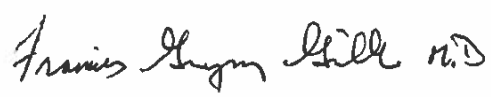


**Prior Authorization Review Panel
CHC-MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	Submission Date: 03/01/2019
Policy Number: PA.CP.MP.91	Effective Date: 01/2018 Revision Date: 02/2019
Policy Name: Obstetrical Home Care Programs	HC Approval Date:
<p>Type of Submission – Check all that apply:</p> <p> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review – No Revisions <input type="checkbox"/> Attestation of HC PARP Policy – <i>This option should only be used during Readiness Review for Community HealthChoices. The policy must be identical to the PARP approved policy for the HealthChoices Program, with the exception of revisions/clarifications adding the term “Community HealthChoices” to the policy.</i> </p>	
<p>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>Specified that only preeclampsia without severe features is appropriate for home management, and removed diagnostic criteria which included severe features. Changed “Alere” to “Optum”. Replaced Makena with hydroxyprogesterone caproate in all instances. References reviewed and updated.</p>	
<p>Name of Authorized Individual (Please type or print):</p> <p align="center">Francis G. Grillo, MD</p>	<p>Signature of Authorized Individual:</p> 

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OB Home Health Programs

Clinical Policy: Obstetrical Home Care Programs

Reference Number: PA.CP.MP.91

Effective Date: 01/18

Last Review Date: 02/19/03/18

[Revision Log](#)
[Coding Implications](#)

Description

Medical necessity criteria for obstetrical home health programs offered by vendors such as Optum (formerly Alere Health), Alere Women’s and Children’s Health, LLC (Alere).

Policy/Criteria

I. It is the policy of Pennsylvania Health and Wellness® (PHW) that obstetrical home health services are **medically necessary** for members meeting the following criteria:

- A. *Obstetrical Nurse Assessment*..... 2
- B. *Metoclopramide or Ondansetron Infusion Therapy* 2
- C. *Hydration Therapy – 1 to 4 liters* 2
- D. *Diabetes in Pregnancy Clinical Management Program (case rate)* 3
- E. *Obstetrical Diabetes Management - Daily Insulin Injections* 3
- F. *Obstetrical Diabetes Management – Insulin Pump*..... 4
- G. *Hypertensive Disorders in Pregnancy Program for Gestational Hypertension*..... 4
- H. *Hypertensive Disorders in Pregnancy Program for Preeclampsia*..... 4
- I. *Preterm Labor Management Program* 5
- J. *Dietary Analysis*..... 5
- K. *Hydroxyprogesterone Caproate (Makena) Administration Nursing Visit*..... 5

A. Obstetrical Nurse Assessment
An obstetrical nurse assessment is considered **medically necessary** when provided with any of the services listed in B to K.

B. Metoclopramide or Ondansetron Infusion Therapy
See CP.MP.34 Hyperemesis Gravidarum Treatment policy for medical necessity guidelines for metoclopramide or ondansetron therapy.

If member meets criteria per policy, home visits are considered **medically necessary** for the same period as the infusion therapy is approved, generally 7 to 14 days of therapy based on clinical information.

C. Hydration Therapy – 1 to 4 liters
Hydration therapy is **medically necessary** for members who could benefit from close surveillance for the onset of dehydration. Examples of diagnoses include:

- 1. Hyperemesis gravidarum
- 2. Malabsorption
- 3. Diagnosis, such as flu or GI virus, which impairs the patient’s ability to maintain fluid and/or food in the system

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An initial course of up to 14 days is considered medically necessary. Additional courses of 7 to 14 day spans are considered medically necessary until the member is stable and no longer needs therapy.

