

SUBJECT: HOME UTERINE ACTIVITY MONITORING (HUAM)

EFFECTIVE DATE: 07/02/99

REVISED DATE: 02/21/01, 04/17/02

ARCHIVED DATE: 03/20/03

**EDITED DATE: 09/15/05, 10/19/06, 10/18/07, 10/23/08,
11/19/09, 11/18/10, 11/17/11, 10/18/12,
10/17/13**

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POLICY NUMBER: 1.01.13
CATEGORY: Technology Assessment

- *If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.*
- *Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.*
- *Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.*

POLICY STATEMENT:

Based upon our criteria and review of the peer-reviewed literature, the use of home uterine activity monitoring (HUAM) devices, alone or in combination with nursing contact, does not improve patient outcomes and therefore is considered **not medically necessary**.

DESCRIPTION:

The HUAM device is a device intended to provide early detection of premature or preterm labor (PTL) in women at high risk of developing PTL and preterm birth (PTB). The goal is to detect increased uterine activity before the onset of preterm labor to initiate medical intervention, arrest preterm labor and prevent premature delivery.

The monitoring device consists of a guard-ring tocodynamometer (worn as a belt around the abdomen), a recorder, and a data transmitter. The patient monitors uterine contractions by wearing the device for two 1-hour sessions per day and then transmits the results by telephone modem link to the health care provider for review. Patients receive daily telephone calls from the health care provider to assess signs and symptoms and determine the need for medical intervention (e.g., tocolytic therapy).

RATIONALE:

A Committee on Ethics opinion published by the American Congress of Obstetricians and Gynecologists (ACOG) states "A variety of problems may arise when innovative practices are inappropriately introduced apart from formal research protocols. These problems often have ethical implications related to patient safety, patient autonomy, and the patient's right to effective therapy. Premature adoption of innovative practices without adequate supporting evidence may promote wide acceptance of therapies that are ineffective. Examples of procedures that have been proved ineffective include: Bed rest or home uterine activity monitoring for prevention of prematurity".

The U.S. Preventive Services Task Force states "Home uterine monitoring is no longer considered a part of standard obstetrical care and is not relevant to clinical practice."

A March 2012 Cochrane Library systematic review addressing *Home uterine monitoring for detecting preterm labour* states "Home uterine monitoring may result in fewer admissions to a neonatal intensive care unit but more unscheduled antenatal visits and tocolytic treatment. There is no impact on maternal and perinatal outcomes such as perinatal mortality or incidence of preterm birth."

An October 2012 ACOG practice bulletin addressing *Prediction and Prevention of Preterm Birth* states "Other specific tests and monitoring modalities, such as home uterine activity monitoring have been proposed to assess a woman's risk of preterm delivery. However, available interventional studies based on the use of these tests for screening asymptomatic women have not demonstrated improved perinatal outcomes. Thus, these methods are not recommended as screening strategies."

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<u>CODES:</u>	<u>Number</u>	<u>Description</u>
<i>Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.</i>		
CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.		
Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.		
Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).		
<u>CPT:</u>	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
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<u>HCPCS:</u>	S9001 (NMN)	Home uterine monitor with or without associated nursing services
<u>ICD9:</u>	644.2	Early or threatened labor
	V23.2	Pregnancy with history of abortion
	V23.3	Grand multiparity
	V23.4-.49	Pregnancy, with other poor obstetrical history (code range)
	V23.8-.89	Other high-risk pregnancy
	V23.9	Unspecified high-risk pregnancy
<u>ICD10:</u>	O09.211-O09.219	Supervision of pregnancy with history of pre-term labor (code range)
	O09.291-O09.299	Supervision of pregnancy with other poor reproductive or obstetric history (code range)
	O09.40-O09.43	Supervision of pregnancy with grand multiparity (code range)
	O09.511-O09.529	Supervision of elderly primigravida or multigravida (code range)
	O09.611-O09.629	Supervision of young primigravida or multigravida (code range)
	O09.70-O09.73	Supervision of high risk pregnancy due to social problems (code range)
	O09.811-O09.819	Supervision of pregnancy resulting from assisted reproductive technology (code range)
	O09.821-O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy (code range)
	O09.891-O09.93	Supervision of other high risk pregnancies (code range)
	O60.10x0-O60.14x9	Preterm labor with preterm delivery (code range)
	O60.20x0-O60.23x9	Term delivery with preterm labor (code range)

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*key article

KEY WORDS:

HUAM, Preterm birth, Preterm labor.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, home uterine activity monitoring is not addressed in National or Local Medicare coverage determinations or policies.