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CHIROPRACTIC SERVICES FOR CHILDREN

Policy # 584
Implementation Date: 5/9/16
Review Dates: 7/25/18, 7/8/19, 8/17/20, 8/16/21, 7/12/22
Revision Dates: 6/15/17, 3/6/20, 9/8/21, 11/19/21, 6/16/22, 7/21/22

Description
Chiropractic care is a healthcare profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractic care is used most often to treat neuromusculoskeletal complaints, including, but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches.

The most common therapeutic procedure performed by chiropractic doctors is known as “spinal manipulation,” also called “chiropractic adjustment.” The purpose of spinal manipulation is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile, or restricted in their movement, as a result of a tissue injury. Tissue injury can be caused by a single traumatic event, such as improper lifting of a heavy object, or through repetitive stresses, such as sitting in an awkward position with poor spinal posture for an extended period. In either case, injured tissues undergo physical and chemical changes that can cause inflammation, pain, and diminished function for the sufferer. Manipulation, or adjustment, of the affected joint and tissues restores mobility, thereby alleviating pain and muscle tightness, and allowing tissues to heal.

Commercial Plan Policy/CHIP (Children’s Health Insurance Program)

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

SelectHealth covers chiropractic care for children ages 13 to 18.

For children ages 7 through 12*, chiropractic coverage is allowed when the following criteria are met:

1. The child has a specific, chronic neuromusculoskeletal diagnosis causing significant and persistent disability; and
2. Other conservative therapies (e.g., stretching, heat or ice, over-the-counter pain relievers) have been tried and have failed to relieve the symptoms.

*This age restriction does not apply to Idaho Small Employer and Idaho Individual ACA plans, which do not have age restrictions for chiropractic care. All other coverage criteria apply to these plans.

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare/CMS), and SelectHealth Community Care (Medicaid/CHIP) plans. Refer to the “Policy” section for more information.
SelectHealth does NOT cover chiropractic care for children under age 7. There is a lack of evidence affirming efficacy or safety for this age group as established in medical literature; this meets the plan’s definition of experimental/investigational.

**SelectHealth Advantage (Medicare/CMS)**

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the SelectHealth Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their website [http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&](http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&) or the manual website.

**SelectHealth Community Care (Medicaid)**

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the SelectHealth Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website [http://health.utah.gov/medicaid/manuals/directory.php](http://health.utah.gov/medicaid/manuals/directory.php) or the Utah Medicaid code Look-Up tool.

**Summary of Medical Information**

Current evidence related to the safety and efficacy of chiropractic care in children and adolescents is limited and weak. This fact was acknowledged in the consensus guidelines published and funded by the Foundation for Chiropractic Education and Research, and authored by Hawk et al., in 2009. In this article which relates "best care," based on a Delphi approach of consensus, it is stated: "A 2008 systematic review on chiropractic manipulation for children’s health problems concluded that “the evidence rests primarily with clinical experience, descriptive case studies, and very few observational and experimental studies.” This guideline acknowledges the weakness of clinical evidence, in noting one of the limitations to their conclusions relates to the consensus process itself, which represents chiefly expert opinion, which is a less convincing level of evidence than that provided by large-scale experimental studies and it goes on to state: “It is essential that rigorous observational and experimental studies be implemented to provide a more substantial body of evidence to inform future clinical guidelines.”

A 1998 study by Balon et al., is an example of the lack of good evidence to support chiropractic care in a pediatric population. This study compared active to simulated chiropractic manipulation in children with asthma who were also receiving concomitant pharmacologic intervention. The primary outcome variable was improvement in morning peak flow after 2 and 4 months of chiropractic treatment. Multiple secondary variables included FEV1, methacholine sensitivity (PC20), symptom diary scores, rescue medication use, and quality of life questionnaires; patients were randomized to receive sham versus active manipulation. The patients and data managers were blinded but the chiropractors were not. Children 7 to 16 years of age with physician-diagnosed asthma were recruited, and inclusion required vertebral subluxation as determined by chiropractic screening. Of 199 subjects screened, 91 were eligible and 80 satisfactorily completed the 4-month study period: 38 received active chiropractic treatments and 42 received simulated chiropractic treatments. Both groups experienced minimal increases in peak flow and decreases in symptom scores and rescue beta-agonist use. There was no difference between groups in peak flow, FEV1, PC20, symptoms, rescue beta agonist use, oral steroid use, or quality of life measures. The authors postulated that the observed improvements were due to increased compliance and frequent professional attention during the study. No adverse side effects were noted. This study failed to identify a benefit of chiropractic manipulation for childhood asthma.

