



Home Phototherapy for Neonatal Jaundice

I. Policy

University Health Alliance (UHA) will reimburse for home phototherapy for neonatal jaundice when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

Home phototherapy is covered (subject to the Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:

- A. The infant is 37 weeks or more gestational age;
- B. The infant is otherwise ready to be discharged from the hospital or has already been discharged;
- C. The infant is active, alert, and feeding well;
- D. Arrangements have been made to examine and to evaluate the infant within 48 hours after discharge by a physician to monitor total serum bilirubin levels; and
- E. Total serum bilirubin at discharge or post-discharge must be monitored daily by a CLIA approved lab and fall within the levels listed below:

Age	Total Serum Bilirubin (mg/dl)
24 hours	8.5 – 11.5
36 hours	10.5 – 13.5
48 hours	12.0 – 15.0
60 hours	13.5 – 16.5
72 hours	15.0 – 18.0
84 hours	16.0 – 19.0
96 hours	17.0 – 20.0
120 hours	18.0 – 21.0

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. The treating physician is responsible for ensuring the caregiver receives proper instructions relating to infant care, use of home phototherapy, and follow-up treatment. These instructions must be in accordance with the American Academy of Pediatrics (AAP) guidelines.
- B. Home phototherapy is not covered for infants with any of the following risk factors as specified in the AAP guidelines including, but not limited to:
 - 1. Isoimmune hemolytic anemia
 - 2. G6PD deficiency
 - 3. History of asphyxia
 - 4. Lethargy
 - 5. Temperature instability
 - 6. Infection, suspected or treated
 - 7. Acidosis
- C. Home phototherapy is not covered for infants with a gestational age of less than 37 weeks.
- D. Transcutaneous bilirubin determinations are not an acceptable monitoring alternative once phototherapy is initiated.
- E. Phototherapy should be discontinued once the total serum bilirubin level has fallen below the age-specific range listed in the table above.
- F. Refer to UHA's Home Health Care payment policy for eligibility requirements for home nursing care. Home nursing services, if applicable, are limited to the evaluation of the infant only. It does not include set up or retrieval of the phototherapy unit or instructing the caregiver on its use.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. The DME supplier is responsible for obtaining and keeping the following information in the patient's file:
 - 1. The physician orders
 - 2. Gestational age of the infant
 - 3. Date/time of birth
 - 4. Start/end dates of phototherapy services
 - 5. Daily total serum bilirubin levels through the phototherapy period, including date and time of collection.
- C. Home visit services may only be billed if the patient's caregiver is homebound and is therefore unable to bring the patient to periodic office visits. Documentation of the caregiver's homebound status must be kept in the patient's medical file by the home health agency (if billing S9098).
- D. UHA will perform retrospective reviews to ensure that services rendered were appropriate and may request supporting documentation from the DME supplier.

HCPCS Code	Description
E0202	Phototherapy (bilirubin) light with photometer
S9098	Home visit, phototherapy services (e.g., bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem

V. Policy History

Policy Number: MPP-0005-120101

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