is indicated when an infant has an ongoing medical condition that increases risk for apnea, airway obstruction, or hypoxemia.<sup>9</sup> Examples of conditions requiring home cardiorespiratory monitoring include, but are not limited to, the following:

- Pharmacological treatment of respiratory immaturity or continued apnea at term or near-term gestation (apnea of prematurity or apnea of infancy)
- Chronic lung disease (e.g., bronchopulmonary dysplasia), especially those requiring supplemental oxygen, positive airway pressure, or mechanical ventilatory support

**CLINICAL POLICY WNC.CP.163  
NICU DISCHARGE GUIDELINES**



- Congenital myasthenic syndromes
- Tracheostomy or other airway abnormalities.

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>Reviews, Revisions, and Approvals</b>	<b>Reviewed Date</b>	<b>Approval Date</b>
Original Approval date.	03/21	06/21
Criteria in I.G.1.d. updated. References reviewed and updated.	05/22	08/22
Annual Review. Description updated with no impact on criteria. Criteria I.B.1. updated to include normal axillary and rectal temperature ranges and to include range for normal ambient environment temperature. Updated the Note in section II. from "1800 grams" to "1600 to 1800 grams." References reviewed and updated. NCHC verbiage removed from NC Guidance Verbiage.	05/23	05/23
Annual review. References reviewed and updated. Removed CPT, HCPCS, ICD-10 Code tables.	02/24	02/24
Annual review. References updated.	02/25	02/25

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### **North Carolina Guidance**

#### *Eligibility Requirements*

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is NC Medicaid program, unless context clearly indicates otherwise);
- b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

#### *EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age*

- a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]  
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

#### **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below:

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

*EPSDT provider page:* <https://medicaid.ncdhhs.gov/>

#### *Provider(s) Eligible to Bill for the Procedure, Product, or Service*

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

#### *Compliance*

Provider(s) shall comply with the following in effect at the time the service is rendered:

**CLINICAL POLICY WNC.CP.163**  
**NICU DISCHARGE GUIDELINES**



- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

*Claims-Related Information*

Provider(s) shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

- a. Claim Type - as applicable to the service provided:  
Professional (CMS-1500/837P transaction)  
Institutional (UB-04/837I transaction)  
Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.
- b. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) - Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.
- c. Code(s) - Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

*Unlisted Procedure or Service*

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

- d. Modifiers - Providers shall follow applicable modifier guidelines.
- e. Billing Units - Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).
- f. Co-payments -  
For Medicaid refer to Medicaid State Plan:  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

**CLINICAL POLICY WNC.CP.163  
NICU DISCHARGE GUIDELINES**



- g. Reimbursement - Provider(s) shall bill their usual and customary charges. For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

**CLINICAL POLICY WNC.CP.163**  
**NICU DISCHARGE GUIDELINES**



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