



HOME PHOTOTHERAPY FOR HYPERBILIRUBINEMIA HS-127



Harmony Behavioral Health, Inc.

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Home Phototherapy for Hyperbilirubinemia

Policy Number: HS-127

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DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Hyperbilirubinemia is the most common condition requiring medical attention in newborns. 50% of term neonates and 80% of preterm neonates develop jaundice in the first week of life. The jaundiced skin and sclera in newborns is the result of accumulation of unconjugated bilirubin. In most infants, unconjugated hyperbilirubinemia reflects a normal transitional phenomenon. However, in some infants, serum bilirubin levels may raise excessively, which can be cause for concern because unconjugated bilirubin is neurotoxic. Therefore, the presence of neonatal jaundice frequently requires diagnostic evaluation and treatment.

In the hospital setting, phototherapy is delivered by exposing the infant to fluorescent light. When this type of light source is used, the infant's eyes are protected from the lights with a mask. The infant is positioned in an incubator wearing only a diaper, exposing as much of the infant's skin surface as possible. For those infants with very high bilirubin levels, intensive phototherapy may be used. This type of phototherapy employs two light sources such as fluorescent and fiber optic light.

In the home setting, phototherapy is accomplished by using a blanket or a neck ring that emits fiber optic light. This light is directed below the infant's head and is less intense than fluorescent light, therefore masking the infant's eyes is not necessary. The infant can also be fed without interrupting therapy. If the serum bilirubin level is rising in spite of home phototherapy, the infant can be readmitted for intensive phototherapy in the inpatient setting.

The U.S. Preventive Services Task Force (2009) states that phototherapy is a common treatment for hyperbilirubinemia and found a lack of evidence pertaining to the harm of such treatment, however, potential effects include "weight loss, gastrointestinal problems, interruption of breastfeeding and disruption of the maternal-infant relationship, and possibly growth of melanocytic nevi."

Goulet, Fall, D'Amour, & Pineault (2007) suggests that a linkage between hospital-based and community-based services would reduce the risk of neonatal jaundice complications. Coordination of services improves monitoring of newborns through follow-up care (e.g., home health type services), reduces hospital readmission rates and costs related to such hospitalizations.

Phototherapy Intensity

The 2004 guideline issued by the American Academy of Pediatrics (AAP) defines "intensive phototherapy" as "irradiance in the blue-green spectrum (wavelengths of approximately 430-490 nm) of at least 30 $\mu\text{W}/\text{cm}^2$ 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." The AAP guideline also indicates that readmission for infants receiving home phototherapy is generally due to rising levels of total serum bilirubin (TSB) to 18 mg/dL or higher. Phototherapy is usually discontinued when the serum bilirubin level falls below 13 to 14 mg/dL.

POSITION STATEMENT

Home phototherapy for hyperbilirubinemia **is considered medically necessary** if ALL of the following criteria are met:

- The infant is otherwise ready to be discharged from the hospital; **AND**,
- The infant is eating, voiding and stooling well and is alert; **AND**;
- A primary liver disorder is not the cause of the elevated serum bilirubin, **AND**,
- The total serum bilirubin is less than 20-22 mg/dL in term infants, or less than 18 mg/dL in pre-term infants (see American Academy of Pediatrics attachment for more information); **AND**,
- Follow-up evaluations will be done by the physician or by home nursing visits

CODING

CPT®* Codes No applicable codes

ICD-9-CM Procedure Codes No applicable codes

Covered HCPCS Level II (DME) ®* Codes

E0202 Phototherapy (bilirubin) light with photometer

ICD-9-CM Diagnosis Codes

- 773.4** Kernicterus due to isoimmunization
- 774.0** Perinatal jaundice from hereditary hemolytic anemias
- 774.1** Perinatal jaundice from other excessive hemolysis
- 774.2** Neonatal jaundice associated with preterm delivery
- 774.30** Neonatal jaundice due to delayed conjugation, cause unspecified
- 774.31** Neonatal jaundice due to delayed conjugation in diseases classified elsewhere
- 774.39** Other neonatal jaundice due to delayed conjugation from other causes
- 774.6** Physiologic or Unspecified fetal and neonatal jaundice

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Goulet, L., Fall, A., D'Amour, D. & Pineault, R. (2007). Preparation for discharge, maternal satisfaction, and newborn readmission for jaundice: Comparing postpartum models of care. *Birth*, 34(2), 131-139.

Government Agencies, Professional and Medical Organizations

1. Agency for Healthcare Research and Quality. (2002). Management of neonatal hyperbilirubinemia. Technology Assessment Number 65. Retrieved from <http://www.guideline.gov>
2. American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. (2004). Clinical practice guideline: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. *Pediatrics*, 114(1), 297-316.
3. U.S. Preventive Services Task Force - Independent Expert Panel. (2009). Screening of infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy: US Preventive Services Task Force recommendation statement. Retrieved from <http://www.hayesinc.com>.

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
9/1/2011	• Approved by MPC. No changes.