Finally, a systematic review published in 2009 by Gotlib and Rupert substantiated the lack of high-quality evidence to support pediatric chiropractic care. The authors noted the health claims made by chiropractors with respect to the application of manipulation as a healthcare intervention for pediatric health conditions continue to be supported by only low levels of scientific evidence. Chiropractors continue to treat a wide variety of pediatric health conditions. The evidence rests primarily with clinical experience, descriptive case studies, and very few observational and experimental studies. The health
Pediatrics Policies, Continued

Chiropractic Services for Children, continued

interests of pediatric patients would be advanced if more rigorous scientific inquiry was undertaken to examine the value of manipulative therapy in the treatment of pediatric conditions.

Given the lack of quality evidence to support the benefit of chiropractic care in a pediatric population and safety concerns, it is reasonable to conclude at this time that use of chiropractic care remains unproven.

Billing/Coding Information

CPT CODES

98940  Chiropractic manipulative treatment (CMT); spinal, one or two regions
98941  ; spinal, three to four regions
98942  ; spinal, five regions
98943  ; extraspinal, one or more regions

Medicare limits chiropractic billing to the above chiropractic CPT codes only

97140  Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

97161  Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97162  Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97163  Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97164  Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97010  Application of a modality to 1 or more areas; hot or cold packs
97012  Application of a modality to 1 or more areas; traction, mechanical
97014  Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016  Application of a modality to 1 or more areas; vasopneumatic devices
97018  Application of a modality to 1 or more areas; paraffin bath
### Chiropractic Services for Children, continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>97022</td>
<td>Application of a modality to 1 or more areas; whirlpool</td>
<td></td>
</tr>
<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (eg, microwave)</td>
<td></td>
</tr>
<tr>
<td>97026</td>
<td>Application of a modality to 1 or more areas; infrared</td>
<td></td>
</tr>
<tr>
<td>97028</td>
<td>Application of a modality to 1 or more areas; ultraviolet</td>
<td></td>
</tr>
<tr>
<td>97032</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97033</td>
<td>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97034</td>
<td>Application of a modality to 1 or more areas; contrast baths, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97035</td>
<td>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97036</td>
<td>Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97039</td>
<td>Unlisted modality (specify type and time if constant attendance)</td>
<td></td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
<td></td>
</tr>
<tr>
<td>97112</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</td>
<td></td>
</tr>
<tr>
<td>97113</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</td>
<td></td>
</tr>
<tr>
<td>97116</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</td>
<td></td>
</tr>
<tr>
<td>97124</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</td>
<td></td>
</tr>
<tr>
<td>97139</td>
<td>Unlisted therapeutic procedure (specify)</td>
<td></td>
</tr>
<tr>
<td>97140</td>
<td>Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</td>
<td></td>
</tr>
<tr>
<td>97150</td>
<td>Therapeutic procedure(s), group (2 or more individuals)</td>
<td></td>
</tr>
<tr>
<td>97530</td>
<td>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

### HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>G0151</td>
<td>Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes</td>
</tr>
<tr>
<td>S3900</td>
<td>Surface electromyography (EMG)</td>
</tr>
<tr>
<td>S9131</td>
<td>Physical therapy; in the home, per diem</td>
</tr>
</tbody>
</table>

### Key References


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CLEFT LIP/CLEFT PALATE REPAIRS

Policy # 110
Implementation Date: 7/98
Review Dates: 2/27/01, 8/28/01, 7/29/02, 8/27/03, 8/26/04, 8/17/06, 6/11/09, 2/16/12, 4/25/13, 2/20/13, 2/20/14, 3/19/15, 2/11/16, 2/16/17, 2/15/18, 2/18/19, 2/17/20, 2/18/21, 1/20/22
Revision Dates: 9/15/06, 12/10/07, 7/7/08, 7/1/10, 3/6/11

