Medical Policy

Northwood

Bilirubin Light (Phototherapy/Bili-blanket)

Description

A home bilirubin light (phototherapy/bili-blanket) is an alternative to inpatient hospital treatment for the management of elevated bilirubin levels in the newborn, known as hyperbilirubinemia. It involves the exposure of the newborn to an ultraviolet light source (bili-light) in the home for a prescribed period of time. The therapy may be in the form of a lamp, light panel, or special light blanket.

Policy

Home phototherapy is considered **reasonable and necessary** for an infant (greater than or equal to 35 weeks gestation) whose elevated bilirubin is not due to primary hepatic disorder who meets the coverage criteria outlined below.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. Member selection guidelines:
    a) Infants (greater than or equal to 35 weeks gestation), older than forty-eight hours, otherwise healthy
    b) Normal physical examination (no significant abnormalities; no significant weight loss)
    c) Actively feeding by breast or bottle with no evidence of dehydration
    d) Stooling and voiding by 24 hours of age
    e) Serum bilirubin concentration greater than 14 mg/dL but less than 18 mg/dL
    f) Bilirubin concentrations as listed below indicate consideration of phototherapy:
    g)

Age, hours	Consider Phototherapy when total serum bilirubin, mg/dl (*u*mol/L)
25-48	Greater than or equal to 12 (170)
49-72	Greater than or equal to 15 (260)
Greater than 72	Greater than or equal to 17 (290)

    h) Diagnostic evaluation (described below) negative; and
    i) Adequate home and parental environment
    j) The device is ordered in conjunction with a home care treatment plan.
3. Prior to therapy, a diagnostic evaluation should include:

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a) History and physical examination
b) Hemoglobin concentration or hematocrit
c) WBC count and differential count
d) Blood smear for red cell morphology platelets
e) Reticulocyte counts
f) Total and direct-reacting bilirubin concentration
g) Maternal and infant blood typing and Coombs test, and
h) Urinalysis including a test for reducing substances.

HCPCS Level II Codes and Description

Equipment:

E0202	Bilirubin (phototherapy) light with photometer

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

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Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.09	
03	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.10	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	11-07-11	Annual Review. Added Reference to Policy	Susan Glomb	Dr. B. Almasri	Nov. 11	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-27-12	Annual Review- no changes	Susan Glomb	Dr. B. Almasri		
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		

10	10-30-2015	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	October 2015	
11	11-15-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-09-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-04-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	November 2019
15	11-05-20	Annual review. Added Aetna CPB to references list. Changed gestational age requirement from 37 weeks to 35 weeks gestation per reference guidelines.	Carol Dimech	Dr. C. Lerchin	November 5, 2020	November 5, 2020
16	11-5-21	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 5, 2021	
17	11-12-21	Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	November 12, 2021	
18	11-4-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 4, 2022	
19	11-2-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-2-23	11-2-23
20	11-5-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-5-24	11-5-24
21	11-5-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-5-25	11-5-25