

# Neonatology

## Ground Rules

## 1. Consultation Benefit for Neonatal Intensive Care Unit or In-patient Neonatologist

Consultation benefit is payable to the Consultant neonatologist attached to an Irish Life Health approved Neonatal Intensive Care Unit (NICU) for a patient being assessed for admission to the NICU as defined in Ground Rules for Neonatal Intensive Care, and where it is deemed that the patient does not require admission to the NICU.

Consultation benefit is also payable to the Consultant neonatologist who provided consultation and care over several days on the post-natal ward to a new-born. This fee is paid on the basis that the Consultant neonatologist is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate between 18:00 and 09:00 hours. Benefit is limited to one fee per patient per episode of care and will not be payable where it coincides with the Consultant's normal time for meeting patients/ family or for Consultant personal choice or availability.

Code	Description
8967	Consultant Neonatologist or Paediatrician in-patient consultation
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours

Consultation benefit is also payable to the Consultant neonatologist only on referral of a patient by the admitting Consultant for a medically necessary opinion.

Code	Description
10032	Neonatal/ paediatric intensive care - second opinion

*Note: Individual benefits in accordance with the Schedule of Benefits for Professional Fees are not payable for procedures listed in rule two of ground Rules.*

The consult examination must include:

- > A full history and medical examination of all systems
- > Evaluation of appropriate diagnostic tests
- > Formal symptom assessment
- > Providing an opinion and/ or diagnosis and making an appropriate record of this

The duration of this consultation must be for a minimum of 30 minutes and the reason stated with claim submitted.

## 2. Conditions of payment

The claiming benefit will continue on the basis of a fully completed Irish Life Health claim form from the primary treating Consultant.

### 3. Neonatology Intensive Care Medicine Benefit

The Neonatal Intensive Care benefits are only payable to Consultant neonatologists who are registered with Irish Life Health. All Consultants should be attached to a NICU that is also registered with Irish Life Health and meets the British Association of Perinatal Medicine (BAPM) definition of a level 3 NICU.

These benefits relate to the Intensive Care medical management of babies that are critically ill or who have the increased likelihood of acute deterioration and require 1:1 care by a nurse with neonatal qualifications and are accommodated in the NICU of a hospital providing 24-hour continuous Consultant availability. The benefits do not apply to the admitting Consultant nor are they payable in addition to the benefit for a consultation.

Hospitals providing Neonatal Intensive Care must have continuous availability of qualified medical and nursing staff as well as resources to meet the needs of the babies. Hospitals must be able to demonstrate the necessary professional and technical infrastructure, together with protocols around the care of critically ill babies.

In cases when the baby has been admitted under the care of a Consultant physician and requires active medical attention from the admitting physician during their stay in the NICU, the in-patient attendance benefit is payable to the admitting physician and the Intensive Care benefit is payable to the NICU Consultant who treats the baby in the NICU.

### 4. Neonate Intensive Care Unit Approval (NICU)

An Irish Life Health approved NICU must be a separate designated hospital facility for the care of the critically ill babies. It must be equipped and staffed appropriately to be able to support common single and multi-organ system failures.

Each NICU bed space must consist of:

- > Incubator/ unit with radiant heating
- > Ventilator and NCPAP driver with humidifier
- > Syringe/ infusion pumps
- > Facilities for monitoring the following variables:
  - Respiration rate
  - Heart rate
  - Intra-vascular blood pressure
  - Transcutaneous or intra-arterial oxygen tension
  - Oxygen saturation levels
  - Ambient oxygen

Each cot should have available the following:

- > Continuous ECG display and heart monitoring
- > Continuous invasive and non-invasive haemodynamic monitoring

- > Continuous mechanical ventilation and oxygen monitoring, including ventilator disconnection and parameter alarms
- > Continuous inspired oxygen concentration monitoring including end-tidal capnography
- > Continuous central venous and/ or pulmonary arterial pressure monitoring
- > Continuous central and/ or cutaneous temperature measurement
- > Cardiac output monitoring and measurement
- > Oxygen supply failure alarm

Each NICU unit should have access to equipment for:

- > Resuscitation
- > Blood gas analysis (on the unit, by unit staff)
- > Non-invasive blood pressure measurement
- > Trans-illumination by cold light
- > Portable X-rays
- > Ultrasound scanning
- > Expression of breast milk
- > Transport which includes safe maintenance of mechanical ventilation
- > On-site MRI and CT facilities (if required)
- > Instant photographs

The NICU must have a designated Consultant as Medical Director supported by other qualified Consultant Intensivists with allocated intensive care sessions, providing 24-hour continuous availability. Additionally, non-consultant medical doctors must be readily available to the NICU and provide 24-hour cover to the unit.