D. Diabetes in Pregnancy Clinical Management Program (case rate)

The diabetes in pregnancy clinical management program is **medically necessary** for pregnant members with *one* of the following:

1. Type 2 diabetes in pregnancy with need for diet and exercise control with or without oral glyceemic agents and non-insulin dependent; or
2. Gestational diabetes mellitus (GDM) with need for diet and exercise control with or without oral glyceemic agents. GDM is diagnosed in pregnant women who have *one* of the following:
 - a. Plasma glucose (PG) values that meet or exceed the values listed below in the one-step 75 g Oral Glucose Tolerance Test (OGTT); or
 - b. At least two abnormal results during the two-step, 100 gram OGTT with the minimum lab values listed below:

2017 American Diabetes Association (ADA) Guidelines	
One-Step Strategy- per International Association of Diabetes and Pregnancy Study Groups (IADPSG)	Two-Step Strategy- per Carpenter and Coustan or National Diabetes Data Group
<p>Step 1: 75-g OGTT with PG measurement fasting and at 1 h and 2 h, at 24-28 weeks in women not previously diagnosed with overt diabetes</p> <ul style="list-style-type: none"> • Perform OGTT in the morning after overnight fast (≥8 h) • GDM diagnosis made if PG values meet or exceed: <ul style="list-style-type: none"> ○ Fasting: 92 mg/dL (5.1 mmol/L) ○ 1 h: 180 mg/dL (10.0 mmol/L) ○ 2 h: 153 mg/dL (8.5 mmol/L) 	<ul style="list-style-type: none"> • Step 1: 50-g Glucose Loading Test (nonfasting) with PG measurement at 1 h (Step 1), at 24-28 weeks in women not previously diagnosed with overt diabetes <ul style="list-style-type: none"> ○ If PG at 1 h after load is ≥140 mg/dL (7.8 mmol/L), proceed to 100-g OGTT (Step 2) • Step 2: 100-g OGTT while patient is fasting. GDM diagnosis made when two or more PG levels meet or exceed: <ul style="list-style-type: none"> ○ Fasting: 95 mg/dL or 105 mg/dL (5.3/5.8 mmol/L) ○ 1 hr: 180 mg/dL or 190 mg/dL (10.0/10.6 mmol/L) ○ 2 hr: 155 mg/dL or 165 mg/dL (8.6/9.2 mmol/L) ○ 3 hr: 140 mg/dL or 145 mg/dL (7.8/8.0 mmol/L)

E. Obstetrical Diabetes Management - Daily Insulin Injections

Obstetrical diabetes management with daily insulin injections is **medically necessary** for pregnant members with both:

1. Gestational or pre-gestational diabetes and unable to reach target goals through diet and activity;
2. Daily insulin injections.

An initial course of 14 days is considered medically necessary. Additional courses of 7 to 14 day spans are considered medically necessary until the member is able to self-manage blood sugar and insulin injections.

F. Obstetrical Diabetes Management – Insulin Pump

Obstetrical diabetes management with an insulin pump is **medically necessary** for pregnant members who have had a new insulin pump approved based on the appropriate medical necessity criteria.

An initial course of 14 days is considered medically necessary. An additional course of 14 days is considered medically necessary until the member is able to self-manage blood sugar and insulin pumps.

G. Hypertensive Disorders in Pregnancy Program for Gestational Hypertension

The gestational hypertension program is **medically necessary** for members with one of the following:

1. Elevated or unstable blood pressure; or
2. Member who could benefit from education and surveillance for the potential onset of hypertension. Categories of such members could include:
 - a. Previous episode of hypertension during previous pregnancy;
 - b. Chronic hypertension;
 - c. Multiple gestation;
 - d. Diabetes.

An initial course of 14 days in one month is considered medically necessary (in general, *daily* visits are not necessary). If member remains pregnant, an additional 7 days is considered medically necessary.

H. Hypertensive Disorders in Pregnancy Program for Preeclampsia

The preeclampsia program is **medically necessary** for pregnant members who are diagnosed with preeclampsia **without severe features, meeting all of the following** characterized by the diagnostic criteria in 1 and 2, OR 3:

1. Blood pressure ≥ 140 mm Hg systolic or ≥ 90 mm Hg diastolic on two occasions at least 4 hours apart after 20 weeks gestation in a woman with a previously normal blood pressure; or

~~≥ 160 mm Hg systolic or ≥ 110 mm Hg diastolic on 2 occasions at least 15 minutes apart.~~
~~AND~~

2. Proteinuria
 - a. ≥ 300 mg per 24-hour urine collection (or this amount extrapolated from a timed collection); or
 - b. Protein/creatinine ratio ≥ 0.3 mg protein/mg creatinine; or
 - c. Dipstick reading of 1+ (30 mg/dl) (used only if other quantitative methods not available).