Description
Cleft lip (CL) and cleft palate (CP) are among the most common birth defects. Approximately one case of CL/CP occurs in every 500–550 births. In the United States, 20 infants are born with a CL/CP on an average day, or 7,500 every year. Cleft lip and cleft palate are birth defects that affect the upper lip and roof of the mouth. They happen when the tissue that forms the roof of the mouth and upper lip don't join before birth. The problem can range from a small notch in the lip to a groove that runs into the roof of the mouth and nose. This can affect the way the child's face looks. It can also lead to problems with eating, talking, and ear infections. Children who have a CL/CP require several surgical procedures and complex medical treatments.

Commercial Plan Policy/CHIP (Children’s Health Insurance Program)

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

SelectHealth covers primary treatment of cleft lip/cleft palate in patients age 10 years and younger with limitations as it restores function and provides for proper phonation during critical development periods.

Criteria for primary cleft lip/cleft palate treatment:
1. Fitting of plastic obturator soon after birth with a refitting every few weeks due to the rapid dental arches’ growth is needed to improve fluid intake, provide a plane for succion, and give stability to the lateral arch segments.
2. Surgical closure of a cleft lip is usually performed at 2–3 months of age if the infant has shown satisfactory weight gain and is free of any oral, respiratory, or systemic infection. The initial repair may require revision at 4–5 years of age.
3. Closure of the palate is usually performed prior to 1 year of age to enhance normal speech development.
SelectHealth covers secondary treatment of cleft lip/cleft palate in limited circumstances as it may be necessary to continue treatment to achieve proper function.

Criteria for coverage of secondary treatment:
1. Secondary surgery may be necessary as the patient grows older and the affected structures grow and develop.
2. Repair and reconstruction of cleft lip, palate, and related reconstructive or cosmetic surgery for deformities of the nose as a result of the congenital malformation are covered benefits, when authorized. These may include:
   a. Surgical repair/reconstruction of cleft lip and palate with or without deformities of the lip, nose, and/or occlusal arches, with or without alveolar clefts/bone grafts and fistulae
   b. Speech therapy in accordance with any benefit limits
   c. Audiometric evaluations
   d. Specialty consultations as necessary

Limitations/exclusions to coverage include:
1. Isolated congenital lip repairs not associated with a staged cleft palate repair after age 12 months.
2. Dental services related to poor oral hygiene, caries.
3. Genetic testing, hearing aids, nutritional products, and supplies.
4. Maxillary arch expansion.
5. Orthodontic treatment for malocclusion, malposition, or alterations of the positions of the teeth and/or prosthetics for missing teeth and/or straightening of the teeth.
6. Cleft lip repair when performed solely for cosmetic purposes.

SelectHealth Advantage (Medicare/CMS)

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SelectHealth Community Care (Medicaid)

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Summary of Medical Information
A complete program of habilitation for the child with a cleft lip or palate can require years of special treatment by a team consisting of a pediatrician, plastic surgeon, otolaryngologist, oral and maxillofacial surgeon, pediatric dentist, prosthodontist, orthodontist, speech therapist, geneticist, dietician, medical
social worker, psychologist, and public health nurse. The child’s physician should be responsible for seeking the coordinated use of specialists and for parental counseling and guidance.

The immediate problem in an infant born with a cleft lip or palate is feeding. Although some advocate the construction of a plastic obturator to assist in feedings, most believe that with the use of soft artificial nipples with large openings, a squeezable bottle, and proper instruction, feeding of infants with clefts can be achieved with relative ease and effectiveness.

Surgical closure of a cleft lip is usually performed by 3 months of age, when the infant has shown satisfactory weight gain and is free of any oral, respiratory, or systemic infection. The initial repair may be revised at 4 or 5 years of age. Corrective surgery on the nose may be delayed until adolescence. Nasal surgery can also be performed at the time of the lip repair. Cosmetic results depend on the extent of the original deformity, healing potential of the individual patient, absence of infection, and the skill of the surgeon.

