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
Revised: May 22, 2017
Next Revision: May, 2018

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.

PROFESSIONAL SOCIETIES

❖ American College of Obstetricians and Gynecologists (ACOG):
  • Practice Bulletin Number 130 – Prediction and prevention of preterm birth (ACOG, 2012), does not recommend use of Home Uterine Activity Monitoring as a screening strategy for prediction or prevention of preterm birth. (Uptodate, 2017)

❖ National Institutes of Health (NIH):
  • Researchers confirmed that HUAM are not effective for trying to stop preterm labor, as once thought (NIH, 2017).

❖ 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.
COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.

INDICATIONS

Medical Card System, Inc., (MCS) considers the use of Home Uterine Activity Monitoring (HUAM) as Experimental, Investigational and/or Unproven, and therefore NOT covered, for Both the Commercial & Classicare (Advantage) Lines of Business (LOB) due to the following reason:

- Based upon review of scientific & medical literature, the found evidence was inadequate to conclude that HUAM, as a screening test, improves health outcomes in the management of pre-term labor in high-risk pregnancies.

Coding Information for Non-Coverage for Both the Commercial & Classicare (Advantage) LOB

CPT® Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>


HCPCS® CODES (List may not be all inclusive)

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


ICD-10 Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>ICD-10-Codes</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>O09.212</td>
<td>Supervision of pregnancy with history of pre-term labor, second trimester</td>
</tr>
<tr>
<td>O09.213</td>
<td>Supervision of pregnancy with history of pre-term labor, third trimester</td>
</tr>
<tr>
<td>O09.219</td>
<td>Supervision of pregnancy with history of pre-term labor, unspecified trimester</td>
</tr>
<tr>
<td>O09.40</td>
<td>Supervision of pregnancy with grand multiparity, unspecified trimester</td>
</tr>
<tr>
<td>O09.42</td>
<td>Supervision of pregnancy with grand multiparity, second trimester</td>
</tr>
<tr>
<td>O09.43</td>
<td>Supervision of pregnancy with grand multiparity, third trimester</td>
</tr>
<tr>
<td>O34.30</td>
<td>Maternal care for cervical incompetence, unspecified trimester</td>
</tr>
<tr>
<td>O34.32</td>
<td>Maternal care for cervical incompetence, second trimester</td>
</tr>
<tr>
<td>O34.33</td>
<td>Maternal care for cervical incompetence, third trimester</td>
</tr>
<tr>
<td>O60.00</td>
<td>Preterm labor without delivery, unspecified trimester</td>
</tr>
<tr>
<td>O60.02</td>
<td>Preterm labor without delivery, second trimester</td>
</tr>
<tr>
<td>O60.03</td>
<td>Preterm labor without delivery, third trimester</td>
</tr>
</tbody>
</table>
REFERENCES


<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>COMMENT</th>
</tr>
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<tbody>
<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. Add new references, numbers 5, 6, 8, 11, &amp; 13-15.</td>
</tr>
</tbody>
</table>

**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, 5/6/13).

**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 preterm labor in high-risk pregnancies, and for this reason remains NOT covered.

February 21, 2014

Revised

To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy.

January 13, 2015

Revised


To the Description Section:

- Updated citation: (ECRI, 2014).

To the Professional Societies Section:

- From ACOG, deleted: •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).
- From ACOG, deleted: •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).
- From ACOG, updated Practice Bulletin Number 130’s citation: (UpToDate®, 2014).
- To NIH/NICHD, revised and modified 1st bullet to read as it follows: •The NIH & NICHD noted first in 2002 that many studies of HUAMs indicate that: “the monitors are not useful for predicting or preventing preterm birth” (ECRI, 2014).
- To NIH/NICHD, added: •Then in 2013, researchers again
confirmed that HUAM are not effective for trying to stop preterm labor, as once thought (NIH/NICHD, 2013).

Deleted Indications’ Title.

**To the Coverage Section:**
- Rewrote Non-coverage statement to read as follows: Medical Card System, Inc., (MCS) considers the use of Home Uterine Activity Monitoring (HUAM) as *Experimental, Investigational* and/or *Unproven*, and therefore NOT covered, for Both the Commercial & Classicare (Advantage) Lines of Business (LOB) due to the following reason: *Based upon review of scientific & medical literature, the found evidence was inadequate to conclude that HUAM, as a screening test, improves health outcomes in the management of pre-term labor in high-risk pregnancies.*

**November 23, 2015**
**Revised**

**To the Coding Section:**
- Eliminate ICD-9 codes since they are no longer valid for diagnosis classification.
- Add new section of ICD-10 codes which are the valid diagnosis classification system since October 1, 2015.

**May 22, 2017**
**Revised**

**To the Coding Section:**
- New ICD-10 Codes O09.212, O09.213, O09.219, O09.40, O09.42, O09.43, O34.30, O34.32 and O34.33 were added to the Policy.

**To the References Section:**
- New References #7, 12, and 19 were added to the Policy.
- References #9, 10, 14 and 16 were deleted from this Policy.