

Intravenous (IV) Hydration Therapy for Hyperemesis Gravidarum

Policy Number:

MM.08.006

Line(s) of Business:

HMO; PPO; QUEST Integration

Section:

Home Therapies

Place(s) of Service:

Home; Ambulatory Infusion Suite

Original Effective Date:

05/21/1999

Current Effective Date:

07/25/2014

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. IV hydration therapy for the treatment of hyperemesis gravidarum is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the patient has the following:
 - 1. Persistent vomiting three or more times per 24 hours despite the use of medical therapy.
 - 2. Weight loss of 5 percent or more of pre-pregnancy weight.
 - 3. Signs and symptoms of hypovolemia. Examples include, but are not limited to the following:
 - a. Increased urine specific gravity.
 - b. Ketonuria
 - c. Electrolyte abnormalities
 - d. Acid-base abnormality (e.g., hypochloremic metabolic alkalosis)
 - e. Increased hematocrit
 - f. Increased BUN to creatinine ratio
 - g. Orthostatic vital sign changes
- 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 IV hydration in the home.

III. Limitations/Exclusions

IV hydration therapy for hyperemesis gravidarum is not covered when:

- A. The goals of therapy have been achieved (e.g., resolution of hypovolemia and/or electrolyte imbalance).
- B. The patient has gained five percent or more of her pre-pregnancy weight.
- C. The patient is able to tolerate oral fluids greater than or equal to 1500 mL/24 hr and nutritional needs are met.
- D. Follow-up assessment of the patient's clinical progress is not performed.
- E. The patient is noncompliant with treatment.

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

1. Niebyl JR. Clinical practice. Nausea and vomiting in pregnancy. *New England Journal of Medicine* 2010;363(16):1544
2. Bottomley C, Bourne T. Management strategies for hyperemesis. *Best Practice and Research. Clinical Obstetrics and Gynaecology* 2009; 23(4):549-64.
3. Refuerzo J, Ramin S, Smith J. Clinical features and evaluation of nausea and vomiting of pregnancy. Official reprint from UpToDate. Last updated June 5, 2014.