



Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

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

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Home Uterine Activity Monitoring (E/I)

Policy Number: HS-013

Original Effective Date: 3/13/2008

**Revised Date(s): 6/25/2009; 6/25/2010;
8/4/2011; 6/7/2012; 5/2/2013; 4/3/2014;
4/2/2015; 4/7/2016; 3/2/2017; 2/1/2018**

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.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

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

Applicable To:

- Medicaid (Excluding Nebraska)

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

CODING

Non-Covered CPT®* Code – codes may not be all inclusive

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

ICD-9-CM Procedure Code – No applicable codes.

Non-Covered HCPCS Codes – codes may not be all inclusive

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.

ICD-10-PCS Code – No applicable codes.

Non-Covered ICD-10-CM Diagnosis Codes – codes may not be all inclusive

O34.31 Maternal care for cervical incompetence, first trimester

O34.32 Maternal care for cervical incompetence, second trimester

O34.33 Maternal care for cervical incompetence, third trimester

O60.00 Preterm labor without delivery, unspecified trimester

O60.02 Preterm labor without delivery, second trimester

O60.03 Preterm labor without delivery, third trimester

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. American College of Obstetricians and Gynecologists. Practice bulletin no. 43: management of preterm labor (reaffirmed 2011). *Obstetrics and Gynecology*. 2003;101:1039-1047.
2. American College of Obstetricians and Gynecologists. Practice bulletin no. 31: assessment of risk factors for preterm birth. *Obstetrics and Gynecology*. 2001;98:709-716.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
2/1/2018	• Approved by MPC. No changes.
3/2/2017	• Edit made to exclude NE Medicaid from guideline
4/7/2016, 4/2/2015, 4/3/2014, 5/2/2013, 6/7/2012	• Approved by MPC. No changes.
12/1/2011	• New template design approved by MPC.
8/4/2011	• 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.