If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit. If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

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”.

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.” The bulletin was reaffirmed in 2016.

A 2015 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, but the level of evidence is generally low to moderate. Important group differences were not evident when sensitivity analysis was undertaken using only high quality trials. There is no impact on maternal and perinatal outcomes such as perinatal mortality or incidence of preterm birth.”

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.”
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

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).

CPT: 99500 Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring

HCPCS: S9001 (NMN) Home uterine monitor with or without associated nursing services

ICD9: 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

ICD10: 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)

REFERENCES:


*key article

**KEY WORDS:**

HUAM, Preterm birth, Preterm labor.

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**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.