

Criteria Checklist
Alabama Medicaid Agency
Home Phototherapy
Children under the age of 21

PREREQUISITE CRITERIA *The patient **must** meet all of the following:*

- Patient is Medicaid eligible.
- Infant is term (37 weeks of gestation or greater), older than 48 hours and otherwise healthy.
- Infant serum bilirubin levels >15.
- The elevated bilirubin level is not due to a primary liver disorder.
- The diagnostic evaluation (described below) is negative.

DIAGNOSTIC EVALUATION *Prior to therapy, has a documented* negative diagnostic evaluation that includes:*

- History and physical examination
- Hemoglobin concentration or hematocrit
- WBC and differential count
- Blood smear for red cell morphology and platelets
- Reticulocyte count
- Total and direct-reading bilirubin concentration
- Maternal and infant blood typing and Coombs test
- Urinalysis includes a test for reducing substances

PHOTOTHERAPY *is considered because:*

- Infant 25-48 hours of age and total serum bilirubin is ≥ 15 (260)
OR
- Infant 49-72 hours of age and total serum bilirubin is ≥ 18 (310)
OR
- Infant greater than 72 hours of age and total serum bilirubin is ≥ 20 (340)

DIAGNOSIS CODES

773.0-773.2, 773.4, 774.0-774.1, 774.2, 774.30-774.39, 774.4, 774.5, 774.6, 774.7

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E0202

PROVIDER CRITERIA *Providers of home phototherapy must meet the following and submit written documentation of the last two items with the prior authorization request:*

- Have a licensed registered nurse on staff performing home visits and associated professional services
- Submit to Medicaid the name and registered nurses license number who will perform these visits.
- Submit verification of bilirubin levels and treatment start and stop dates.

**Documentation may include notes from the patient chart.*