MEDICAL POLICY

POLICY TITLE	HOME UTERINE ACTIVITY MONITORING
POLICY NUMBER	MP 7.019

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**3/1/2024**

I. POLICY

Home uterine activity monitoring through a monitoring device and/or daily nursing contact is considered **not medically necessary**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference:
MP 7.022 Acute and Maintenance Tocolysis

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies .

III. DESCRIPTION/BACKGROUND

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Regulatory Status

A home uterine activity monitor (HUAM) is 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. This device is intended for use in women with a previous preterm delivery to aid in the detection of preterm labor. It is classified as Class II (special controls).

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 can be considered not medically necessary.

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IV. RATIONALE

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Summary

The home uterine activity monitor (HUAM) is a device that can be worn by pregnant women and is intended to detect preterm labor early. There is a substantial evidence base on home uterine activity monitoring for reducing preterm birth in high-risk pregnant women. Numerous RCTs have been performed prior to the year 2000. The trials that were the largest in size and highest in quality have not reported a benefit for HUAM, and systematic reviews of the available trials have not concluded that health outcomes are improved. 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.

A review of the literature revealed no new information that would alter the conclusions reached above. Therefore, the policy statement is unchanged.

V. DEFINITIONS

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N/A

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Not medically necessary; therefore, not covered:

Procedure Codes								
S9001	99500							

IX. REFERENCES

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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. Archived*
2. *Urquhart C, Currell R, Harlow F et al. Home uterine monitoring for detecting preterm labour. Cochrane Database Syst Rev 2012; 5:CD006172.*
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. *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.*
5. *Dyson DC, Danbe KH, Bamber JA et al. Monitoring women at risk for preterm labor. N Engl J Med 1998; 338(1):15-9.*
6. *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.*
7. *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.*
8. *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.*
9. *Brown HL, Britton KA, Brizendine EJ et al. A randomized comparison of home uterine activity monitoring in the outpatient management of women treated for preterm labor. Am J Obstet Gynecol 1999; 180(4):798-805.*
10. *U.S. Preventive Services Task Force. Screening Home Uterine Activity Monitoring. 1996. National Institute of Child Health and Human Development. Home uterine monitors not useful for predicting premature birth. January 23, 2002. No longer being updated.*
11. *Caritis S and Simhan H. Management of pregnancy after resolution of an episode of acute idi-opathic preterm labor. In: UpToDate Online Journal [serial online]. Waltham, MA: Up-ToDate; Updated May 16, 2022. Literature review current through August 2022.*
12. *Robinson JN, Norwitz ER. Spontaneous preterm birth: Overview of Interventions for Risk Reduction. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate: Updated April 10, 2023. Literature review current through June 2023.*
13. *CFR - Code of Federal Regulations Title 21 Sec. 884.2730 Home uterine activity monitor. Current as of July 19, 2021.*
14. *Practice Bulletin No. 159: Management of Preterm Labor. Obstet Gynecol. 2016;127(1):e29-e38. doi:10.1097/AOG.0000000000001265*

15. *American College of Obstetricians and Gynecologists (ACOG), Committee on Practice Bulletins-Obstetrics. ACOG Practice Bulletin. Management of preterm labor. Number 43. Int J Gynaecol Obstet 2003; 82(1):127-35.*
16. *Blue Cross Blue Shield Association Medical Policy Reference Manual.4.01.09. Home Uterine Activity Monitoring. November 2013. Archived.*

X. POLICY HISTORY

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MP 7.019	**CAC 2/25/03**
	CAC 1/25/05
	CAC 2/28/06 Consensus
	CAC 4/25/06
	CAC 4/24/07 Consensus
	CAC 3/25/08 Consensus
	CAC 3/31/09 Consensus
	CAC 3/30/10 Consensus
	CAC 4/26/11 Adopt BCBSA.
	CAC 6/26/12 Consensus review; no changes, references updated. FEP variation revised.
	7/18/13 Admin coding review complete
	CAC 9/24/13 Consensus review. References updated but no changes to the policy statements. Rationale added.
	CAC 7/22/14 Consensus review. Rationale updated. No new references. No change to the policy statement.
	CAC 7/21/15 Consensus review. No change to policy statements. Rationale and references reviewed. Coding reviewed.
	CAC 7/26/2016 Consensus review. No changes to policy statements. Rational and references reviewed. No changes to policy statement. FEP variation removed due to FEP policy archived. Codes reviewed.
	Administrative Update 11/23/16 Variation section reformatted.
	CAC 7/25/17 Consensus review. No change to policy statements. References and Background updated. Rationale reviewed. Coding reviewed.
	4/26/18 Consensus review. No change to policy statements. References reviewed and updated. Rationale section condensed.
	3/25/19 Consensus review. No change to policy statements. References reviewed.
	03/17/2020 Consensus review. Coding and references reviewed. No change to policy statement.
	7/22/2021 Consensus review. Updated FEP and references. No changes to coding.
	9/8/2022 Consensus review. Updated FEP, references. No changes to coding.
	7/21/2023 Consensus review. References reviewed and updated. Coding reviewed.
	1/19/2024 Administrative update. Clinical benefit added.

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