~~OR~~

- ~~1. In the absence of proteinuria, new onset hypertension and the new onset of any of the following;~~
- ~~2. Thrombocytopenia—platelet count <100,000/microliter;~~
 - ~~a. Renal insufficiency—serum creatinine concentrations greater than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease;~~
 - ~~b. Impaired liver function—elevated blood concentrations of liver transaminases to twice normal concentration;~~
 - ~~c. Pulmonary edema;~~
 - ~~Cerebral or visual symptoms.~~

An initial course of 7 days is considered medically necessary. If member remains pregnant, an additional 7 days is considered medically necessary.

I. Preterm Labor Management Program

The preterm labor management program is **medically necessary** for pregnant members diagnosed with preterm labor. Early signs and symptoms of preterm labor can include menstrual-like cramping; mild, irregular contractions; low back ache; pressure sensation in the vagina; or vaginal discharge of mucus, which may be clear, pink, or slightly bloody.

An initial course of 3 visits in 1 week is considered medically necessary for assessment and education. Ongoing visits are considered not medically necessary.

J. Dietary Analysis

A dietary analysis is **medically necessary** for members with a diagnosis of obesity or malnutrition.

K. Hydroxyprogesterone Caproate (Makena) Administration Nursing Visit

The hydroxyprogesterone caproate Makena nurse administration and care management program is **medically necessary** for members who meet the criteria for hydroxyprogesterone caproate Makena per CP.PHAR.14 and who require weekly home nursing visit due to any of the following circumstances:

1. High risk of non-compliance based on an identified concern or previous noncompliance;
2. Member is on restricted activity and weekly travel to the doctor's office for injections is potentially harmful;
3. Member is physically unable to make weekly trips for injections or does not have adequate access to reliable transportation (either personal or through a transportation benefit).

Hydroxyprogesterone caproate Makena nurse administration in the home is medically necessary for as many weeks as Makena hydroxyprogesterone caproate has been approved.

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- II. It is the policy of PHW that the following services provided by a home health vendor are considered **not medically necessary**:
- A. Betamethasone therapy via multiple repeat courses or intermittent injections;
 - B. Multiple gestation management (refer to individual program for identified risk factor);
 - C. Continuous heparin infusion therapy;
 - D. Patient administered nonstress test or fetal heart rate monitoring;
 - E. Gestational diabetes clinical management program for oral medications;
 - F. Preterm prelabor rupture of membranes (PPROM) management.

Background

Alere™- Optum Women's Health OB Homecare programs include risk assessment and education for identifying pregnant women at risk for complications, case management and homecare services for high-risk pregnancies. Obstetrical homecare services include providers, diagnostics, devices and timely and actionable information that help women make smarter healthcare decisions.

Medically Necessary Services:

Diabetes in Pregnancy Clinical Management Program

Although universal screening criteria for gestational diabetes mellitus (GDM) has not been established, the 100g OGTT has most often been used to diagnose gestational diabetes according to the Carpenter and Coustan or National Diabetes Data Group criteria (Gupta et al., 2015). In 2008, the landmark Hyperglycemia and Adverse Pregnancy Outcomes (HAPO) study established a relationship between pregnancy outcomes and values on a 75g OGTT (HAPO Study Cooperative Research Group, 2008). The World Health Organization, ADA, and the Endocrine Society of the USA endorse the 75g OGTT diagnostic criteria proposed by the IADPSG, which was based on data from the HAPO study (Gupta et al., 2015).

Gestational Hypertension Program

The American College of Obstetricians and Gynecologists (ACOG) Task Force on Hypertension in Pregnancy recommends that patients with gestational hypertension or preeclampsia without severe features monitor blood pressure twice weekly, self-monitor fetal movement daily, and have platelet counts and liver enzymes assessed weekly, although they do not specifically mention outpatient versus inpatient care (ACOG Hypertension Taskforce, 2013). Few studies have evaluated whether outpatient care is a viable option for preeclamptic patients, although two small studies found positive results (Norwitz & Repke, 2015). In addition, a systematic review of three studies found no difference in clinical outcomes for mothers or babies receiving care in antenatal day units versus inpatient care (Dowswell, Middleton & Weeks, 2009). The National Institute for Health and Clinical Excellence recommends outpatient management of preeclampsia and hypertension in pregnancy for mild and moderate hypertension, up to 159/109 mm Hg (AHRQ, 2011).