Because clefts of the palate vary considerably in size, shape, and degree of deformity, the timing of surgical correction should be individualized. Criteria such as width of the cleft, adequacy of the existing palatal segments, morphology of the surrounding areas (width of the oropharynx), and neuromuscular function of the soft palate and pharyngeal walls affect the decision. The goals of surgery are the union of the cleft segments, intelligible and pleasant speech, reduction of nasal regurgitation, and avoidance of injury to the growing maxilla.

In an otherwise healthy child, closure of the palate is usually done before 1 year of age to enhance normal speech development. When surgical correction is delayed beyond the third year, a contoured speech bulb can be attached to the posterior of a maxillary denture so that contraction of the pharyngeal and velopharyngeal muscles can bring tissues into contact with the bulb to accomplish occlusion of the nasopharynx and help the child develop intelligible speech.

Billing/Coding Information

Covered: For the conditions outlined above

CPT CODES

**Cleft Palate**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42200</td>
<td>Palatoplasty for cleft palate, soft and/or hard palate only</td>
</tr>
<tr>
<td>42205</td>
<td>Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only</td>
</tr>
<tr>
<td>42210</td>
<td>Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)</td>
</tr>
<tr>
<td>42215</td>
<td>Palatoplasty for cleft palate; major revision</td>
</tr>
<tr>
<td>42220</td>
<td>Palatoplasty for cleft palate; secondary lengthening procedure</td>
</tr>
<tr>
<td>42225</td>
<td>Palatoplasty for cleft palate; attachment pharyngeal flap</td>
</tr>
<tr>
<td>42226</td>
<td>Lengthening of palate, and pharyngeal flap</td>
</tr>
<tr>
<td>42227</td>
<td>Lengthening of palate, with island flap</td>
</tr>
<tr>
<td>42235</td>
<td>Repair of anterior palate, including vomer flap</td>
</tr>
<tr>
<td>42260</td>
<td>Repair of nasolabial fistula</td>
</tr>
</tbody>
</table>

**Cleft Lip**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30460</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only</td>
</tr>
<tr>
<td>30462</td>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies</td>
</tr>
<tr>
<td>40700</td>
<td>Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral</td>
</tr>
</tbody>
</table>
### Pediatrics Policies, Continued

#### Cleft Lip/Cleft Palate Repairs, continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40701</td>
<td>Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure</td>
</tr>
<tr>
<td>40702</td>
<td>Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages</td>
</tr>
<tr>
<td>40720</td>
<td>Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure</td>
</tr>
<tr>
<td>40761</td>
<td>Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle</td>
</tr>
</tbody>
</table>

**HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S8265</td>
<td>Haberman feeder for cleft lip/palate</td>
</tr>
</tbody>
</table>

**Key References**


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HYPOTHERMIA FOR TREATMENT OF NEONATAL HYPOXIC-ISCHEMIC ENCEPHALOPATHY

Policy # 536
Implementation Date: 8/12/13
Review Dates: 8/28/14, 8/20/15, 8/25/16, 8/17/17, 7/25/18, 6/19/19, 6/18/20

Description
Neonatal encephalopathy is a heterogeneous syndrome characterized by symptoms of central nervous system dysfunction in newborns born at term or late preterm (≥36 weeks gestation). An infant with neonatal encephalopathy may exhibit abnormal levels of consciousness, seizures, tone and reflex abnormalities, apnea, and feeding difficulties. Birth asphyxia and hypoxic-ischemic (anoxic) encephalopathy (HIE) are responsible for some, but not all cases of neonatal encephalopathy.

Supportive therapy with use of intravenous fluids, close monitoring in the neonatal ICU, oxygen therapy, and treatment of complicating conditions such as seizures have been the standard of care in managing patients with HIE.

Hypothermia has been proposed as a method for reducing the combined outcome of death or long-term neurodevelopmental disability at 18 months in term infants. Clinical trials have found similar effects, using either selective head cooling with mild systemic hypothermia or total body cooling, on death and disability; however, there are no randomized trials comparing head and body cooling. Selective head cooling with mild systemic hypothermia can be achieved with cooling caps fitted around the infant’s head, with the aim of maintaining fontanelle temperature below 30°C. The speed of rewarming is controversial and varies between increasing rectal temperatures by 0.5°C every hour to every four hours. The consensus is that rewarming should be slow. Most centers rewarl infants by 0.5°C every two hours. A rectal temperature of 34±0.5°C is maintained with a servo-controlled radiant heater. Hypothermia should be applied within six hours of birth, and continued hypothermia for 72 hours.

