



## Medical Policy

### Home Uterine Activity Monitoring

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#### Policy Number: 043

BCBSA Reference Number: 4.01.09  
 NCD/LCD: N/A

#### Related Policies

- Acute and Maintenance Tocolysis, #[518](#)
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies, #[552](#)

#### Policy

### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Home uterine activity monitoring through a monitoring device and/or daily nursing contact is **NOT MEDICALLY NECESSARY**.

#### Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

#### Outpatient

<b>Commercial Managed Care (HMO and POS)</b>	This is not a covered service.
<b>Commercial PPO and Indemnity</b>	This is not a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is not a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is not a covered service.

#### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT and HCPCS codes are considered not medically necessary for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

### CPT Codes

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

### HCPCS Codes

HCPCS codes:	Code Description
S9001	Home uterine monitor with or without associated nursing services

### Description

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. 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. 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, but also maintain daily telephone contact with the patient to assess signs and symptoms and to provide advice and counseling.

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 empty the bladder, hydrate orally, and assume the left lateral recumbent position. The patient is also instructed to re-monitor 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.

Examples of home uterine activity monitors for the detection of pre-term labor include Fetal Assist from and the Carefone Home Uterine Activity Monitoring System from Carelink Corp. All home uterine activity monitors for the detection of pre-term labor are considered not medically necessary regardless of the commercial name, the manufacturer or FDA approval status.

### Summary

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. Thus, home uterine activity monitoring is considered not medically necessary.

### Policy History

Date	Action
8/2015	Clarified coding language.
11/2011-	Medical policy ICD 10 remediation: Formatting, editing and coding updates.

4/2012	No changes to policy statements.
9/2011	Reviewed - Medical Policy Group - Urology, Obstetrics and Gynecology. No changes to policy statements.
1/1/2011	Updated to remove ongoing coverage and non-coverage of fetal fibronectin testing from policy #043. Fetal Fibronectin Enzyme Immunoassay is separately addressed in policy #298.
10/2010	Reviewed - Medical Policy Group - Obstetrics and Gynecology. No changes to policy statements.
10/2009	Reviewed - Medical Policy Group - Obstetrics and Gynecology. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Obstetrics and Gynecology. No changes to policy statements.
10/2007	Reviewed - Medical Policy Group - Obstetrics and Gynecology. No changes to policy statements.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Home uterine activity monitoring for secondary prevention of preterm birth. TEC Assessments 1996; Volume 11, Tab 15.
2. Dyson DC, Danbe KH, Bamber JA et al. Monitoring women at risk for preterm labor. N Engl J Med 1998; 338(1):15-9.
3. Honest H, Forbes CA, Duree KH et al. Screening to prevent spontaneous preterm birth: systematic reviews of accuracy and effectiveness literature with economic modeling. Health Technol Assess 2009; 13 (43):1-627.
4. Rittenberg C, Newman RB, Istwan NB et al. Preterm birth prevention by 17 alpha-hydroxyprogesterone caproate vs. daily nursing surveillance. J Reprod Med 2009; 54(2):47-52.
5. Iams JD, Johnson FF, O'Shaughnessy RW. Ambulatory uterine activity monitoring in the post-hospital care of patients with preterm labor. Am J Perinatol 1990; 7(2):170-3.
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7. Nagey DA, Bailey-Jones C, Herman AA. Randomized comparison of home uterine activity monitoring and routine care in patients discharged after treatment for preterm labor. Obstet Gynecol 1993; 82(3):319-23.
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9. 9. U.S. Preventive Services Task Force. Screening Home Uterine Activity Monitoring, 1996. Available online at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspshuam.htm> . Last accessed September 2011.
10. 10. Home uterine monitors not useful for predicting premature birth. National Institute of Child Health and Human Development. National Institute of Health. January 23, 2002. Last updated July 25, 2006. Available online at: <http://www.nichd.nih.gov/news/releases/uterine.cfm> . Last accessed September 2011.
11. 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.

12. National Guideline Clearinghouse. American College of Obstetricians and Gynecologists. Management of Preterm Labor. Available online at: <http://www.guidelines.gov/content.aspx?id=3993>  
Last accessed September 2011.