

DATE: September 6, 2024

N.L.: 05-0502 Corrected
Supersede N.L.: 11-0999
Index: Medical Eligibility

TO: All County California Children's Services Program Administrators and all Whole Child Model Managed Care Plans

SUBJECT: Medical Eligibility for Care in a California Children's Services Approved Neonatal Intensive Care Unit

I. BACKGROUND

Numbered Letter (N.L.) 11-0999 lists criteria used to determine medical eligibility of an infant in a California Children's Services (CCS) approved Neonatal Intensive Care Unit (NICU). Some criteria are over ten years old and reflect practices no longer in routine in NICUs. This numbered letter revises and updates the criteria used to determine CCS medical eligibility for NICU admissions.

II. POLICY

Effective the date of this letter, the following policy is in effect and supersedes N.L. 11-0999.

A. Medical Eligibility for Care in a CCS Approved NICU

1. An infant shall be medically eligible for care in a CCS approved NICU when there is the presence of a CCS-eligible medical condition as per Title 22, California Code of Regulations (CCR), Sections 41800-41872 and the hospital stay is medically necessary because of the CCS eligible condition; or
2. An infant shall be medically eligible for care in a CCS approved NICU based on requiring **either** at least **one** service from Section II.A.2.a. **or** at least **two** of the services listed from Section II.A.2.b. The infant shall be medically eligible **ONLY during the time period the service(s) described below is (are) delivered.**
 - a. Medically eligibility for care in a CCS approved NICU is determined by the need for at least **one** of the following services:

- (1) Positive pressure ventilatory assistance that is invasive or non-invasive; the latter includes, but is not limited to, continuous positive airway pressure (CPAP) by nasal prongs, nasal cannula, or face mask;
 - (2) Supplemental oxygen concentration by hood of greater than or equal to 40 percent;
 - (3) Maintenance of an umbilical arterial catheter or peripheral arterial catheter for medically necessary indications including, but not limited to, monitoring blood pressure, sampling of blood for monitoring blood gases, and exchange transfusions;
 - (4) Maintenance of an umbilical venous catheter for medically necessary indications including, but not limited to, pressure monitoring, cardiovascular drug infusions, hypertonic solutions, and exchange transfusions;
 - (5) Maintenance of a peripheral line for intravenous Pharmacologic support of the cardiovascular system;
 - (6) Central or peripheral hyperalimentation;
 - (7) Chest tube; or
- b. Medical eligibility for care in a CCS-approved NICU is determined by the need for at least **two** of the following services:
- (1) Supplemental inspired oxygen;
 - (2) Maintenance of a peripheral intravenous line for administration of intravenous fluids, blood products, or medications other than those agents used in support of the cardiovascular system;
 - (3) Pharmacologic treatment for apnea and/or bradycardia episodes;
 - (4) Tube feedings.
- B. Termination of medical eligibility for care in a CCS Approved NICU shall cease, when an infant:
1. No longer meets the criteria in Sections II.A.2.a. or II.A.2.b; **and**
 2. Does not have a CCS eligible condition as defined in Section II.A.1.

N.L.: 05-0502
Page 3 of 3
September 6, 2024

For questions relating to this N.L., please contact the ISCD Medical Policy Team at ISCD-MedicalPolicy@dhcs.ca.gov

Sincerely,

ORIGINAL SIGNED BY
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