Besides cooling blankets, one specific device has been FDA approved for use in the treatment of HIE. The Olympic Cool-Cap system (manufactured by Olympic Medical Corporation, a subsidiary of Natus Medical Incorporated of San Carlos, CA.) is a helmet designed to provide hypothermia therapy. The device works by a steady flow of water at a selected temperature through a cap covering the infant's head to cool the brain.

Commercial Plan Policy
SelectHealth covers hypothermia for treatment of neonatal hypoxic-ischemic encephalopathy as a proven therapy.

SelectHealth Advantage (Medicare/CMS) (No Preauthorization Required)
Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the SelectHealth Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website http://www.cms.gov/medicare-
Pediatrics Policies, Continued

Hypothermia for Treatment of Neonatal Hypoxic-ischemic Encephalopathy, continued

coverage-database/overview-and-quick-search.aspx?from2=search1.asp or the manual website

SelectHealth Community Care (Medicaid/CHIP)

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Summary of Medical Information
Six systematic reviews and 15 peer-reviewed primary studies were reviewed in determining this policy. Excluding the patients from Jacobs et al., given that the article was commentary on the Shankaran et al. studies, outcomes of 1,958 patients were reported; most of the studies were prospective and randomized.

Overall, the systematic reviews favored the use of hypothermia in neonates who were under six hours old, and who have moderate-to-severe encephalopathy—with the World Health Organization (WHO) particularly noting the number needed to treat (NNT) to see benefit was seven. The single systematic review which did not demonstrate a mortality and/or neurodevelopment benefit was the paper by Pauliah et al., which focused on the benefit of this therapy to patients in low-/middle-income countries.

The primary literature also supports the benefit of this hypothermia therapy on improvement in survival and neurodevelopmental outcomes at 18. It is also shown to improve primary patient outcomes in all the rest of the literature cited in the primary literature section of this report; if not for every endpoint, at least in improved survival, neurological disability, and normal brain MRIs.

Weaknesses identified in the literature include a lack of direct comparisons between selective head cooling and whole-body cooling, though separate studies suggest similar safety and effectiveness, longer duration data beyond 18 to 24 months, and the lack of evidence in infants born before 36 weeks gestational age.

Overall, the current published literature has demonstrated efficacy and safety for hypothermia therapy in the treatment of full-term neonates with hypoxic-ischemic encephalopathy (Grade 1A).

Billing/Coding Information
CPT CODES
99184 Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling

HCPCS CODES
No specific codes identified

Key References
Hypothermia for Treatment of Neonatal Hypoxic-Ischemic Encephalopathy, continued


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Hypothermia for Treatment of Neonatal Hypoxicischemic Encephalopathy, continued

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PHOTOTHERAPY FOR TREATMENT OF HYPERBILIRUBINEMIA (NEONATAL JAUNDICE) IN THE HEALTHY TERM INFANT

Policy # 166
Implementation Date: 7/98
Review Dates: 2/27/01, 10/15/01, 10/22/02, 12/11/03, 11/19/05, 12/20/07, 12/18/08, 12/17/09, 12/15/11, 7/20/13, 6/19/14, 6/11/15, 6/16/16, 6/15/17, 7/20/18, 6/19/19, 6/18/20
Revision Dates: 9/20/06, 12/16/10

Description
Phototherapy is the use of special ‘bilirubin lights’ or a ‘bilirubin blanket’ for the treatment of newborn infants who have jaundice to prevent kernicterus (bilirubin encephalopathy) due to very high levels of bilirubin. If untreated, this disorder may lead to permanent neurologic damage or death. Phototherapy acts through photoisomerization of bilirubin, converting it to a more water-soluble form that can be more readily excreted. For term babies who are discharged early, if there is no evidence of isoimmunization based on results of blood type, group and Coombs tests on cord blood, there is little likelihood of severe jaundice developing.

