

**TRANSCUTANEOUS ELECTRICAL ACUSTIMULATION (TEAS)  
FOR HYPEREMESIS GRAVIDARUM**

**Effective Date:** November 19, 2010

**Review Dates:** 10/10, 10/11, 10/12, 10/13, 11/14,  
11/15, 11/16, 11/17, 11/18

**Date Of Origin:** October 13, 2010

**Status:** Current

**I. POLICY/CRITERIA**

TEAS devices (i.e. prescription version PrimaBella™ or ReliefBand devices) are considered to be medically necessary for the treatment of hyperemesis gravidarum that is unresponsive to other conservative medical therapy (e.g., change in diet, ginger capsules, vitamin B6).

Over-the-counter disposable TEAS devices, which are used for the treatment of motion sickness are not considered to be medically necessary and are not a covered benefit.

**II. MEDICAL NECESSITY REVIEW**

Required                       Not Required                       Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html). If there is a discrepancy between*

*this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### IV. DESCRIPTION

Up to 90% of pregnant women experience nausea and vomiting. When prolonged or severe, this is known as hyperemesis gravidarum (HG), which can, in individual cases, be life threatening. The etiology of HG is unknown in most cases, although some biological, physiological and psychological as well as sociocultural factors are thought to be contributory factors. Risk factors for HG include multiple pregnancy, nulliparity, obesity, metabolic disturbances, a history of HG in a previous pregnancy, trophoblastic disorders, psychological disorders (for example, eating disorders such as anorexia nervosa or bulimia) and a history of migration. For initial management, dietary and lifestyle advice is often sufficient to ameliorate symptoms and improve quality of life. TEAS devices emit a low-level electrical current across two small electrodes on their underside, stimulating the median nerve (an acupuncture point).

#### V. CODING INFORMATION

**ICD-10 Codes** that may support medical necessity:

O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
O21.9	Vomiting of pregnancy, unspecified

**CPT/HCPCS Codes:**

E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting ( <i>Not covered for Priority Health Medicaid/Healthy Michigan Plan members</i> )
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**VI. REFERENCES**

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