Clinical Policy: Home Phototherapy for Neonatal Hyperbilirubinemia
Reference Number: CP.MP.150
Last Review Date: 10/18

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.

Policy/Criteria
I. It is the policy of health plans affiliated with Centene Corporation® that conventional phototherapy in the home, applied by a single light source in the blue-green spectrum, for the treatment of physiologic hyperbilirubinemia in term (≥ 38 weeks gestation) infants 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. Acidoses
      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 below1:

Table 1. Acceptable TSB levels for home phototherapy in infants without risk factors, by age

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1. Table 1. Acceptable TSB levels for home phototherapy in infants without risk factors, by age
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**Home Phototherapy for Neonatal Hyperbilirubinemia**

<table>
<thead>
<tr>
<th>Age</th>
<th>TSB Level</th>
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<tbody>
<tr>
<td>24-36 hours</td>
<td>≤ 11 mg/dL</td>
</tr>
<tr>
<td>36-48 hours</td>
<td>≤ 14 mg/dL</td>
</tr>
<tr>
<td>48-60 hours</td>
<td>≤ 15 mg/dL</td>
</tr>
<tr>
<td>60-72 hours</td>
<td>≤ 16 mg/dL</td>
</tr>
<tr>
<td>&gt;72 hours</td>
<td>≤ 17 mg/dL</td>
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**II.** It is the policy of Centene Corporation 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 the policy of Centene Corporation 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.

**Background**

Efforts to reduce kernicterus include prevention and management of hyperbilirubinemia. Preventive strategies focus on identifying at-risk infants and beginning preventive therapeutic interventions as needed, usually through universal screening of all neonates for hyperbilirubinemia, which may be performed by measurement of TSB or by use of a transcutaneous device.5

Phototherapy is considered first-line treatment for neonatal hyperbilirubinemia, defined as TSB > 95th percentile on the hour-specific Bhutani nomogram for infants ≥35 weeks gestational age.1 Phototherapy has been used widely for over 60 years and has been associated with few adverse events. Phototherapy decreases or reduces the rate of rise of bilirubinemia in almost all cases, regardless of the cause.5 At the same time, it reduces the risk that TSB will reach the level at which transfusion exchange is recommended, and which is associated with increased risk of kernicterus.

Conventional phototherapy is delivered by a single light source, and intensive phototherapy is delivered by irradiance in the blue-green spectrum (wavelengths of approximately 430–490 nm) of at least 30 µW/cm² per nm (measured at the infant’s skin directly below the center of the phototherapy unit) and delivered to as much of the infant’s surface area as possible. Furthermore, conventional phototherapy may be delivered in the hospital setting or in the home.

Some infants are more likely than others to be readmitted for treatment of hyperbilirubinemia after discharge from the birth hospitalization. Infants discharged in the first two days after birth were more likely to be readmitted for jaundice compared with infants who stayed ≥ 3 days, an association that decreased with increasing GA.8 Other risk factors identified were being born via vaginal delivery, being exclusively breastfed at discharge, being born to a primiparous mother, having a mother aged <20 years, and being born to a mother who had an Asian country of birth.8
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American Academy of Pediatrics (AAP)
In 2004, the AAP issued updated clinical practice guidelines concerning the assessment and
treatment of neonatal hyperbilirubinemia in infants ≥35 weeks.1 They recommend support and
promotion of successful breastfeeding; assessment for severe hyperbilirubinemia before
discharge; early follow up based on risk of hyperbilirubinemia; and treatment with phototherapy
and/or exchange transfusion to prevent BIND in infants at risk.

National Institute for Health and Care Excellence (NICE)
NICE guidelines cover diagnosing and treating jaundice in order to detect and prevent very high
levels of bilirubin. They provide consensus-based thresholds for when phototherapy and
exchange transfusion should be initiated, by age in hours.

United States Preventive Services Task Force (USPSTF)
The USPSTF stated there was insufficient evidence to make recommendations regarding
screening for hyperbilirubinemia for infants ≥35 weeks.9 They note that risk factors for
hyperbilirubinemia include family history of neonatal jaundice, exclusive breastfeeding,
bruising, cephalohematoma, ethnicity (Asian or black), maternal age older than 25 years, male
sex, glucose-6-phosphate dehydrogenase deficiency, and gestational age less than 38 weeks.9
The specific contribution of these risk factors to chronic bilirubin encephalopathy in healthy
children is not well understood. Currently, the USPSTF notes this recommendation is “inactive”.

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered
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2018, 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.

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<th>CPT® Codes</th>
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<tr>
<th>HCPCS Codes</th>
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<tr>
<td>E0202</td>
<td>Phototherapy (bilirubin) light with photometer</td>
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<tr>
<td>S9098</td>
<td>Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem</td>
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ICD-10-CM Diagnosis Codes that Support Coverage Criteria

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<th>ICD-10-CM Code</th>
<th>Description</th>
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<tr>
<td>P55.0-P55.9</td>
<td>Hemolytic disease of newborn</td>
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<tr>
<td>P58.0-P58.9</td>
<td>Neonatal jaundice due to other excessive hemolysis</td>
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ICD-10-CM Code | Description |
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P59.20-P59.9 | Neonatal jaundice from other and unspecified hepatocellular damage |

**Reviews, Revisions, and Approvals**

<table>
<thead>
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<th>Date</th>
<th>Approval Date</th>
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<tr>
<td>New policy</td>
<td>12/17</td>
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<tr>
<td>References reviewed and updated. Codes reviewed.</td>
<td>10/18</td>
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**References**


**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...
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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.

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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.

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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.

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