All invasive mechanically ventilated babies and other similarly critically ill babies must be nursed in a 1:1 ratio by a suitably qualified registered nurse. 50% of the nurses in the NICU should have worked in the NICU setting for greater than two years or should have post-registration qualification in intensive care attained to graduate certificate level as a minimum.

There must also be access to 24-hour laboratory service orientated to neonatal service units.

## **5. Intensive Care Neonatal Medicine Services**

The Neonatal Intensive Care Medicine benefit is payable for the care of a critically ill baby appropriately admitted to an Irish Life Health approved NICU. The baby will be:

- > Near-term typically requiring one to three days mechanical ventilation or

- > Pre-term typically requiring one to two weeks mechanical ventilation or
- > Extremely pre-term (> 1,500 grams) typically requiring up to three weeks mechanical ventilation.

Patient care in NICU includes but is not limited to the following:

- > Regular assessment of the baby including blood gases and/ or pulmonary function testing
- > Minute by minute attendance with the baby with frequent re-assessment of clinical state and frequent review by the Consultant Intensivist during each 24-hour period
- > Continuous Renal Replacement Therapy (CRRT)
- > Single or multi-organ support
- > Prescription of appropriate sedative/ analgesic regimes, including narcotic infusions
- > Intravenous drug administration including infusions
- > Central venous access device placement
- > Vaso-active agents
- > Venous pressure and blood volume studies
- > Nasogastric tube placement and monitoring
- > Total parenteral nutrition
- > Trans-tracheal aspiration
- > Laryngoscopy
- > Endotracheal intubation including induction of general anaesthesia
- > Invasive neurological monitoring
- > Invasive cardiac assessment and monitoring
- > Performance and interpretation of other tests and procedures, as appropriate

## **6. Eligibility for Neonatal Intensive Care Services**

- > If a baby is receiving respiratory support via an endotracheal tube and for the first 24 hours after its removal. Where the baby has been intubated in the operating theatre, the duration of ventilator support shall be calculated from the time of admission to the NICU.
- > If a baby is receiving NCPAP for any part of the day, is less than five days old and/ or weighs less than 1,500 grams, and for the first 24 hours after its removal
- > If a baby is less than 29 weeks gestational age and is less than 48 hours old
- > If a baby requires major emergency surgery, inclusive of the pre- and post-operative period of 24 hours
- > If a baby requires complex clinical procedures not listed above
- > A baby on the day of death

## **7. Clinical Standards in the Neonatal Intensive Care Unit**

Each NICU unit must fully comply with standards in relation to:

- 1.** Medical staff
- 2.** Nursing protocols
- 3.** Clinical protocols
- 4.** Quality assurance
- 5.** Training and continuing education

### **Medical Staff in NICU**

The NICU should be staffed with Consultants whose principal duties are to the unit. The NICU must have a rostered Consultant neonatologist available to the ICU 24 hours a day, seven days a week. The rostered Consultant neonatologist must be exclusively available to the ICU during their allocated shift. They must not have other commitments during that time. There must be a designated Consultant neonatologist as Medical Director of the NICU.

### **Nursing Protocols**

All units undertaking neonatal intensive care should be able to demonstrate the required number of appropriately qualified and trained nurses. All units should also have a designated nurse lead with NICU experience and managerial responsibility allocated per shift.

All units should have a designated nurse who is responsible for the further education and training of staff, including in-service education and experience of resuscitation of the critically ill baby at birth.

All invasive mechanically ventilated babies and other similarly critically ill babies must be nursed in a 1:1 or 1:2 ratio by suitably qualified registered neonatal nurses. 50% of the nurses in the NICU should have worked in the NICU setting for greater than two years. The nurse in charge of the unit must have a post-registration qualification in neonatal intensive care attained to graduate certificate level as a minimum. At least two registered nurses must be present at all times in the unit.

The need for extra nursing support cannot be predicted so there should always be at least one nurse available on each shift to provide NICU care if required.

The nursing establishment of each NICU should be sufficient to allow for leave, maternity cover, sickness, study leave, staff training and professional development without compromising the principles outlined above.