Preterm Labor Management Program

There is little research on the management of women after an episode of preterm labor. One underpowered study found no benefit to hospital care versus discharge home in the proportion of deliveries ≥ 36 weeks (Caritis & Simhan, 2015). It is thus recommended that the decision to manage a woman with preterm labor as an inpatient or outpatient should be made on a case by

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case basis, in conjunction with factors such as cervical dilation, vaginal bleeding, fetal status and travel time to the appropriate level of care (Caritis & Simhan, 2015).

Not Medically Necessary Services:

Betamethasone therapy via intermittent injections

ACOG recommends a single course of corticosteroids for women with preterm prelabor rupture of membranes (PROM) between 24 and 37 weeks, as it reduces the risk of neonatal mortality, respiratory distress syndrome, intraventricular hemorrhage and necrotizing enterocolitis (ACOG No. 18860, p. 5). However, ACOG does not recommend multiple repeated injections as weekly administration is associated with lower birth weight and head circumference (ACOG No. 18860, p. 5). A Cochrane meta-review of repeat doses of antenatal corticosteroids states that there was lower incidence of respiratory distress and serious infant health problems in the first few weeks after birth, but no evidence of harm or benefit in early childhood. Furthermore, repeat doses of corticosteroids were associated with lower birth weight and head circumference, as ACOG noted, although these reductions were small (Crowther et al. 2015). Crowther and colleagues conclude by recommending further research on the long term benefits and risks of repeat doses of antenatal corticosteroids for the woman and infant (Crowther et al. 2015).

Preterm Prelabor Rupture of Membranes Management

A Cochrane systematic review of two small studies concludes that the majority of women should be managed in the hospital after PPRM (Dowswell, & Mousa, 2014, p. 11). Although the two studies suggest that outcomes are similar between women and babies managed at home or inpatient, the evidence is not sufficient to make a recommendation regarding the safety of home care for PPRM (Abou El Senoun, Dowswell, & Mousa, 2014, p. 11). ACOG sites the same studies and also notes that the evidence is insufficient, adding that the increased risk of sudden infection and umbilical cord compression with PPRM make hospital surveillance the appropriate management (ACOG Practice Bulletin 188, p. 6).

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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ICD-10-CM/PT[®] Codes	Description
A09	Infectious gastroenteritis and colitis, unspecified
D69.59	Other secondary thrombocytopenia
E86.0	Dehydration
K90.4	Malabsorption due to intolerance, not elsewhere classified
O10.011- O10.019	Pre-existing essential hypertension complicating pregnancy
O10.411- O01.419	Pre-existing secondary hypertension complicating pregnancy
O10.011- O10.919	Unspecified pre-existing hypertension complicating pregnancy
O10.1- O10.9	Pre-existing hypertension with pre-eclampsia
O14.00- O14.03	Mild to moderate pre-eclampsia
O16.1- O16.9	Unspecified maternal hypertension
O21.0- O21.9	Excessive vomiting in pregnancy
O24.410- O24.419	Gestational diabetes mellitus in pregnancy
O25.1- O25.13	Malnutrition in pregnancy
O60.00- O60.03	Preterm labor without delivery
O99.210- O99.213	Obesity complicating pregnancy

HCPCS Codes	<u>OptumAlert</u> specific program codes
S9123	Nursing care, in the home; by registered nurse, per hour
S9140	Diabetic management program, follow up-visit to non-MD provider
S9208	Home management of preterm labor, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)

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HCPCS Codes	<u>Optum-Alere</u> specific program codes
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9470	Nutritional counseling, dietician visit
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Reviews, Revisions, and Approvals	Date	Approval Date
Added units to 2017 American Diabetes Association (ADA) Guidelines for clarity. All references to premature rupture of membranes is changed to prelabor rupture of membranes, per ACOG “revitalize obstetric data” definitions. Added units to H.2.b and H.2.c for clarification.	3/18	
<u>Specified that only preclampsia without severe features is appropriate for home management, and removed diagnostic criteria which included severe features. Changed “Alere” to “Optum”. Replaced Makena with hydroxyprogesterone caproate in all instances. References reviewed and updated.</u>	<u>02/19</u>	

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