

**Item: Bilirubin Lights (Phototherapy)**

Effective: 12/03

 Covered by:  DME Benefit

Reviewed: 04/24, 03/23, 10/20, 06/19, 06/18, 06/17

Reviewed/Revised: 03/21, 06/19, May 2016 – May 2009, 02/08, 08/06, 12/03

 Category: DME    Prosthetic  
                   Orthotic   Medical Supply

Review Responsibility: DME Manager

[Clinical Criteria:](#)

**Bilirubin Lights (phototherapy) are covered for all members with a DME benefit when the following Kaiser Permanente criterion is met:**

1. Is being prescribed for indication of jaundice in newborn.

[Comments on Application of Benefit:](#)

1. Initial authorization is for 5 days' treatment and may be extended based on medical necessity.
2. Treatment may be required on hospital discharge for the first 2 weeks at home.

<b>Line of Business KP criteria applies to:</b>	<b>Apply this Criteria?</b>	<b>If No, Link to External Criteria</b>
Commercial (Includes Self-Funded & KPIF plans)	Yes	
Senior Advantage	Yes	
OR Medicaid (OHP)	Yes	
WA Medicaid (Molina)	Yes	

**REFERENCES:**
**Medicare**

Local Coverage Determination: n/a

Policy Article: n/a

National Coverage Determination: n/a

**Oregon Health Authority**

OAR: 410-122-0300 Light Therapy

**Washington Apple Health**

WAC: 182-543-5500 Medical supplies and related services