



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Home Uterine Activity Monitoring

Policy Number: HS-013

Original Effective Date: 3/13/2088

Revised Date(s): 6/25/2009; 6/25/2010;
8/4/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

HUAM 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.

"Preterm birth is the leading cause of neonatal mortality in the United States, and preterm labor precedes 40-50% of preterm births (1-3. Preterm birth accounts for 35% of all U.S. health care spending for infants and 10% of all such spending for children (4). Approximately 467,000 live births annually (11.5% of all live births) occur before term in the United States, and preterm births are responsible for three quarters of neonatal mortality and one half of long-term neurologic impairments in children (1, 5-7). The purpose of this document is to present the various methods proposed to manage preterm labor and the evidence for their roles in clinical practice. Despite the numerous management methods proposed, the incidence of preterm birth has changed little over the past 40 years (Fig. 1) (1, 8, 9). Uncertainty persists about the best strategies for managing preterm labor." (ACOG, 2003).

The American College of Obstetricians and Gynecologists (ACOG) original position on the use of HUAM was published in Bulletin 43 in 2003. The position was reaffirmed in 2011: "No evidence exists to support the use of tocolytic therapy (67), home uterine activity monitoring, elective cerclage, or narcotics to prevent preterm delivery in women with contractions but no cervical change." (ACOG, 2003).

POSITION STATEMENT

Home uterine activity monitoring (HUAM) **is not considered medically necessary and is considered experimental and investigational** and therefore is not a covered benefit.

CODING

CPT®* Codes - No applicable code

ICD-9-CM Procedure Code - No applicable code

Non-Covered HCPCS Codes

S9001 Home uterine monitor with or without associated nursing services

S9208 Home Management of preterm labor, including administrative services, professional pharmacy services, care coordination and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem, do not use this code with any home infusion per diem code.

Non-Covered ICD-9-CM Diagnosis Codes

644.03 Threatened Premature Labor; antepartum condition or complication; Gestational age is 24 weeks or greater and less than 36 weeks

654.53 Cervical incompetence, antepartum condition or complication Gestational age is 24 weeks or greater and less than 36 weeks

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.©©

REFERENCES

Peer Reviewed

1. Hayes Directory. Home Uterine Activity Monitoring. January 3, 2008.

Government Agencies, Professional and Medical Organizations

1. American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin Number 43. Management of preterm labor. May, 2003 (reaffirmed 2011).
2. American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin Number 31. Assessment of risk factors for preterm birth. 2001.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/4/2011	<ul style="list-style-type: none">• Approved by MPC. HUAM is experimental and investigational (E/I) and therefore, not a covered benefit. If designated E/I a service cannot be used in RFP responses as and added value benefit.