

## Corporate Medical Policy

### Home Uterine Activity Monitoring

**File Name:** home\_uterine\_activity\_monitoring  
**Origination:** 04/1993  
**Last CAP Review:** 3/2012  
**Next CAP Review:** 3/2013  
**Last Review:** 3/2012

#### Description of Procedure or Service

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The home uterine activity monitor (HUAM) is a device intended to provide early detection of preterm labor (PTL) in women at high risk of developing PTL and preterm birth (PTB). A monitoring device worn by the patient collects data on uterine activity. After using the device, the patient transmits data recordings to a provider who assesses risk of PTL onset based on frequency of uterine contractions and responses to interview questions.

The monitoring device consists of a guard-ring tocodynamometer (worn as a belt around the abdomen), a data recorder, and a data transmitter. Usually, the patient is instructed to use the device daily for two 1-hour periods. After monitoring, the patient transmits the recordings by telephone modem link to a remote base station. Base station nurses not only facilitate transmission and analysis of the monitor tracings, they also maintain daily telephone contact with the patient to assess signs and symptoms and to provide advice and counseling.

Nurses employed in HUAM services look for evidence of the onset of PTL, either on the basis of uterine activity exceeding a threshold level or from the findings of a telephone interview with the patient. Signs and symptoms of PTL include back pain, increased vaginal discharge, menstrual-like cramps, and pelvic pressure or heaviness. The threshold number of uterine contractions signaling the possible onset of PTL is usually 4 to 6 per hour. If signs and symptoms are present or the uterine activity exceeds a certain threshold, patients are instructed to perform the following: empty the bladder, hydrate orally, and assume the left lateral recumbent position. The patient is also instructed to remonitor for 1 additional hour. If uterine activity still exceeds threshold or signs and symptoms persist, the patient is instructed to see her physician immediately for a cervical examination. The cervical examination would then play a pivotal role in diagnosing whether PTL is occurring and whether to initiate tocolytic therapy.

In March 2001, the U.S. Food and Drug Administration (FDA) reclassified HUAMs from class III (Premarket Approval) to class II (Special Controls) devices. The HUAM is a post-amendment device and thus, was automatically reclassified into class III. Devices with 510(k) marketing clearance from the FDA include the Fetal Assist (Huntleigh Diagnostics, Eatontown, NJ) and the Carefone Home Uterine Activity Monitoring System (Carelink Corp, Santa Ana, CA). The HUAM is described as an electronic system for at home antepartum measurement of uterine contractions, data transmission by telephone to a clinical setting, and for receipt and display of the uterine contraction data at the clinic. The HUAM system comprises a tocotransducer, an at-home recorder, a modem, and a computer and monitor that receive, process, and display data. The FDA indicates that the device is intended for use in women at least 24 weeks' gestation with a previous preterm delivery to aid in the detection of preterm labor.

#### Related Policies:

Acute and Maintenance Tocolysis  
Progesterone Therapy in High Risk Pregnancies

**\*\*\*Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

# Home Uterine Activity Monitoring

## Policy

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**Home Uterine Activity Monitoring is considered not medically necessary. BCBSNC does not provide coverage for services or procedures that are not medically necessary.**

## Benefits Application

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This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Any member who is pregnant is eligible to have access to the Member Health Partnerships<sup>SM</sup> – Pregnancy program. This program provides up-to-date information on pregnancy, labor and delivery options and costs, newborn care, and choosing a pediatrician, car seat and day-care with access to one-on-one health coaching from a pregnancy case manager.

## When Home Uterine Activity Monitoring is covered

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Not applicable.

## When Home Uterine Activity Monitoring is not covered

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Home uterine activity monitoring through a monitoring device and/or daily nursing contact is considered not medically necessary because current literature is considered sufficient to conclude that it is ineffective for the prevention of preterm birth. BCBSNC does not cover services that are considered not medically necessary.

## Policy Guidelines

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There is a substantial evidence base on home uterine activity monitoring for reducing preterm birth in high-risk pregnant women. The available evidence suggests that HUAM does not improve health outcomes, and HUAM is not recommended by national organizations such as the American College of Obstetricians and Gynecologists (ACOG) and the U.S. Preventive Services Task Force.

## Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: 99500, S9001*

BCBSNC may request medical records for determination of medical necessity. When medical records are

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requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## **Scientific Background and Reference Sources**

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### **From policy titled: Home Uterine Monitoring**

National Association

TEC Assessment - 5/96

Consultant Review - 5/97

### **From policy titled: Preventing Premature Labor and Delivery**

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group - 12/2/1999

ECRI Executive Briefing No. 91 - July 2000

Specialty Matched Consultant Advisory Panel - 9/2001

BCBSA Medical Policy Reference Manual, 07/12/02; 4.01.09

BCBSA Medical Policy Reference Manual, 07/12/02; 5.01.07

BCBSA Medical Policy Reference Manual, 10/8/02; 2.04.11

BCBSA Medical Policy Reference Manual, 12/18/02; 2.04.03

Specialty Matched Consultant Advisory Panel - 8/2003

BCBSA Medical Policy Reference Manual, 12/17/03; 4.01.16

BCBSA Medical Policy Reference Manual, [Electronic Version]. 5.01.07, 12/17/03.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.03, 2/25/04.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.11, 2/25/04.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.09, 2/25/04.

