

## ADDENDUM

<b>STATE:</b> Ohio	<b>BUSINESS UNIT:</b> Buckeye Health Plan of Ohio
<b>PRODUCT TYPE:</b> Medicaid	<b>P&amp;P NAME:</b> Phototherapy for Neonatal Hyperbilirubinemia
<b>P&amp;P NUMBER:</b> CP.MP.150	<b>REGULATOR MOST RECENT APPROVAL DATE:</b> Draft

**BACKGROUND:** In compliance with Ohio Medicaid, Buckeye Health Plan must ensure coverage of medically necessary procedures. The plan covers all the services in the amount, duration, and scope that is no less than that covered by FFS Ohio Medicaid and in accordance with 42 CFR 438.210, with limitations, exclusions, and clarifications provided in the Ohio Medicaid Managed Care Provider Agreement and the Ohio Administrative Code.

### PROCEDURE:

- Buckeye Health Plan considers the standard definition of term pregnancy is greater than or equal to 37 weeks gestation.
- For home phototherapy, treatment should be managed and monitored by a physician who has expertise in the care of hyperbilirubinemia.
- A physician may delegate to any appropriate person the application of light based medical devices cleared or approved by the United States food and drug administration for phototherapy in treatment of hyperbilirubinemia in neonates only if all the following conditions are met:
  - (1) The use of the light based medical device for this treatment is within the physicians normal course of practice and expertise.
  - (2) The delegation and application of light based medical devices for phototherapy for this treatment is performed pursuant to hospital rules, regulations, policies, and protocols.
- Buckeye Health Plan will not impose hard limits or restrictions on coverage of medically necessary services.
- Prior to making determinations regarding coverage of services and procedures, Buckeye Health Plan will conduct a medical necessity review for all requests to include non-covered services and any request for services over an established benefit(s).
- Buckeye Health Plan will ensure members under age 21 have access to services that are available in accordance with federal EPSDT requirements found at 42 U.S.C. 1396d(r). This would include medically necessary services covered by Ohio Medicaid as well as any medically necessary screening, diagnostic and treatment services available to Ohio Medicaid consumers.

### REFERENCES:

Ohio Administrative Code 4731-18-04 Delegation of phototherapy and photodynamic therapy  
 Ohio Administrative Code 5160-1-14 EPSDT  
 42 U.S.C. 1396d(r)- EPSDT  
 Ohio Administrative Code 5160-26-03 Managed healthcare programs- covered services  
 Ohio Administrative Code 5160-26-03-1 Managed health care programs: primary care and utilization management