Newborns

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Description

This policy addresses coverage and payment for newborn care beginning from the date of birth. Reimbursement details surrounding obstetric services, including antepartum, delivery, and post-natal care can be found within Oscar's Obstetrical Care Bundling policy.

Policy

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

Guidelines

Oscar will cover newborns beginning from date of birth through the state-specific mandated coverage period (see Mandated Coverage Period below). Oscar does not have a notification requirement for coverage in the mandated coverage period, meaning all claims received for newborns with dates of service in the mandated coverage period will be paid.

The date of birth begins the 60 day qualifying life event (QLE) window, during which parents are able to enroll their child on an Oscar policy. If they do, coverage will be active from the date of birth. If the parents do not enroll the newborn within the state-mandated coverage period, claims with dates of service beyond the state-mandated coverage period will be pended until the child is enrolled or the QLE window lapses.

For newborns that are not enrolled on an Oscar policy within the 60-day "gained a new dependent" QLE window, claims with dates of service that span the state-mandated coverage period and beyond will be split and only the portion within the state-mandated coverage period will be paid. The other portion will be denied for no eligibility. Providers should submit the denied portion to the payor that was elected for the child's coverage.

If the parent under whose policy the newborn is covered in a state-mandated coverage period terminates their coverage for any reason, the child's mandated coverage period also terminates at that point.

Additionally, if a newborn is discharged from the hospital prior to the birth parent being discharged, Oscar will not reimburse for additional hospital days for the newborn beyond their discharge date.

Other Coverage

If the newborn is covered by a state-mandated coverage period under both parents' policies, and one of those policies is a non-Oscar policy, Oscar will follow standard state-specific COB rules. Providers should submit to the primary policy first, and the secondary policy will cover the remaining member liability.

If Oscar receives a Medicaid reclamation notice, we will reimburse Medicaid for the state-mandated coverage period only, unless the child has been enrolled in an Oscar policy within the QLE window.

Mandated Coverage Period

Mandated coverage period varies by state; see below:

Coverage Period	State(s)
48/96 Hours (related to mother's care)	New York
31 Days	Alabama Arizona Florida Georgia Illinois Iowa Kansas Michigan Mississippi Missouri Nebraska North Carolina Ohio Oklahoma Pennsylvania Tennessee Texas (non-EPO and non-HMO plans) Virginia
60 Days	New Jersey Texas (EPO and HMO plans)

Coding

The birth parent's delivery and hospital stay should be billed on one claim. The newborn's services and hospital stay must be billed on a second claim separate from the mother's claim. All newborn claims will use an admit type "4" (newborn) for healthy newborns (revenue code 170 or 171) and an admit type "1" (emergency) for a sick newborn (revenue codes 172, 173 or 174).

Related Policies

Obstetrical Care Bundling

References

1. Oscar FAQs, Qualifying Life Event
2. Oscar FAQs, I've just had a baby, what do I need to do to ensure they have health insurance coverage?

Publication History

Date	Action/Description
10/06/2025	Original Documentation; Governance Approved