I. Description

Hyperemesis gravidarum is a condition in which pregnant women have severe, intractable vomiting that may result in significant weight loss, fluid volume deficit, starvation ketoacidosis, metabolic alkalosis, and hypokalemia.

Management strategies include hydration, antiemetic medications, and dietary management. Controlling the symptoms at an early stage prevents the development of progressive, excessive, and prolonged vomiting, which can present a serious threat to the nutritional status of the mother and ultimately affects the outcome of the pregnancy.

II. Criteria/Guidelines

A. Home IV hydration therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) for an initial period of 14 days for a patient who is diagnosed with hyperemesis gravidarum and has clinical evidence of hyperemesis gravidarum as follows:

1. Persistent vomiting three or more times per 24 hours, and
2. The patient has not responded to medical therapy OR the patient's weight loss is 5 percent or more of her pre-pregnancy weight, and
3. The patient has two or more of the following diagnostic or laboratory values:
   a. Urine specific gravity greater than or equal to 1.030
   b. Positive acetone in urine
   c. Pulse greater than or equal to 100 beats per minute at rest
   d. Systolic blood pressure less than or equal to 100 mm Hg
   e. Blood urea nitrogen greater than or equal to 20 mg/dL
   f. Serum potassium less than or equal to 3.5 meq/L
g. Serum sodium less than or equal to 135 meq/L
h. Serum chloride less than or equal to 97 meq/L

B. Continuation of therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the patient's condition has not resolved or improved to the extent that the patient is able to tolerate adequate oral or enteral fluids.

C. The patient does not need to meet the definition of homebound to receive this therapy.

III. Limitations/Exclusions

A. Extension of therapy is not covered when:
   1. The patient or caregiver is unwilling or unable to manage or continue with the home infusion program.
   2. The goals of therapy have been achieved (e.g., resolution of hypovolemia and/or electrolyte imbalance).
   3. The patient or caregiver is noncompliant with treatment.
   4. Follow-up assessment of the patient’s clinical progress is not performed.
   5. The patient has gained five percent or more of her pre-pregnancy weight.
   6. The patient is able to tolerate oral fluids greater than or equal to 1500 mL/24 hr and nutritional needs are met.
   7. Hospitalization is indicated in severe intractable vomiting with persistent weight loss unresponsive to outpatient IV hydration and antiemetics.

IV. Administrative Guidelines

A. Precertification is not required. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

B. For administrative information, including billing instructions, examples and code information, see Home IV Hydration Therapy for Hyperemesis Gravidarum - Administrative Information.

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination
as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References