Home Uterine Activity Monitoring (HUAM)

[For the list of services and procedures that need preauthorization, please refer to www.mcs.com.pr. Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.

Medical Policy: MP-ME-06-09
Original Effective Date: March 26, 2009
Reviewed: December 18, 2013

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

Home Uterine Activity Monitoring (HUAM) is intended to provide early detection of preterm labor in women at high risk of developing preterm labor and preterm birth. A HUAM device consists of a portable patient unit and a practitioner unit. The patient unit collects data on uterine activities at a patient’s home and transmits the data to the practitioner unit located in a medical office or clinic. A healthcare professional then analyzes the data for evidence of the onset of preterm labor. Proponents of HUAM believe that the technology can reliably detect early increased uterine contractions that usually precede the onset of preterm labor, thus leading to a sufficiently early diagnosis of preterm labor that allows for effective clinical interventions (e.g., bed rest) to delay birth. HUAM systems have been widely prescribed for women with at-risk pregnancies; however, the evidence for their effectiveness has been questioned (ECRI, 5/6/13).

COVERAGE

Coverage for electrical stimulation devices is subject to the terms, conditions and limitations of the applicable benefit plan’s Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

PROFESSIONAL SOCIETIES

❖ American College of Obstetricians and Gynecologists (ACOG):

• Practice Bulletin Number 31, “Assessment of Risk Factors for Preterm Birth”, includes the following recommendation based on good and consistent scientific evidence: There are no current data to support the use of salivary estriol, HUAM, or bacterial vaginosis screening as strategies to identify or prevent preterm labor (ACOG, 10/2001).
• Practice Bulletin Number 43, “Management of Preterm labor,” includes the following statement: No evidence exists to support the use of tocolytic therapy, HUAM, elective cerclage, or narcotics to prevent preterm delivery in women with contractions but no cervical change (ACOG, 5/2003).


 National Institutes of Health (NIH)/National Institute of Child Health and Human Development (NICHD):

• The NIH & NICHD noted in 2002 that many studies of HUAMs indicate that: “the monitors are not useful for predicting or preventing preterm birth” (ECRI, 5/6/13).

 U.S. Department of Veterans Affairs:

• In 2009, the U.S. Department of Veterans Affairs updated and expanded its 2003 guideline on managing uncomplicated pregnancy, and indicated that Home Uterine Activity Monitoring is generally not effective at predicting preterm birth regardless of risk status. Therefore, it is not recommended (ECRI, 5/6/13).

INDICATIONS

 Medical Card System, Inc., (MCS) has not found scientific evidence to recommend HUAM as a screening test for pre-term labor in high-risk pregnancies, and for this reason remains NOT covered.

CODING INFORMATION

CPT® Codes  (List may not be all inclusive)

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>99500</td>
<td>Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring</td>
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ICD-9 CM® Diagnosis Codes (List may not be all inclusive)

<table>
<thead>
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<th>ICD-9 CM® CODES</th>
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<tr>
<td>644.00</td>
<td>Threatened premature labor, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>644.03</td>
<td>Threatened premature labor, antepartum condition or complication</td>
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HCPCS® CODES (List may not be all inclusive)

<table>
<thead>
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<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>S9001</td>
<td>Home uterine monitor with or without associated nursing services</td>
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REFERENCES


POLICY HISTORY

<table>
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<th>DATE</th>
<th>ACTION</th>
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<tr>
<td>March 26, 2009</td>
<td>Origination of Policy</td>
<td></td>
</tr>
<tr>
<td>November 9, 2011</td>
<td>Yearly review</td>
<td>Procedure remains non-covered by MCS.</td>
</tr>
<tr>
<td>December 18, 2013</td>
<td>Revised</td>
<td>References updated. Added new references, numbers 5, 6, 8, 11, &amp; 13-15.</td>
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To the Descriptions Section:

- Deleted: Home Uterine Activity Monitoring (HUAM) is a clinical intervention that consists of a combination of telemetric recordings of uterine contractions combined with daily telephone calls from a healthcare practitioner to provide support and advice. A lightweight, portable patient unit includes a sensor (i.e., tocodynamometer) and a device for recording, storing and transmitting data picked up by the sensor. The sensor detects and measures changes in the shape and girth of the abdomen that occur during uterine contractions. Two separate one-hour monitoring sessions are conducted daily. The stored information is downloaded via telephone to the practitioner unit (a remote receiving tocograph) and converted into a paper printout. The practitioner analyzes the downloaded data along with the patient’s reported symptoms and advises the patient on her status and recommended course of action (Hayes, 2002).

- Added: Home Uterine Activity Monitoring (HUAM) is intended to provide early detection of preterm labor in women at high risk of developing preterm labor and preterm birth. A HUAM device consists of a portable patient unit and a practitioner unit. The patient unit collects data on uterine activities at a patient’s home and transmits the data to the practitioner unit located in a medical office or clinic. A healthcare professional then analyzes the data for evidence of the onset of preterm labor. Proponents of HUAM believe that the technology can reliably detect early increased uterine contractions that usually precede the onset of preterm labor, thus leading to a sufficiently early diagnosis of preterm labor that allows for effective clinical interventions (e.g., bed rest) to delay birth. HUAM systems have been widely prescribed for women with at-risk pregnancies; however, the evidence for their effectiveness has been questioned (ECRI,
To the Professional Societies Section:

- Deleted: US Preventive Services Task Force (USPSTF): The USPSTF reports that there is insufficient evidence to recommend for or against HUAM in high-risk pregnancies as a screening test for preterm labor, but recommendations against its use may be made on other grounds. HUAM is not recommended in normal-risk pregnancies. A 1999 USPSTF release states that HUAM is no longer considered a part of standard care and is not relevant to clinical practice. The USPSTF will not update its 1996 recommendation (AHRQ website).

- Also deleted: Institute for Clinical Systems Improvement (ICSI): The ICSI technology assessment on HUAM states that the effectiveness of HUAM in improving morbidity and/or mortality remains in question. Additional evidence is needed to determine its usefulness for patients with multiple gestations, patients with a history of preterm birth, and patients diagnosed with preterm labor in their current pregnancy (in lieu of hospitalization). The existing RCTs have included different "control" groups and have been designed to address different factors. Also, it remains unclear what the appropriate threshold for monitoring should be (ICSI, 2002).


- Added: National Institutes of Health (NIH)/National Institute of Child Health and Human Development (NICHD): The NIH & NICHD noted in 2002 that many studies of HUAMs indicate that: "the monitors are not useful for predicting or preventing preterm birth" (ECRI, 5/6/13).

- Also added: U.S. Department of Veterans Affairs: In 2009, the U.S. Department of Veterans Affairs updated and expanded its 2003 guideline on managing uncomplicated pregnancy, and indicated that Home Uterine Activity Monitoring is generally not effective at predicting preterm birth regardless of risk status. Therefore, it is not recommended (ECRI, 5/6/13).

To the Indications Section:

- After the phase "for this reason", deleted the word is, and changed it to remains. Now reads as it follows: Medical Card System, Inc., (MCS) has not found scientific evidence to recommend HUAM as a screening test for pre-term labor in high-risk pregnancies, and for this reason remains NOT covered.
This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Medical Card System, Inc., (MCS) medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Medical Card System, Inc., (MCS) reserves the right to review and update its medical policies at its discretion. Medical Card System, Inc., (MCS) medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.