Medical Coverage Policy

Home Uterine Activity Monitoring (HUAM)

- Device/Equipment
- Drug
- Medical
- Surgery
- Test
- Other

Effective Date: 11/22/2004  
Policy Last Updated: 5/15/2012

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

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 (PTB). The monitoring device consists of a guard-ring tocodynamometer (worn as a belt around the abdomen), a data recorder, and a data transmitter. Usually 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.

Medical Criteria:
Not applicable.

Policy:
Home uterine activity monitoring, with or without nursing contact, is considered not medically necessary, including use with tocolytic therapy. 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 US Preventive Services Task Force, use of these monitors have 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 Member Certificate, Subscriber Agreement, or Benefit Booklet for the applicable not medically necessary services benefits/coverage.

Coding:
The following codes are not medically necessary:

99500
S9001

Note:
Some providers may wish to use S9208 to file for home uterine monitoring, however, this is not the correct code to represent this service and code S9001 should be used.

Also Known As:
Prenatal monitor
Related Topics:
Not applicable

Published:
Policy Update, September 2002
Policy Update, November 2006
Provider Update, February 2008
Provider Update, October 2008
Provider Update, October 2009
Provider Update, November 2010
Provider Update, September 2011
Provider Update, July 2012

References:

Blue Cross Blue Shield Association Medical Policy Reference Manual, Policy No 4.01.09

Publication No. 01-E020, October 2000. Agency for Healthcare Research and Quality, Rockville, MD:

Home Uterine Monitors Not Useful For Predicting Premature Birth. National Institute of Child Health and
U.S. Preventive Services Task Force, Screening Home Uterine Activity Monitoring, 1996

This medical policy is made available to you for informational purposes only. It is not a guarantee
of payment or a substitute for your medical judgment in the treatment of your patients. Benefits
and eligibility are determined by the member’s subscriber agreement or member certificate and/or
the employer agreement, and those documents will supersede the provisions of this medical
policy. For information on member-specific benefits, call the provider call center. If you provide
services to a member which are determined to not be medically necessary (or in some cases
medically necessary services which are non-covered benefits), you may not charge the member
for the services unless you have informed the member and they have agreed in writing in advance
to continue with the treatment at their own expense. Please refer to your participation
agreement(s) for the applicable provisions. This policy is current at the time of publication;
however, medical practices, technology, and knowledge are constantly changing. BCBSRI
reserves the right to review and revise this policy for any reason and at any time, with or without
notice.