

## Medical Policy



An Independent Licensee of the  
Blue Cross and Blue Shield Association.

### Title: Home Phototherapy

#### Professional

Original Effective Date: February 1, 2004  
Revision Date(s): April 21, 2005; July 1, 2005; March 7, 2006; January 11, 2007  
Current Effective Date: April 1, 2007

#### Institutional

Original Effective Date: July 1, 2005  
Revision Date(s): March 7, 2006; January 11, 2007  
Current Effective Date: April 1, 2007

#### DESCRIPTION

Home phototherapy is frequently used in the management of physiologic hyperbilirubinemia in the healthy term newborn. Phototherapy can be delivered using a special phototherapy lamp positioned over the baby's bed; a fiberoptic system also can be used. For example a fiberoptic cable attached to a transparent flat mat can be placed in direct contact with the infant's skin. Some may prefer Fiberoptic phototherapy, since exposure during feeding is not interrupted and protective eye pads are not needed.

#### POLICY

- A. Home phototherapy should be considered for a healthy infant (lacks major risk factors) at 37 weeks or more gestation with neonatal jaundice and a serum bilirubin level as indicated:
1. 24 hours old with a level between 10 mg/dl to 12 mg/dl
  2. 48 hours old with a level between 13 mg/dl to 15 mg/dl
  3. 72 hours old with a level between 15 mg/dl to 17.5 mg/dl
  4. 96 hours old with a level between 17 mg/dl to 20 mg/dl
  5. 5 days and older with a level between 18 mg/dl to 21 mg/dl

**These levels are for the initial determination for initiation of therapy and do not apply to subsequent days.**

- B. Infants with levels greater than those listed above consider hospitalization for phototherapy, as well as infants with major risk factors as listed:
1. Jaundice observed in the first 24 hours or,
  2. Blood group incompatibility with positive direct antiglobulin test, other known hemolytic disease (e.g., G6PD deficiency) or,
  3. Gestational age 35-36 weeks or less.

- C. Bilirubin level:
1. Done at 72 hours of age on all infants at risk.
  2. Done on a daily basis if the level is climbing.
  3. Done at least every 48 hours when the bilirubin is dropping or stable.
- D. Home health nurse visit for bilirubin levels blood draws is not medically necessary with home phototherapy. Training/instructions on the proper use of home phototherapy equipment is the responsibility of the vendor and is not separately reimbursable. If billed, this service/charge will be denied as not medically necessary.

### **DOCUMENTATION**

Medical record must contain information surrounding co-morbidities, gestational age, weight, and feeding history for BCBSKS Medical Director or consultant to make a determination.

### **CODING**

#### CPT/HCPCS

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

#### DIAGNOSIS

**These diagnoses are otherwise subject to medical policy as stated above**

774.6	Unspecified fetal and neonatal jaundice
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### **REVISIONS**

April 21, 2005	Deleted old policy and added new policy
March 7, 2006	In "Policy" section A, added "These levels are for the initial determination for initiation of therapy and do not apply to subsequent days."
	In "Coding" title, added "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
January 11, 2007 with an effective date of April 1, 2007	In "Policy" section D, added, "Training/instructions on the proper use of home phototherapy equipment is the responsibility of the vendor and is not separately reimbursable. If billed, this service/charge will be denied as not medically necessary" as recommended by the Medical Director.
	In "Coding" title, deleted "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."

**REFERENCES**

1. American Academy of Pediatrics. Practice parameter; Management of hyperbilirubinemia in the healthy term newborn. *Pediatrics* 1994; 94 (4 Pt 4):558-65.
2. Tan KL. Comparison of the efficacy of fiberoptic and conventional phototherapy for neonatal hyperbilirubinemia. *J Pediatric* 1994; 125 (4):607-12.
3. Tan KL. Efficacy of bidirectional fiber-optic phototherapy for neonatal hyperbilirubinemia. *Pediatrics* 1997; 99 (5):E13  
([www.pediatrics.org/cgi/content/full/99/5/e13](http://www.pediatrics.org/cgi/content/full/99/5/e13))

**Government Agency; Medical Society; and Other Authoritative Publications**

1. Blue Cross and Blue Shield Association. Home Phototherapy for Neonatal Jaundice. Durable Medical Equipment 1.01.07. 10-08-02 pages 1 of 4.
2. Blue Cross and Blue Shield of Kansas Family Practice Liaison Committee meeting, July 22, 2003 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-04-03).
3. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, November 6, 2003; (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-04-03).
4. Blue Cross and Blue Shield of Kansas Pediatrics Liaison Committee meeting, July 30, 2003 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report, MAC-04-03).