GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Hypoxic ischemic encephalopathy (HIE) is a type of brain injury that occurs in a newborn infant who is deprived of oxygen before or during birth. The risk of HIE is about 1 to 4 per 1000 live births, and it can cause permanent neurological disability or death. There is no effective therapy for HIE; the newborns are monitored in intensive care and given anticonvulsants to control seizures.

There is some evidence that total body cooling (TBC) which is mild cooling of the infant’s entire body to 34.0°C to 33.5°C (systemic hypothermia) with cooling blankets or other devices reduces the risk of permanent disability by minimizing or preventing brain damage. Another option is mild systemic hypothermia combined with selective head cooling (SHC) in which the infant’s head is fitted with a special cooling cap.

POLICY
Total body cooling (TBC) and/or selective head cooling (SHC) for hypoxic ischemic encephalopathy does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount considers TBC and/or SHC (99184) medically necessary for the treatment of neonates (28 days of age or younger) with moderate or severe hypoxic ischemic encephalopathy.

Paramount considers TBC and SHC experimental and investigational for other indications because their effectiveness for indications other than the one listed above has not been established.

Paramount considers the following adjunctive therapies experimental and investigational for the treatment of HIE because they have not been established as effective for the treatment of this condition (not an all inclusive list):

- Acupuncture
- Adenosinergic agents
- Allopurinol
- Cannabinoids
- Erythropoietin
- Insulin-like growth factor-1
- Melatonin
- Monosialoganglioside GM1
- N-acetylcysteine
- Platelet-activating factor antagonists
- Xenon (inhaled).

Notes: Therapeutic hypothermia (TH) should be administered to high-risk term neonates within 6 hrs of birth; TH may not be effective in asphyxiated newborns whose placetas show evidence of chorioamnionitis with fetal vasculitis and chorionic plate meconium.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>99184</td>
<td>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 (Effective</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>99468</td>
<td>Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less</td>
</tr>
<tr>
<td>99469</td>
<td>Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less</td>
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</tbody>
</table>

**REVISION HISTORY EXPLANATION**
01/13/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Industry Standard Review
Hayes, Inc.