

Policy: MP039

Section: Medical Benefit Policy

Subject: Home Uterine Activity Monitor

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Home Uterine Activity Monitor

II. Purpose/Objective:

To provide a policy of coverage regarding Home Uterine Activity Monitor

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

The home uterine activity monitor is a device intended to provide early detection of pre-term labor in members at high risk of developing pre-term labor or pre-term birth.

INDICATION: Home Uterine Monitoring **REQUIRES PRIOR MEDICAL DIRECTOR OR DESIGNEE AUTHORIZATION**

Home uterine activity is provided to Health Plan members experiencing pre-term or threatened pre-term labor with documented cervical changes, in current pregnancy.

LIMITATIONS:

- High Tech Perinatal Home Services will be approved if ordered by a specialist in Fetal Maternal Medicine for members currently being treated for preterm labor.

Referrals received from physicians other than specialists in Fetal Maternal Medicine must be reviewed by a Plan Medical Director

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Home Uterine Activity Monitor

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

Revenue Codes

- 551 Skilled Nursing Visit – Skilled nursing visit whereby a registered nurse assesses, teaches and implements the plan of care established by the ordering and servicing provider. Approval for 551 is made based on a case by case basis beyond one visit/month which is included in the Home Uterine Monitoring Service.
- 581 Home Uterine Monitoring With Tocolytic Therapy (Other Home Health Visit Charge) – The home service includes one home skilled nursing visit per month to provide instruction and follow up, home fetal monitoring equipment rental, transmission and follow up of telephonic home monitoring twice daily, nurse telephonic follow up twice daily, and 24 hour nursing on call service. Members needing pharmacological management with subcutaneous tocolytic medications are managed concurrently with the home uterine activity monitor. Tocolytic management includes all drug cost and in home delivery (not mail shipped) including prefilled syringes, tubing, subcutaneous needle insertion sets, pump rental and supplies. This service is provided in lieu of an inpatient hospital admission.
- 589 Other Skilled Nursing Charge/Home Uterine Monitoring Without Tocolytic Therapy – The home service includes one home skilled nursing visit per month to provide instruction and follow up, home fetal monitoring equipment rental, transmission and follow up of telephonic home monitoring twice daily, nurse telephonic follow up twice daily, and 24 hour nursing on call service. This service is provided in lieu of an inpatient hospital admission.
- 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)
- S9209 Home management of preterm premature rupture of membranes (PROM), 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)
- S9439 Home infusion therapy, tocolytic infusion therapy; admin services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits

coded separately), per diem
59899 Unlisted procedure, maternity care and delivery
99500 Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring and gestational diabetes monitoring

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

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Brown HL, Britton KA, Brizendine EJ, et. al., "A Randomized Comparison of Home Uterine Monitoring in the Outpatient Management of Women Treated for Preterm Labor", *American Journal of Obstetrics and Gynecology*, 180(4):798-805, April 1999.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 12/01

Revised: 2/04 (definition, criteria); 2/05, 7/16 (Gender Language)

Reviewed: 12/02; 2/06; 2/07; 2/08; 2/09; 3/10, 4/11, 4/12, 4/13, 4/14, 4/15, 4/16, 3/17, 3/18, 3/19, 3/20, 3/21, 3/22, 3/23

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.