### **Clinical Protocols, Quality Assurance and Training**

All units undertaking neonatal intensive care should agree written protocols for medical and nursing staff which should also contain details around practical procedures. These must be reviewed regularly through discussion and audit.

There should be a protocol for the resuscitation and management of extremely pre-term babies. There should be monitoring systems for short- and long-term morbidity among patients, with plans for regular review. These should include protocols for:

- > Cerebral ultrasound examination
- > Screening and treatment for retinopathy of prematurity
- > Screening for hearing loss

All new staff members must undergo a period of introduction, orientation, and training. All hospitals providing neonatal intensive care service should have a regular continuous programme of in-service training, including neonatal resuscitation. Nurses and doctors involved in neonatal intensive care should be able to demonstrate continuing professional development in the speciality by attending regular multi-disciplinary meetings, local meetings, training courses and national meetings/ conferences.

The unit should use a data collection system to monitor workload and the results of practice. Each unit should also have a written policy in relation to an established strategy for clinical governance, maintenance, upgrading and replacement of equipment, which should comply with national standards. This should also include an auditing programme and critical incident reporting system. Clinical audit must be a component of Neonatal Intensive Care Medicine service and the anonymised data should be available to Irish Life Health on an annual basis.

**8. Fee rate and additional codes that can be billed**

The following is the daily fee rate payment for all services provided by a Consultant Intensivist and care provided within a listed NICU:

Code	Description
10017	Neonatal intensive care - in-patient attendance benefit - 1 night stay
10018	Neonatal intensive care - in-patient attendance benefit - 2 night stay
10019	Neonatal intensive care - in-patient attendance benefit - 3 night stay
10020	Neonatal intensive care - in-patient attendance benefit - 4 night stay
10021	Neonatal intensive care - in-patient attendance benefit - 5 night stay
10022	Neonatal intensive care - in-patient attendance benefit - 6 night stay
10023	Neonatal intensive care - in-patient attendance benefit - 7 night stay
10024	Neonatal intensive care - in-patient attendance benefit - 8 night stay
10025	Neonatal intensive care - in-patient attendance benefit - 9 night stay
10026	Neonatal intensive care - in-patient attendance benefit - 10 night stay

<b>10027</b>	Neonatal intensive care - in-patient attendance benefit - 11 night stay
<b>10028</b>	Neonatal intensive care - in-patient attendance benefit - 12 night stay
<b>10029</b>	Neonatal intensive care - in-patient attendance benefit - 13 night stay
<b>10030</b>	Neonatal intensive care - in-patient attendance benefit - 14 night stay
<b>10031</b>	Neonatal intensive care - in-patient attendance benefit - 15 night stay
<b>10032</b>	Neonatal/ paediatric intensive care - second opinion
<b>10071</b>	Neonatal intensive care - in-patient attendance benefit - per night after night 15 of stay

Where NICU admission is planned post-operatively due to clinical instability, is overnight but does not exceed 24 hours, the benefit payable to the Consultant intensivist will be at the same rates that apply to general in-patient treatment.

<b>Code</b>	<b>Description</b>
<b>10011</b>	Elective postoperative night medical admission for neonates or paediatrics

Benefit for the following medical services and procedures can be billed in addition to the NICU medicine benefit and can only be paid once during the babies stay in NICU:

<b>Code</b>	<b>Description</b>
<b>5091</b>	Cardioversion
<b>5089</b>	Trans-oesophageal echocardiography for congenital cardiac anomalies in children under 16 years of age; including probe placement, image acquisition, interpretation and report
<b>5251</b>	Closed drainage of pneumothorax

**9. Emergency medical admission and conditions for neonatal care**

In the instances where a neonate is admitted to a Consultant led specialty unit for less than 24 hours, the participating benefit payable to the Consultant Neonatologist for personally provided Consultant care will be the same payment benefit as applies to one day in-patient stay.

Benefit is also payable for Consultant Radiologist and Consultant Pathologist services incurred during the admission.

The following is a list of neonatal emergency admission conditions for which Irish Life Health will pay hospital and Consultant benefits when the in-patients stay is overnight but less than 24 hours:



- > Babies with respiratory distress following Caesarean delivery
- > Gastroenteritis
- > Acute asthma
- > Croup
- > Septicaemia
- > IV antibiotic therapy or other IV administration
- > Suspect meningitis
- > Other acute conditions

*Note: This fee does NOT provide for fee payment for routine admission for non-emergency care*

Code	Description
10010	Emergency overnight medical admission for neonates or medical care



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