Clinical Policy: Home Phototherapy

Reference Number: TX.CP.MP.510
Last Review Date: 02/20

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

This policy details medical necessity criteria for home phototherapy for the treatment of neonatal hyperbilirubinemia. Almost all newborns will develop total serum bilirubin (TSB) levels greater than the upper limit of normal for adults, 1 mg/dL. Increasing TSB can cause jaundice, and newborns with severe hyperbilirubinemia are at risk for developing acute neurotoxicity as bilirubin crosses the blood-brain barrier. Acute bilirubin-induced neurologic dysfunction (BIND) can have chronic and permanent neurologic effects, termed kernicterus. Thus, screening for hyperbilirubinemia should be conducted on all infants prior to discharge.

This policy applies to the following products: STAR, STAR Health, STAR Kids, STAR+PLUS, and CHIP.

Policy/Criteria

I. It is the policy of Superior HealthPlan that conventional phototherapy in the home, applied by a single light source in the blue-green spectrum, for the treatment of physiologic hyperbilirubinemia in infants ≥ *35 weeks gestation* is **medically necessary** when meeting all of the following guidelines:

A. Term infant status is one of the following:
   1. Previously discharged home and readmission is being considered only for hyperbilirubinemia; or
   2. Infant is currently inpatient and ready for discharge except for needing treatment for elevated bilirubin;

B. The infant is feeding well, is active, and appears well;

C. A primary provider willing to manage home care with established follow-up within the next 24-48 hours;

D. Infant has none of the following risk factors:
   1. Isoimmune hemolytic disease
   2. Glucose-6-phosphate dehydrogenase (G6PD) deficiency
   3. Asphyxia
   4. Significant lethargy
   5. Temperature instability
   6. Sepsis
   7. Acidosis
   8. Albumin < 3.0 g/dL (if measured)
   9. Birth weight <2500g
   10. Significant cephalohematoma or bruising
   11. Weight loss >10%
   12. Elevated direct-reacting bilirubin

13. Jaundice appearance in first 24 hours of life

E. TSB is within the levels noted in Table 1 below:

Table 1. Acceptable TSB levels for home phototherapy in term infants

Infant's Gestation at Birth	TSB for infant 0-24 hours of age*	TSB for infant 25-48 hours of age*	TSB for infant 49-72 hours of age*	TSB for infant older than 72 hours of age*
35–37 weeks	3–7	7–13	10–15	13–18
38 weeks or greater	6–11	12–15	15–18	18–21

* Infant age when TSB level is drawn.
TSB levels are expressed in milligrams per deciliter (mg/dl).

II. It is Plan policy that when criteria for home phototherapy is met, inpatient phototherapy for hyperbilirubinemia is **not medically necessary** unless documentation of extenuating circumstances is provided.

III. It is Plan policy that other treatment for hyperbilirubinemia, including inpatient phototherapy and exchange transfusion, is **medically necessary** when meeting the most current version of the relevant nationally recognized decision support tools.

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 2020, 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.

CPT® Codes	Description
N/A	

HCPCS Codes	Description
E0202	Phototherapy (bilirubin) light with photometer

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
Updated PA work process based on 2013 TMHP 2.4.13 Phototherapy Devices.	03/13	03/13
Moved policy/criteria higher; Re-organized and revised authorization protocol, authorization process and references. Removed Continuation criteria regarding birth weight and current weight demonstrating weight gain. Change the max approved days to five from seven days. Updated the authorization work process. Updated signatories.	3/14	3/14
Removed work process and imbedded in attachment section. Added policy to reference list.	02/15	02/15
Updated references.	03/15	03/15
Removed work process attachment. Updated initial home phototherapy request to maximum of 7 days.	08/15	08/15
Grammatical edits. Updated signatories. Review of TMHP 2016 guidelines	03/16	03/16
Removed product regional references, MRSA and CHIP RSA. Added STAR Kids to products. Grammatical edits. Updated references, scope, and signatories.	03/17	03/17
Updated review date, signatories, and references. Deleted revision history prior to 2014.	03/18	03/18
Annual revision. Aligned with Corporate's policy CP.MP.150 Home Phototherapy for Neonatal Hyperbilirubinemia while continuing criteria for gestational age at ≧ 35 weeks gestation. Updated signatories and references.	02/19	02/19
Annual revision. Updated to new template from TX.UM.10.10 (TX.CP.MP.510 nomenclature implementation). Added HCPCS code E0202 to chart. Updated references.	02/20	02/20

References

1. Texas Medicaid Provider Procedures Manual 2.2.20 Phototherapy Devices, 2.2.20.1 Services, Benefits, and Limitations, February 2020
2. CP.MP.150 Phototherapy for Neonatal Hyperbilirubinemia
3. American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. *Pediatrics.* 2004; 114(1):297-316.
4. American Academy of Pediatrics. Hyperbilirubinemia in the Newborn Infant ≥ 35 Weeks' Gestation: An Update With Clarifications. *Pediatrics.* 2009 Oct; 124(4):1193-8. doi: 10.1542/peds.2009-0329. Epub 2009 Sep 28.

5. Maisels MJ, Watchko JF, Bhutani VK, Stevenson DK. An approach to the management of hyperbilirubinemia in the preterm infant less than 35 weeks of gestation. *Journal of Perinatology* (2012) 32, 660–664; doi:10.1038/jp.2012.71; published online 7 June 2012.
6. Morris BH, Oh W, Tyson JE, et al. Aggressive vs. conservative phototherapy for infants with extremely low birth weight. *New Engl J Med* 2008; 359: 1885-1886.
7. Wong RJ, Bhutani VK. Treatment of unconjugated hyperbilirubinemia in term and late preterm infants. In: UpToDate, Waltham, MA. Abrams SA (Ed). Accessed 10/10/18.
8. Bhutani VK, Wong RJ. Hyperbilirubinemia in the preterm infant (less than 35 weeks gestation). In: UpToDate, Waltham, MA. Weisman LE (Ed). Accessed 10/10/18.
9. Johnson L, Bhutani VK, Karp K, et al. Clinical report form the pilot USA Kernicterus Registry (1992 to 2004). *J Perinatol*. 2009 Feb;29 Suppl 1:S25-45. doi: 10.1038/jp.2008.211.
10. Lain SJ, Roberts CL, Bowen JR, Nassar N. Early discharge of infants and risk of readmission for jaundice. *Pediatrics.* 2015 Feb; 135(2):314-321.
11. US Preventive Services Task Force; Agency for Healthcare Research and Quality. Screening of infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy: US Preventive Services Task Force recommendation statement. *Pediatrics.* 2009;124(4):1172-1177.(Inactive)
12. Maisels MJ, Bhutani VK, Bogen D, et al. Hyperbilirubinemia in the newborn infant ≥ 35 weeks' gestation: An update with clarifications. Pediatrics. 2009 Oct; 124(4):1193-1198.
13. National Institute for Health and Care Excellence (NICE). Jaundice in newborn babies under 28 days. London: NICE. Guideline CG98, May 19, 2010 (updated October 2016). Available at: https://www.nice.org.uk/guidance/cg98. Accessed: 10/96/18.
14. American Academy of Pediatrics and American College of Obstetrics and Gynecology. Guidelines for Perinatal Care: 8th Edition. Elk Grove Village, IL. 2012.

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. This clinical policy is not intended to recommend treatment for members. Members 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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, 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.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.