Name of Policy:  
Management of Hyperbilirubinemia in Newborns: Follow-Up Visits

Policy #: 207  
Category: Administrative  
Latest Review Date: October 2004  
Policy Grade: Active policy but no longer scheduled for regular literature reviews and update.

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice; and
2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient’s illness, injury or disease; and
3. Not primarily for the convenience of the patient, physician or other health care provider; and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.
**Description of Procedure or Service:**
Jaundice occurs in most newborn infants. Most of the time jaundice is benign, but because of the toxicity of bilirubin, newborn infants need to be evaluated to identify those who might develop severe hyperbilirubinemia and in rare cases, acute bilirubinencephalopathy or kernicterus. The cognitive evaluation for hyperbilirubinemia is performed as part of a physician’s evaluation and management service.

Laboratory evaluation for hyperbilirubinemia will be requested by the physician based on clinical presentation such as initial lab values, age of the infant, and the evolution of the hyperbilirubinemia.

**Policy:**
Blue Cross and Blue Shield of Alabama’s medical criteria for coverage for follow-up office visits rendered by the physician to assess for the development of hyperbilirubinemia in the newborn period when there is no sign of disease should be reported as traditional evaluation and management services. The frequency of the office visit should be based upon clinical assessment and age at discharge.

Infants discharged **before age 24 hours** should have a follow-up visit by age 72 hours.

Infants discharged **between age 24 and 47.9 hours** should have a follow-up visit by age 96 hours.

Infants discharged **between age 48 and 72 hours** should have a follow-up visit by age 120 hours.

Some infants discharged **before age 48 hours** may require 2 follow-up visits, the first between 24 and 72 hours and the second between 72 and 120 hours.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members’ contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

**Key Points:**
The American Academy of Pediatrics has recently revised its guideline for the management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. These guidelines emphasize the importance of universal systematic assessment for the risk of severe hyperbilirubinemia, close follow-up and prompt intervention when indicated. Some of the important points concerning follow-up assessment include the following:
1. Before discharge, every newborn should be assessed for the risk of developing severe hyperbilirubinemia, especially if the infant is discharged before age 72 hours.

2. All infants should be examined by a qualified health care professional in the first few days after discharge to assess for infant well-being and jaundice. The length of stay in the nursery, risk factors for hyperbilirubinemia, and risk of other neonatal problems will help determine the timing of these follow-up visits.

3. If the infant is discharged before age 24 hours, he or she should have a follow-up visit by age 72 hours.

4. If the infant is discharged between age 24 and 47.9 hours, he or she should have a follow-up visit by age 96 hours.

5. If the infant is discharged between age 48 and 72 hours, he or she should have a follow-up visit by age 120 hours.

6. For some infants discharged before age 48 hours, two follow-up visits may be required, the first between 24 and 72 hours and the second between 72 and 120 hours.

7. Clinical judgment should be used in determining earlier or more frequent follow up visits, especially if there are risk factors for the development of hyperbilirubinemia.

8. The follow-up assessment should include the infant’s weight and change from birth weight, intake and output, and the presence or absence of jaundice. Clinical judgment should be used to determine the need for a bilirubin measurement.

9. If there is any question about the degree of jaundice, the bilirubin level should be measured.

These followup visits to assess for the development of hyperbilirubinemia when there is no sign of disease should be reported as traditional evaluation and management services (CPT codes 99201-99215). The level of service would be based on the complexity of the visit. If hyperbilirubinemia or other condition is found, then that may be reported as the diagnosis.

**Key Words:**
Hyperbilirubinemia, jaundice

**Approved by Governing Bodies:**
Not applicable
**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
FEP contracts: FEP does not consider investigational. Will be reviewed for medical necessity
Pre-certification/Pre-determination requirements: Not applicable

**Current Coding:**
CPT codes: 99201

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Typically 10 minutes are spent face-to-face with the patient and/or family.

99202

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

99203

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; a comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.
Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

99205  Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.

99211  Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

99213  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

99214  Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed history: A detailed examination: Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high
severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

99215  
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive history: A comprehensive examination: Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically 40 minutes are spent face-to-face with the patient and/or family.

References:

Policy History:
Medical Policy Group, October 2004 (3)  
Medical Policy Administration Committee, October 2004  
Available for comment November 2-December 16, 2004  
Medical Policy Group, December 2012 (3): Policy no longer subject to literature reviews.  
Medical Policy Group, December 2012 (3): 2013 Coding Updates: Verbiage change to Codes 99201 through 99215, effective 01/01/2013.  
Medical Policy Group, October 2013 (3): Removed ICD-9 Diagnosis codes; no change to policy statement.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plan contracts.