



**OUTPATIENT MANAGEMENT  
OF PREECLAMPSIA  
HS-012**



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

*WellCare Health Insurance of Illinois, Inc.*

*WellCare Health Insurance of New York, Inc.*

*WellCare Health Plans of New Jersey, Inc.*

*WellCare of Florida, Inc.*

*WellCare of Connecticut, Inc.*

*WellCare of Georgia, Inc.*

*WellCare of Kentucky, Inc.*

*WellCare of Louisiana, Inc.*

*WellCare of New York, Inc.*

*WellCare of Ohio, Inc.*

*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

**Outpatient Management  
of Preeclampsia**

**Policy Number: HS-012**

**Original Effective Date: 3/13/2008**

**Revised Date(s): 5/15/2009; 5/28/2010;  
7/18/2011; 5/3/2012**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## BACKGROUND

Hypertensive disease occurs in approximately 12 to 22% of pregnancies, and it is directly responsible for 17.6% of maternal deaths in the United States. However, there is confusion about the terminology and classification of these disorders.

The National High Blood Pressure Education Program Working Group (hereafter referred to as the “Working Group”) has recommended that the term “gestational hypertension” replace the term “pregnancy-induced hypertension” to describe cases in which elevated blood pressure without proteinuria develops in a woman after 20 weeks of gestation and blood pressure levels return to normal postpartum. According to the criteria established by the Working Group, in pregnant women, hypertension is defined as a systolic blood pressure level of 140 mm Hg or higher or a diastolic blood pressure level of 90 mm Hg or higher that occurs after 20 weeks of gestation in a woman with previously normal blood pressure. As many as one quarter of women with gestational hypertension will develop proteinuria, i.e., preeclampsia.

Preeclampsia is a syndrome defined by hypertension and proteinuria that also may be associated with myriad of other signs and symptoms, such as edema, visual disturbances, headache, and epigastric pain. Laboratory abnormalities may include hemolysis, elevated liver enzymes, and low platelet counts (HELLP syndrome). Proteinuria may or may not be present in patients with HELLP syndrome. Proteinuria is defined as the presence of 0.3 gram (300 mg) or more of protein in a 24 hour urine specimen. This finding usually correlates with a finding of 1+ or greater but should be confirmed using a random urine dipstick evaluation and a 24 hour or “timed” collection. Criteria use for the diagnosis of preeclampsia include: (a) blood pressure of 140 mm Hg systolic or higher or 90 mm Hg diastolic or higher that occurs after 20 weeks of gestation in a woman with previously normal blood pressure; and (b) proteinuria, defined as urinary excretion of 0.3 gram (300mg) protein or higher in a 24-hour urine specimen.

The etiology of preeclampsia is unknown, although much of the literature has focused on trophoblastic invasion by the placenta. In cases of preeclampsia, invasion by trophoblast appears to be incomplete. Moreover, the severity of hypertension may be related to the degree of trophoblastic invasion. Preeclampsia also may be associated with significant alterations in the immune response.

## POSITION STATEMENT

Outpatient management of mild Preeclampsia in pregnant women **is considered medically necessary** when ALL of the following criteria are met:

- Pregnancy must be at least 20 weeks gestation or higher; **AND**,
- Blood pressure must be systolic 140 or higher and diastolic 90 or higher, taken on two separate occasions six hours apart; **AND**,
- Elevated blood pressure must occur in women with previously normal blood pressure; **AND**,
- Member must exhibit urinary secretion of 0.3 g protein or higher in a 24-hour urine specimen (proteinuria); **AND**,
- A signed order for outpatient (home) management must be provided by provider of care; **AND**,
- Maternal and fetal evaluation and regular access to health care providers must be ensured

**Outpatient management of Preeclampsia is considered NOT medically necessary when any of the following exist:**

- Women who have difficulty with compliance, including logistic barriers; **OR**,
- Women who manifest signs of disease progression; **OR**,
- Women who have one or more of the following:
  - Severe Preeclampsia defined as having blood pressure levels of 160 mm Hg systolic or higher or 110

- mm Hg diastolic or higher on two occasions at least six hours apart, while the patient is on bed rest; **OR**,
- Proteinuria of 5 g or higher in a 24-hour urine specimen or 3+ or greater on two random urine samples collected at least four hours apart; **OR**,
- Oliguria of less than 500 ml in 24 hours; **OR**,
- Cerebral or visual disturbances; **OR**,
- Pulmonary edema or cyanosis; **OR**,
- Epigastric or right upper-quadrant pain; **OR**,
- Elevated liver enzymes; **OR**,
- Thrombocytopenia; **OR**,
- Fetal growth restriction.

## CODING

**Covered CPT®\* Codes** - No Applicable codes

**Covered ICD-9-CM Procedure Codes** - No applicable codes

**Covered HCPCS®\* Code**

**S9213\*** Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)

**\*S- Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes**

**Covered ICD-9-CM Diagnosis Code when the above criteria have been met.**

**642.43** Mild or unspecified pre-eclampsia; Hypertension complicating pregnancy, not specified as pre-existing, with either albuminuria or edema, or both; mild or unspecified.

**Non-Covered ICD-9-CM Diagnosis Code**

**642.53** Severe pre-eclampsia; Hypertension complicating pregnancy, not specified as pre-existing, with either albuminuria or edema, or both; specified as severe; Toxemia (pre-eclamptic), severe

**\*Current Procedural Terminology (CPT) 2012 American Medical Association: Chicago, IL.®©**

## REFERENCES

### Peer Reviewed

1. Cochrane Library. (2009). Antihypertensive drug therapy for mild to moderate hypertension during pregnancy (review). Issue 1.
2. Cochrane Library. (2009). Bed rest with or without hospitalization for hypertension during pregnancy (review). Issue 1.
3. Tuffnell, D.J., Shennan, A.H., Waugh, J.J., & Walker, J.J. (2006). The management of severe pre-eclampsia/eclampsia. Royal College of Obstetricians and Gynecologists.
4. Zamorski, M.A., & Green, L.A. (2001). NHBPEP report on high blood pressure in pregnancy: a summary for family physicians. *American Family Physician*, 64 (2), 263-271.

---

**Government Agencies, Professional and Medical Organizations**

1. Action of Pre-Eclampsia. (2004). Pre-eclampsia community guideline. Retrieved from <http://www.apec.org.uk/pdf/guidelinepublishedvers04.pdf>
2. Agency for Healthcare Research and Quality Evidence Report. (2000, August). Management of chronic hypertension during pregnancy (no. 14). Retrieved from <http://www.guideline.gov>
3. American Academy of Family Physicians. (2002, July). Practice guidelines: ACOG practice bulletin on diagnosing and managing preclampsia and eclampsia. *American Family Physician*, 66(2), 330-331.
4. King Edward Memorial Hospital Women and Newborn Health Service. (2001, October). Clinical guidelines (section B) obstetrics and midwifery guidelines: hypertension in pregnancy. Retrieved from <http://www.kemh.health.wa.gov.au>

**HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
5/3/2012	<ul style="list-style-type: none"><li>• Approved MPC. No changes.</li></ul>
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
7/18/2011	<ul style="list-style-type: none"><li>• Approved by MPC.</li></ul>