



Home IV Hydration Therapy

I. Policy

University Health Alliance (UHA) will reimburse for home IV hydration therapy for adults and women with hyperemesis gravidarum when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

This policy does not apply to pediatric patients.

II. Description

Home IV hydration therapy for adults involves intravenous fluid replacement in the home for a patient who has a fluid volume deficit (hypovolemia) that cannot be compensated by adequate fluid intake or who has other conditions causing fluid loss.

Home IV therapy for women with hyperemesis gravidarum involves IV fluid replacement for pregnant women experiencing severe, intractable vomiting that may result in significant weight loss, fluid volume deficit, starvation ketoacidosis, metabolic alkalosis, and hypokalemia.

This policy does not apply to pediatric patients.

III. Criteria/Guidelines

- A. Home IV hydration therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) for an adult who has one or more of the following indications:
 1. A medical condition that results in, or will result in, prolonged (longer than one week) hypovolemia (e.g., persistent nausea/vomiting or diarrhea, small bowel obstruction, inflammatory bowel syndrome, pancreatitis, or excessive burns or wound drainage).
 2. Terminally ill patients in need of palliative hydration, in lieu of hospitalization.
- B. Home IV hydration therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) 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 despite the use of appropriate medical therapy; and
 2. The patient's weight loss is 5 percent or more of her pre-pregnancy weight; and
 3. The patient has laboratory or clinical evidence dehydration, which may include the following diagnostic or laboratory values:
 - 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
- C. The patient does not need to meet the definition of homebound to receive this therapy.

- D. 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.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Limitations/Exclusions

- A. The following indications for home IV hydration are not covered:
1. Routine pre- and/or post-operative care.
 2. Routine care pre- and/or post-chemotherapy or radiation therapy.
- B. Extension of therapy is not covered when:
1. The patient's condition has resolved or improved to the extent that the patient is able to tolerate adequate oral or enteral fluids.
 2. The patient's condition requires enteral or parenteral nutrition (see UHA Home Total Parenteral Nutrition for Adults payment policy).
 3. Follow-up assessment of the patient's condition is not performed.
 4. The patient or caregiver is noncompliant with treatment.
 5. The patient or caregiver is unwilling or unable to manage or continue with the home infusion program.
 6. Hospitalization is indicated due to unresolved condition, unresponsiveness to outpatient hydration, and/or development of complications.
 - a. For hyperemesis gravidarum, hospitalization is indicated in severe intractable vomiting with persistent weight loss unresponsive to outpatient IV hydration and antiemetics.

V. Administrative Guidelines

- A. Prior authorization is not required when the above criteria are met. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria. Documentation in the medical record must support that the patient has a medical condition resulting in hypovolemia and must demonstrate clinical and/or laboratory evidence of hypovolemia. Examples include, but are not limited to the following:
1. Clinical: Urine output less than or equal to 350 ml/12 hours, systolic blood pressure less than or equal to 100 mm Hg, pulse greater than or equal to 100 beats per minute at rest, orthostatic hypotension or postural dizziness, weight loss and change in mental status.

2. Laboratory: High urine specific gravity, abnormal serum osmolality or electrolytes, and elevated BUN or creatinine.

VI. Policy History

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