



**TREATMENT OF NAUSEA AND VOMITING  
(HYPEREMESIS GRAVIDARUM) DURING PREGNANCY  
WITH SUBCUTANEOUS MICROINFUSION PUMP  
HS-016**



*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.*

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*WellCare Prescription Insurance, Inc.*

**Treatment of Nausea and  
Vomiting (Hyperemesis  
Gravidarum) During  
Pregnancy with  
Subcutaneous Pump**

**Policy Number: HS-016**

**Original Effective Date: 4/3/2008**

**Revised Date(s): 6/5/2009; 6/25/2010;  
8/2/2011**

**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.



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## BACKGROUND

Nausea and vomiting of pregnancy, commonly known as “morning sickness,” affects approximately 80 percent of pregnant women. Nausea and vomiting of pregnancy is generally a mild, self-limited condition that may be controlled with conservative measures. A small percentage of pregnant women have a more profound course, with the most severe form being hyperemesis gravidarum. Unlike morning sickness, hyperemesis gravidarum may have negative implications for maternal and fetal health. Physicians should carefully evaluate patients with non-resolving or worsening symptoms to rule out the most common pregnancy-related and non-pregnancy related causes of severe vomiting. Once pathologic causes have been ruled out, treatment is individualized. Initial treatment should be conservative and should involve dietary changes, emotional support. Alternative therapies such as ginger or acupuncture are still under investigation. Women with more complicated nausea and vomiting of pregnancy also may need pharmacologic therapy. Several medications have been shown to be safe and effective treatments. If oral and intravenous administrations prove inadequate, subcutaneous drug microinfusion may be necessary.

### *Adverse Fetal and Maternal Outcomes from Hyperemesis Gravidarum*

Women with uncomplicated nausea and vomiting of pregnancy (“morning sickness”) have been noted to have improved pregnancy outcomes, including fewer miscarriages, preterm deliveries, and stillbirths, as well as fewer instances of fetal low birth weight, growth retardation, and mortality. In contrast, hyperemesis gravidarum has been associated with increases in maternal adverse effects, including splenic avulsion, esophageal rupture, Mallory-Weiss tears, pneumothorax, peripheral neuropathy, and preeclampsia, as well as increases in fetal growth restriction and mortality.

## POSITION STATEMENT

**Treatment of hyperemesis gravidarum during pregnancy with a subcutaneous microinfusion pump is considered medically necessary if ALL of the following criteria are met:**

1. Hyperemesis gravidarum is diagnosed after nine weeks of gestation; **AND**
2. All other causes of nausea and vomiting have been ruled out; **AND,**
3. All other pharmacologic treatment has been attempted and failed, which include:
  - a. Prochlorperazine (Compazine IM/PO); **OR,**
  - b. Trimethobenzamide (Tigan PR); **OR,**
  - c. Promethazine (Phenergan IM/PO/PR); **OR,**
  - d. Metoclopramide (Reglan PO); **OR,**
  - e. Ondansetron (Zofran PO)

**AND,**

4. Either Intravenous metoclopramide\* (Reglan) or intravenous ondansetron (Zofran) must have been attempted and failed.

## CODING

### Covered CPT® Codes

**99601** Home infusion/specialty drug administration, per visit (up to 2 hours) each additional hour

**99602+** +(List separately in addition to code for primary procedure)



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**ICD-9-CM Procedure Code** - No applicable code

**Covered HCPCS Code**

- J2405** Injection, Zofran (ondansetron HCl), per 1 mg
- J2765** Injection, Reglan (metoclopramide HCl), up to 10 mg
- E0779** Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
- E0780** Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
- E0781** Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
- S9351** Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

**Covered ICD-9-CM Description Diagnosis Codes**

- 643.00 – 643.03** Mild Hyperemesis gravidarum; starting after nine(9) weeks of gestation
- 643.10 – 643.13** Hyperemesis gravidarum with metabolic disturbance; starting after nine(9) weeks of gestation

\*Current Procedural Terminology (CPT®) ©2010 American Medical Association

**REFERENCES**

**Peer Reviewed**

1. Buttino L Coleman SK, Bergauer NK, et al. Home subcutaneous metoclopramide therapy for hyperemesis gravidarum. J Perinatol. 2000; 20(6):359-362.
2. Fell DB, Dodds L, Joseph KS, et al. Risk factors for hyperemesis gravidarum requiring hospital admission during pregnancy. Obstet Gynecol. 2006; 107(2 Pt 1):277-284.
3. Goodwin, TM. Hyperemesis Gravidarum. Obstet Gynecol Clin N Am 35, 401–417. 2008.

**Government Agencies, Professional and Medical Organizations**

1. American Academy of Family Physicians (AAFP). Nausea and Vomiting of Pregnancy. Quinlan and Hill. Am Fam Physician 2003; 68:121-8. 2003.
2. American College of Obstetricians and Gynecologists (ACOG). Nausea and vomiting of pregnancy. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2004 Apr. 13 p. (ACOG practice bulletin; no. 52).

**HISTORY AND REVISIONS**

Date	Action
12/1/2011	• New template design approved by MPC.
8/2/2011	• Approved by MPC. No changes.