



Geisinger Health Plan Policies and Procedure Manual

Policy: MP076

Section: Medical Benefit Policy

Subject: Home Health and DME Related to Hyperbilirubinemia

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Home Health and DME Related to Hyperbilirubinemia

II. Purpose/Objective:

To provide a policy of coverage regarding Home Health and DME Related to Hyperbilirubinemia

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.

- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

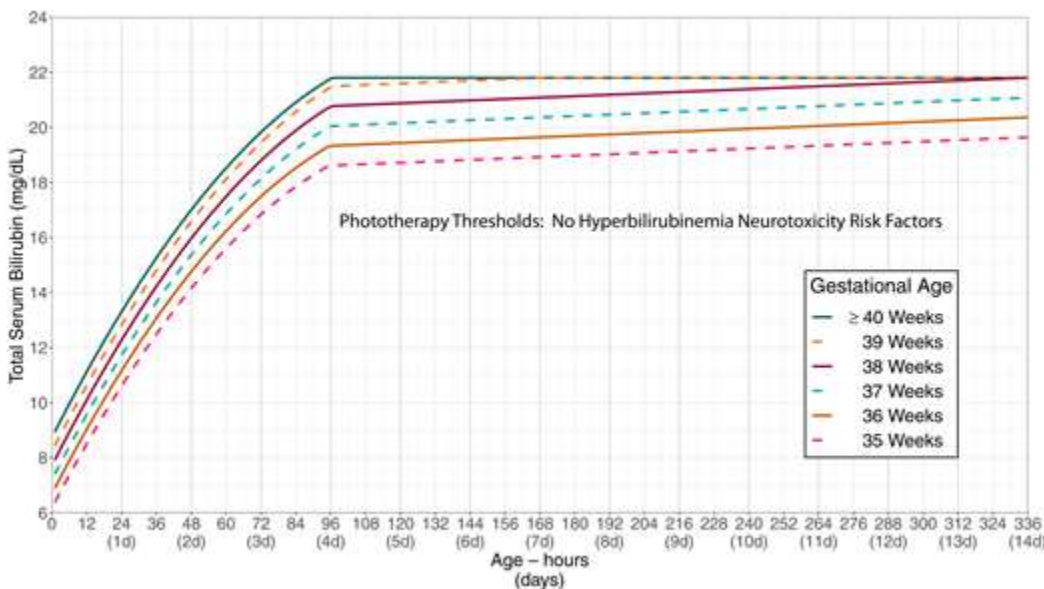
ALL Durable Medical Equipment provided for home use requires advanced determination of coverage. Devices furnished at inpatient or outpatient centers are **NOT SEPARATELY REIMBURSABLE.**

DESCRIPTION:

Home phototherapy for neonatal jaundice is a treatment that involves continually applying ultraviolet light by means of a lamp to an infant in the home for a prescribed period of time. Application of the ultraviolet light helps reduce elevated bilirubin levels.

INDICATIONS: Home phototherapy treatment for the diagnosis of physiologic jaundice of the term newborn is considered appropriate when the following criteria are met.

- The infant is eligible for hospital discharge; and
- There are no known hyperbilirubinemia neurotoxicity risk factors; and
- Total serum bilirubin concentration is no more than 1 mg/dL above the phototherapy treatment threshold; and
- The infant is otherwise healthy, active and feeding well; and
- Caregivers are capable of understanding and following direction



Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Pediatrics (2022) 150 (3): e2022058859.

PROCESS:

Authorization for Home Health visits, when required, will be made by Medical Management

- In-home phototherapy must be ordered by a physician
- Requests for home phototherapy outside the criteria of this policy should be reviewed with a Plan medical director.
- Daily skilled nursing visits by a maternal child nurse will be authorized for assessment and heel stick lab draws for as long as phototherapy is maintained.
- The Durable Medical Equipment (DME) provider will educate the caregivers in the use of equipment and initial set-up of the phototherapy unit. (Set up does not constitute a skilled visit)

HOME VISIT GUIDELINES:

- The nurse obtaining the specimen will be responsible to report lab findings to the ordering physician
- The nurse will follow assessment parameters for infant as defined in the early discharge program.

LIMITATIONS:

Specific limitations and/or exclusions as stated in the benefit document will supercede this policy. If applicable, limitations of the Durable Medical Equipment benefit will apply.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Home Health and DME Related to Hyperbilirubinemia

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

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.

A4633 replacement bulb/lamp for ultraviolet light therapy system, each

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

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

American Academy of Pediatrics Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Pediatrics 2022;150F(3): e2022058859.

Bhutani V, Johnson L, Sivieri E, "Predictive Ability of a Predischarge Hour Specific Bilirubin for Subsequent Significant Hyperbilirubinemia in Healthy Term and Near Term Newborns", *Pediatrics*. 103(1):6-14, 1999.

Jackson CL, Tudehope D, Willis L, Law T, Venz J, "Home Phototherapy for Neonatal Jaundice – Technology and Teamwork Meeting Consumer and Service Need", *Australian Health Review*. 23(2):162-168, 2000.

Chu L, Qiao J, Xu C. Home-based phototherapy versus hospital-based phototherapy for treatment of neonatal hyperbilirubinemia: a systematic review and meta-analysis. *Clin Pediatr* 2020; 59(6):588-595

Chang PW, Waite WM. Evaluation of home phototherapy for neonatal hyperbilirubinemia. *J Pediatr*. 2020; 220:80-85

This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/02 (Formerly HH 111)

Revised: 12/03 (definition), 2/05 (added graphic), 4/11 (added indication), 3/21, 3/24 (update criteria)

Reviewed: 2/06; 2/07; 2/08; 2/09; 3/10, 4/12, 4/13, 4/14, 4/15, 4/16, 3/17, 3/18, 3/19, 3/20, 3/22, 3/23

CMS UM Oversight Committee Approval: 12/23, 5/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.