



Easy Choice Health Plan

Missouri Care

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

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

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; 6/7/2012; 6/6/2013; 6/5/2014; 5/7/2015; 12/8/2016; 10/5/2017; 10/4/2018

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.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

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

acupressure 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.

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 (e.g., splenic avulsion, esophageal rupture, Mallory-Weiss tears, pneumothorax, peripheral neuropathy, preeclampsia, and increases in fetal growth restriction and mortality).

POSITION STATEMENT

Applicable To:

- Medicaid – All Markets

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) or intravenous dimenhydrinate must have been attempted and failed.⁴

CODING

Covered CPT® Codes - This list may not be all inclusive

- 99601** Home infusion/specialty drug administration, per visit (up to 2 hours)
99602+ each additional hour +(List separately in addition to code for primary procedure)

Covered HCPCS Codes - This list may not be all inclusive

- J2405** Injection, ondansetron HCl, (Zofran)per 1 mg
J2765 Injection, metoclopramide HCl, (Reglan) 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
+ S-codes are not covered by Medicare.

ICD-10-PCS Codes - No applicable codes

ICD-10-CM Diagnosis Codes

- O21.0** Mild hyperemesis gravidarum

O21.1 Hyperemesis gravidarum with metabolic disturbance

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Goodwin TM. Hyperemesis gravidarum. *Obstetrics and Gynecology Clinics of North America*. 2008;35:401–417.
2. American Academy of Family Physicians. Nausea and vomiting of pregnancy. *American Family Physician*. 2003;68:121-128.
3. Nausea and vomiting of pregnancy: practice bulletin no. 52 [reaffirmed 2013]. *American College of Obstetricians and Gynecologists*. *Obstet Gynecol* 2004;103:803–15.
4. Wegrzyniak, L.J, Repke, J.T., Ural, S.H. (2012). Treatment of Hyperemesis Gravidarum. *Rev Obstet Gynecol*. 2012;5(2):78-84.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

| Date | Action |
|--|---|
| 10/4/2018, 10/5/2017, 12/8/2016, 5/7/2015, 6/5/2014, 6/6/2013, 6/7/2012, 12/1/2011, 8/2/2011 | <ul style="list-style-type: none">• Approved by MPC. No changes.• New template design approved by MPC.• Approved by MPC. New. |