The Department of Vermont Health Access Clinical Criteria

Subject: Home Uterine Activity Monitor
Last Review: May 15, 2019*

*Please note: Most current content changes will be highlighted in yellow.

Description of Service or Procedure

According to the Food and Drug Administration:
The 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 data receive/display of the uterine contraction data at the clinic. The HUAM system comprises a tocotransducer, an at-home recorder, a modem, and a data receive/process/display computer/monitor.

The HUAM is a prescription-use only system that is indicated for use, in conjunction with standard high-risk care, for the daily at-home measurement of uterine activity in pregnancies ≥ 24 weeks’ gestation for women with a history of previous preterm birth. Uterine activity is displayed at a remote location to aid in the early detection of pre-term labor.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules/dvha
7102.2 Prior Authorization Determination
7103 Medical Necessity
Coverage Position

Home Uterine Activity Monitoring may be covered for beneficiaries:

- When the Home Uterine Activity Monitor device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, who is knowledgeable in the use of Home Uterine Activity Monitor and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

Coverage Criteria

Home Uterine Activity Monitoring may be covered for members who:

- Are at least 24 and up to 36 weeks’ gestation; **AND**
- Have a history of preterm birth and/or have preterm labor who are currently being followed by a physician who is knowledgeable in the management of patients with a history of preterm birth. **OR** Has documented risk factors that increase the risk of preterm birth including but not limited to: Placenta Previa, uterine anomalies, incompetent cervix, multiple gestation, complicated twin, or high-order multifetal pregnancy; **AND**
- Maintains daily contact with a nurse in the prescribing physician’s office and have continued education on the signs and symptoms of preterm labor; **AND**
- Completes one or two one-hour monitoring sessions per day, with data transmission to the medical provider immediately following each session; **AND**
- Tocolytic agents and other conventional methods to arrest progression of preterm labor have failed.

Clinical criteria for repeat service or procedure

Clinical criteria must be met for medical necessity.

Type of service or procedure covered

Home Uterine Activity Monitors (HUAM) for members meeting the above clinical criteria.

Type of service or procedure not covered (this list may not be all inclusive)

- Non-FDA approved devices
- Home uterine activity monitors without associated nursing services.
- Prophylactic use of a HUAM has not been studied in high-order multiple gestations.
- HUAM as a screening tool for Pre-Term Labor (PTL)
- Prevention of PTL
References


This document has been classified as public information.