



BlueCross BlueShield
of Alabama

Name of Blue Advantage Policy:
Home Care for High-Risk Maternity

Policy #: 223

Latest Review Date: April 2022

Category: OB\GYN

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **hyperemesis management** as a **covered** benefit when coordinated by an Obstetrical Care Coordinator when the patient meets the following criteria:

1. Documented weight loss
2. Documented failure of oral antiemetics

The following treatments can be provided in the patient's home:

- Home Intravenous Fluid Hydration
- IV Antiemetics
- SQ Reglan Pump
- SQ Zofran Pump

Anti-coagulant Therapy:

Blue Advantage will treat **continuous and/or intermittent subcutaneous heparin therapy via infusion pump** as a **covered** benefit for treatment of active DVT when coordinated by an Obstetrical Care Coordinator.

Pregnancy Induced Hypertension Management Program:

Blue Advantage will treat **Pregnancy Induced Hypertension Management Program** as a **covered** benefit when coordinated by an Obstetrical Care Coordinator when the patient is on bedrest and meets the following criteria:

- Elevated or unstable blood pressure – increased BP 15mmhg over baseline diastolic
- Proteinuria
- Fluid retention/edema
- Weight gain
- Headache

Premature Prolonged Rupture of Membrane Program (PPROM):

Blue Advantage will treat **Premature Prolonged Rupture of Membrane Program** as a **covered** benefit when coordinated by an Obstetrical Care Coordinator when the patient meets the following criteria:

- Documented rupture of membranes prior to 37 wks gestation
- Documented amniotic fluid volume
- No signs or symptoms of infection
- Singleton gestation
- Cervix < or = to 2cm dilation
- Suitable home environment
- Appropriate presenting part of fetus

Home Uterine Activity Monitoring (HUAM):

Blue Advantage will treat **home uterine activity monitoring (HUAM)** as a **covered** benefit with initiation of services at 24-36 weeks gestation, and is covered 36-37 weeks when coordinated by an Obstetrical Care Coordinator when the patient is on bedrest and meets the following criteria:

- Current preterm labor as documented by cervical change

- Patient is experiencing increased uterine activity that is not perceived, with or without cervical change
- Triplets, quads, etc (>20 weeks gestation); **OR**
- History of preterm delivery due to incompetent cervix, anomalous uterus, or DES exposure: **OR**
- History of 2 preterm deliveries
- Cervical cerclage placed during the current pregnancy

Each case is reviewed individually per an Obstetrical Care Coordinator and may be referred to a physician advisor when the stated criteria does not apply or is not met.

Refer to Medical Policy #471-Acute and Maintenance Tocolysis for additional information

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE

Antepartum complications can compromise the mother and fetus. Maternal-fetal evaluation, early identification of problems, and ongoing care can contribute to an optimal birth process. Complications frequently seen in the antepartum period are:

- Hyperemesis gravidarum (nausea and vomiting during pregnancy, NVP)
- Thromboembolic disease (DVT)
- Pregnancy induced hypertension (PIH)
- Premature rupture of membranes (PPROM)
- Preterm labor (PTL)

KEY POINTS:

The most recent literature update was performed through April 11, 2022.

Summary of Evidence

For individuals who receive home care for conditions mentioned above such as hyperemesis and premature rupture of membranes, the evidence includes systematic reviews, retrospective studies, and controlled trials. Historically, patients were hospitalized for complications such as preterm labor, hyperemesis, and PROM, dependent upon their severity. Advances in technology and medication use have allowed a decrease of inpatient days and continuation of care in the home setting. Durable medical equipment (DME) can be combined with home nursing care and

pharmacy services to provide patient care in the home setting and to report the patient’s health status to the physician. Most studies show that satisfaction and comfort were higher in those who received home care. Home care management has been shown to safe, efficacious and have high satisfaction rates. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

U.S. Preventive Services Task Force Recommendations

Not applicable

KEY WORDS:

Home uterine activity monitor (HUAM), preterm labor (PTL), tocolytic therapy

APPROVED BY GOVERNING BODIES:

Healthdyne™ System 37 Home Uterine Activity Monitoring System and the Genesis™ Home Uterine Activity Monitoring System are two devices that have received FDA approval for detecting the onset of preterm labor.

BENEFIT APPLICATION:

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT:

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 (Pprom), 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)
S9211	Home Management of Gestational Hypertension, Includes Administrative Services, Professional Pharmacy Services, Care Coordination and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately); Per Diem (Do Not Use This Code With Any Home Infusion Per Diem Code)

S9336	Home Infusion Therapy, Continuous Anticoagulant Infusion Therapy (E.G. Heparin), Administrative Services, Professional Pharmacy Services, Care Coordination and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately), Per Diem
S9347	Home Infusion Therapy, Uninterrupted, Long-Term, Controlled Rate Intravenous or Subcutaneous Infusion Therapy (E.G. Epoprostenol); Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately), Per Diem
S9349	Home Infusion Therapy, Tocolytic Infusion Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately), Per Diem
S9351	Home Infusion Therapy, Continuous or Intermittent Anti-Emetic Infusion Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment (Drugs and Visits Coded Separately), Per Diem
S9373	Home Infusion Therapy, Hydration Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately), Per Diem (Do Not Use With Hydration Therapy Codes S9374-S9377 Using Daily Volume Scales)
S9379	Home Infusion Therapy, Infusion Therapy, Not Otherwise Classified; Administrative Services, Professional Pharmacy Services, Care Coordination, and All Necessary Supplies and Equipment (Drugs and Nursing Visits Coded Separately), Per Diem

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POLICY HISTORY:

Adopted for Blue Advantage, April 2007

Available for comment April 20-June 4, 2007

Medical Policy Group, April 2010

Available for comment April 8-May 23, 2010

Medical Policy Group April 2011

Available for comment April 25 – June 13, 2011

Medical Policy Group September 2011

Available for comment September 22 through November 7, 2011

Medical Policy Group, March 2014

Medical Policy Group, April 2020

Medical Policy Group, April 2022: Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.