Medical Coverage Policy | Home Uterine Activity Monitoring (HUAM)

EFFECTIVE DATE: 10|01|2015
POLICY LAST UPDATED: 12|06|2016

OVERVIEW
The home uterine activity monitor (HUAM) is a device intended to provide early detection of preterm labor in women at high risk of preterm labor and preterm birth. 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 preterm labor-onset, based on frequency of uterine contractions and responses to interview questions.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
Home uterine activity monitoring, with or without nursing contact, is considered not medically necessary, including use with tocolytic therapy (medications used to slow contractions). Despite numerous scientific studies, there is no evidence that the use of home uterine monitoring improves health outcomes for mother or baby. It has not been shown to improve outcomes for twins, triplets, high-risk situations, or women who have already experienced preterm labor. According to U.S. Preventive Services Task Force, use of these monitors has not been shown to improve gestational age at birth, the baby's weight at birth, or neonatal morbidity.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

BACKGROUND
The home uterine activity monitor (HUAM) is a monitoring device that consists of a guard-ring tocodynamometer (worn as a belt around the abdomen), a data recorder, and a data transmitter. Typically, 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 preterm labor, 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 preterm labor 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 preterm labor 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 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 preterm labor is occurring and whether to initiate tocolytic therapy.

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.

The available evidence suggests that HUAM does not improve health outcomes, and HUAM is not recommended by national organizations. Thus, home uterine activity monitoring can be considered not medically necessary.

CODING

BlueCHiP for Medicare and Commercial Products
The following codes are not medically necessary:
99500
S9001

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, January 2017
Provider Update, June 2015
Provider Update, June 2014
Provider Update, May 2013
Provider Update, July 2012
Provider Update, September 2011
Provider Update, November 2010

REFERENCES

1. Urquhart C, Currell R, Harlow F et al. Home uterine monitoring for detecting preterm labour. Cochrane Database Syst Rev 2012; 5:CD006172.
2. 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.
3. A multicenter randomized controlled trial of home uterine monitoring: active versus sham device. The Collaborative Home Uterine Monitoring Study (CHUMS) Group. Am J Obstet Gynecol 1995; 173(4):1120-7.
4. Dyson DC, Danbe KH, Bamber JA et al. Monitoring women at risk for preterm labor. N Engl J Med 1998; 338(1):15-9.
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.
6. Blondel B, Breart G, Berthoux Y et al. Home uterine activity monitoring in France: a randomized, controlled trial. Am J Obstet Gynecol 1992; 167(2):424-9.

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.