



**GESTATIONAL DIABETES  
EDUCATION PROGRAM  
HS-167**



*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.*

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*WellCare of Ohio, Inc.*

*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

**Gestational Diabetes  
Education Program**

**Policy Number: HS-167**

**Original Effective Date: 5/6/2010**

**Revised Date(s): 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**

Diabetes is a condition that causes high levels of glucose in the blood. Glucose is a sugar that is the body's main source of energy. Health problems can arise when the glucose levels are too high. Diabetes is of special concern during pregnancy. Diabetes can occur in women who are not pregnant, or it can start during pregnancy. When it first occurs during pregnancy it is called gestational diabetes. Diabetes occurs when there is a problem with the way the body makes or uses insulin. Insulin is a hormone that converts glucose in food into energy. When the body does not make enough insulin, or when the body is not using insulin properly, the level of glucose in the blood becomes too high. This is called hyperglycemia (high sugar levels in the blood). During pregnancy, the hormones produced by the placenta can limit the actions of insulin. As a result, gestational diabetes may occur. Gestational diabetes can occur even when no risk factors or symptoms are present. For this reason, pregnant women often are tested for diabetes. Gestational diabetes usually goes away after the baby is born. However, women who have had gestational diabetes are at a greater risk of developing diabetes many years later.

The risk of problems during pregnancy is greatest when blood sugar levels are high. Some of these problems may increase the chance of a cesarean birth. Good control of glucose levels, before and during pregnancy, can lower the risks. If the member has diabetes or if they are at risk of developing gestational diabetes, they should be aware of the problems that may arise:

- Macrosomia (very large baby) occurs when the mother's blood sugar level is high throughout pregnancy. This allows too much sugar to go to the baby. It can cause the baby to grow too large. If the baby is too large, delivery can be difficult. For instance, there may be problems delivering the baby's shoulders because they may be too big for the birth canal.
- Preeclampsia is high blood pressure and protein in the urine during pregnancy. This can pose problems for the mother and the baby. It may require the baby to be delivered early. Severe preeclampsia can lead to seizures or kidney or liver problems.
- Hydramnios occurs when there is too much amniotic fluid in the sac that surrounds the baby. This can cause some women discomfort. It may result in preterm labor (labor before 37 weeks of pregnancy) and preterm delivery.
- Urinary tract infections can occur without symptoms. If the infection is not treated, it may spread from the bladder to the kidneys.
- Respiratory distress syndrome can make it harder for the baby to breathe after birth. The risk of this condition is greater in babies of mothers with diabetes.

Stillbirth—delivery of a baby that has died before birth—occurs more often in babies of women whose diabetes was not well controlled before and during pregnancy.

## **POSITION STATEMENT**

Inclusion in a Comprehensive Diabetes Education Program for pregnant women **is considered medically necessary** if ANY of the following criteria:

- Member has a history of pre-gestational diabetes mellitus (both insulin dependent and non-insulin dependent); **OR**,
- Member has a prior history of gestational diabetes and is unable to take an oral glucose tolerance test for confirmation; **OR**,
- Member has gestational diabetes, documented by an abnormal oral glucose tolerance test; **OR**,
- Member has a history of delivery of infant(s) > 4000 grams and is unable to take oral glucose tolerance test for confirmation

**NOTE:** Initial authorization for the program should be for 30 units/days. Requests for additional units/days must meet ANY the following criteria:

- Member has uncontrolled blood glucose levels; **OR**,
- Member needs instruction on the use of an insulin pump if the pump is not ordered at the same time as the diabetic education program; **OR**,
- Member has the inability to appropriately learn and execute the procedures necessary for successful operation or there is an interruption of insulin pump use when utilized; **OR**,
- Member has other comorbid conditions requiring the member to be on complete bed rest

## **CODING**

**CPT® Codes-** No applicable codes

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

### **Covered HCPCS Codes**

**G0108** Diabetes outpatient self-management training services, individual, per 30 minutes

**G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

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

**648.03** Diabetes Mellitus complicating pregnancy, i.e. antepartum condition or complication. (Conditions classifiable to 249.00 – 249.91 Secondary Diabetes and Conditions classifiable to 250.00 – 250.93 Diabetes Mellitus.)

**648.83** Gestational Diabetes, Antepartum; i.e. abnormal glucose tolerance. Glucose intolerance arising in pregnancy, resolving at end of pregnancy. (Conditions classifiable to 790.21 – 790.29)

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

## **REFERENCES**

Peer Reviewed - N/A

### **Government Agencies, Professional and Medical Organizations**

1. American College of Obstetricians and Gynecologists. (2005). Practice bulletin no. 60: pregestational diabetes mellitus. Retrieved from <http://www.acog.org>
2. American College of Obstetricians and Gynecologists. (2001). Practice bulletin no. 30: gestational diabetes. Retrieved from <http://www.acog.org>

## **HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
5/3/2012	• Approved by MPC. No changes.
12/1/2011	• New template design approved by MPC.
7/18/2011	• Approved by MPC. No changes.