Commercial Plan Policy
SelectHealth covers phototherapy for treatment of hyperbilirubinemia (neonatal jaundice) in the healthy term infant. Infants are not considered ‘healthy term infants’ if they are not term (37 weeks or more gestation), have factors suggesting hemolytic or metabolic disease, jaundice before 24 hours, signs suggestive of an underlying illness (e.g., sepsis), or signs of cholestatic jaundice. Proper examination and laboratory investigation should be carried out to exclude these infants. Proper evaluation is important in assessing the jaundiced infant.

When deciding whether home phototherapy or in-hospital phototherapy should be used, the following should be considered:

1. Appropriate clinical judgment based on the infant’s history, course, and physical findings
2. Considerations regarding the family’s ability to assess the infant’s condition and carry out the treatment plan.
3. Infants who are not considered ‘healthy term infants’ based on the following management criteria will require further evaluation and possibly alternative treatment.

<table>
<thead>
<tr>
<th>Bilirubin level (mg/dL)</th>
<th>Age (hours)</th>
<th>Consider phototherapy</th>
<th>Alternative therapy may be needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 24</td>
<td>Term infants who are jaundiced at &lt; 24 hours are not considered healthy, and require further evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24–48</td>
<td>&gt; 10–14</td>
<td>&gt; 20–25</td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare/CMS), and SelectHealth Community Care (Medicaid/CHIP) plans. Refer to the “Policy” section for more information.
Although many severely affected infants require hospital treatment, many less severely affected infants may be treated in the home setting under the supervision of a physician and visiting nurse. Treatment usually continues until daily bilirubin values demonstrate a peak and then decline to 12–15.

When delivered in the home, phototherapy is a Home Health benefit. It includes the equipment rental, appropriate education of the parents or caregiver, necessary laboratory tests, and follow-up care. These services are provided by a home health agency under the supervision of a physician.

Nurse Review
Nurse reviewers may authorize Bili Lights (phototherapy) if all conditions are met.

Physician Review
Exceptions and denials require physician review.

**SelectHealth Advantage (Medicare/CMS)**

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the SelectHealth Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website [http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&](http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&) or the manual website.

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**Summary of Medical Information**

The efficacy of phototherapy depends on several important factors. The ideal configuration is 4 special blue bulbs (F20T12/BB) placed centrally, with 2 daylight fluorescent tubes on either side. The power output of the lights (irradiance) is directly related to the distance between the lights and the newborn. Ideally, all lights should be 15–20 cm from the infant. To expose the greatest surface area, the newborn should be naked except for eye shields. For double phototherapy, a fiber-optic pad can be placed under the newborn. This method is twice as effective as standard phototherapy.

The only contraindication to the use of phototherapy is conjugated hyperbilirubinemia, as occurs in patients with cholestasis and hepatic disease. In this setting, phototherapy may cause a dark grayish-brown discoloration of the skin (bronze baby syndrome). Potential problems that may occur with phototherapy include burns, retinal damage, thermoregulatory instability, loose stools, dehydration, skin rash, and tanning of the skin. Because phototherapy is continuous, treatment also involves significant separation of the infant and parents.

With intensive phototherapy, the total serum bilirubin level should decline by 1–2 mg per dL (17–34 µ mol per L) within 4–6 hours. The bilirubin level may decline more slowly in breastfed infants (rate of 2–3 mg per dL per day) than in formula-fed infants. Phototherapy usually can be discontinued when the total serum bilirubin level is below 15 mg per dL. The average rebound bilirubin level after phototherapy is below 1 mg per dL. Therefore, hospital discharge of most infants does not have to be delayed to monitor for rebound elevation.
If the total serum bilirubin level remains elevated after intensive phototherapy or if the initial bilirubin level meets defined critical levels, based on the infant's age, preparations should be made for exchange transfusion.

**Billing/Coding Information**

*Covered: For the conditions outlined above*

**CPT CODES**

No specific codes identified

**HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0202</td>
<td>Phototherapy (bilirubin) light with photometer</td>
</tr>
<tr>
<td>S9098</td>
<td>Home visit, phototherapy services (e.g., Bili-Lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem</td>
</tr>
</tbody>
</table>

**Key References**


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