Meis PJ, Klebanoff M, Thom E et al. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. *N Eng J Med* 2003;348(24):2379-85.

da Fonseca EB, Bittar RE, Carvalho MH et al. Prophylactic administration of progesterone by vaginal suppository to reduce the incidence of spontaneous preterm birth in women at increased risk: a randomized placebo- controlled double-blind study. *Am J Obstet Gynecol* 2003;188(2):419-24.

American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 291. Use of Progesterone to Reduce Preterm Birth. *Obstet Gynecol* 2003;102:1115-6

Specialty Matched Consultant Advisory Panel - 12/2004.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.03, 12/14/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.11, 3/7/06.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.09, 12/14/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.04.16, 12/14/05.

Specialty Matched Consultant Advisory Panel - 12/13/2006

### **For Policy titled: Home Uterine Activity Monitoring**

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.09, 12/12/06

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BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.09, 4/09/08

Berkman, ND, Thorp, JM Jr, Hartmann, KE, et al. Management of preterm labor. Evidence Report/Technology Assessment No. 18 (Prepared by Research Triangle Institute under Contract No. 290-97-0011). AHRQ Publication No. 01-E021. Rockville (MD) Agency for Healthcare Research and Quality. December 2000. Retrieved on October 13, 2008 from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1.chapter.26758>.

California Technology Assessment Forum Home Uterine Activity Monitoring for Secondary and Tertiary Prevention of Preterm Birth 2002. Retrieved on October 13, 2008 from: <http://www.ctaf.org/content/general/detail/550>.

American College of Obstetricians and Gynecologists. ACOG Practice Bulletin. Assessment of risk factors for preterm birth. Clinical management guidelines for obstetrician-gynecologists. Number 31, October 2001. *Obstet Gynecol.* 2001 Oct;98(4):709-16.

ACOG Committee on Practice Bulletins--Obstetrics. ACOG practice bulletin. Management of preterm labor. Number 43, May 2003. *Int J Gynaecol Obstet* 2003; 82(1):127-35.

Specialty Matched Consultant Advisory Panel review-12/18/2008.

BCBSA Medical Policy Reference Manual [Electronic Version]. 4.01.09, 11/10/11

Specialty Matched Consultant Advisory Panel review-3/21/12.

## Policy Implementation/Update Information

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### **From Policy titled: Home Uterine Activity Monitoring**

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| 12/85 | Evaluated: experimental/Investigational  |
| 7/87  | Evaluated: Investigational   |
| 5/89  | Reviewed: Investigational  |
| 2/92  | Evaluated: Investigational   |
| 7/96  | Evaluated: Reviewed by MAP and remains investigational                             |
| 7/97  | Reviewed: Continues to be investigational. Changed from UMP policy to Local Policy |

### **From Policy titled: Preventing Premature Labor and Delivery**

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| 5/99  | Reformatted, changed descriptions of procedures or services, added Medical term definitions. Combined Fetal Fibronectin, Salivary Estriol test, Home Uterine Monitoring, and Portable Pump for the administration of Terbutaline into one policy and renamed policy Preventing Premature Labor and Delivery.   |
| 12/99 | Approved by Medical Policy Advisory Group  |
| 10/00 | System coding changes.   |
| 2/01  | Added new source to Scientific Background and Reference Sources  |
| 9/01  | Specialty Matched Consultant Advisory Panel review. No change in criteria.   |
| 10/01 | Coding format changes.   |
| 12/03 | Specialty Matched Consultant Advisory Panel review 8/2003. Under "When Fetal Fibronectin is covered", third bullet changed to "who have singleton (one fetus) or twin gestations"; fourth bullet-changed "cervical" membranes to "amniotic" membranes. Under "When Fetal Fibronectin is not covered", last bullet changed to "in women with triplet or higher-order gestations (carrying more than 2 fetuses)...." Benefits Application and Billing/Coding sections revised. |

# Home Uterine Activity Monitoring

- 1/6/2005 Specialty Matched Consultant Advisory Panel review - 12/9/04. Added Section re: Progesterone Therapy in High Risk Pregnancies. Reference sources added.
- 1/17/07 Specialty Matched Consultant Advisory Panel review - 12/13/06. Under Section II - Progesterone Therapy in High Risk Pregnancies, second paragraph, added "by a health care professional" to the following sentence: " Administration of 17 alpha-hydroxyprogesterone caproate or vaginal suppositories in the home setting *by a health professional* is considered not medically necessary." Reference sources added. Added CPT code 90772 to the "Billing /Coding" section. Deleted CPT code 90782 from "Billing /Coding" section. No other changes. (pmo)

## **For Policy titled: Home Uterine Activity Monitoring**

- 1/12/09 Section III., "Home Uterine Monitoring" removed from policy entitled Preventing Premature Labor and Delivery. Separate policy issued entitled Home Uterine Activity Monitoring. Policy changed from investigational to not medically necessary. Specialty Matched Consultant Advisory Panel review 12/18/08. (pmo)
- 6/22/10 Policy Number(s) removed (amw)
- 9/14/10 Description section revised. Policy statement revised to read: "Home Uterine Activity Monitoring is considered not medically necessary. BCBSNC does not provide coverage for services or procedures that are not medically necessary." (adn)
- 1/18/2011 Specialty Matched Consultant Advisory Panel review 12/16/2010. Policy accepted as written. (adn)
- 4/17/12 Related policies added. Policy guidelines updated. No change to Policy statement. Specialty Matched Consultant Advisory Panel Review 3/21/12. (sk)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.