

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/TX>.

Reducing preterm births (PTBs) through cervical length screening

Summary: In our continuing efforts to improve pregnancy outcomes and prevent preterm births (PTBs), Amerigroup* is announcing our endorsement of the American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal Fetal Medicine (SMFM) guidelines on cervical length (CL) screening and progesterone treatment.¹

What is the impact of this change?

As you know, the risk factor most consistently predictive of PTBs is a prior PTB.² Women with this risk factor are currently treated with alpha-hydroxyprogesterone caproate (17P) by intramuscular injection weekly from 16-36 weeks; however, less than 10 percent of spontaneous PTBs occur in women with a prior history.

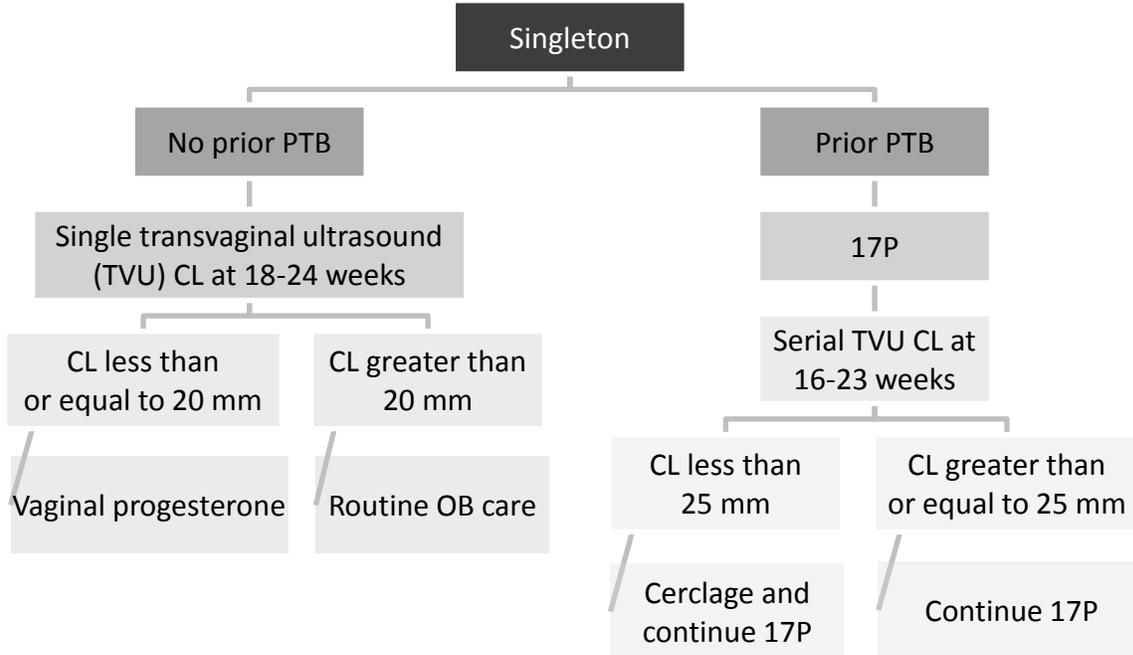
We have a tremendous opportunity to address this by screening CL and treating with progesterone. Shortened CL before 24 weeks is now recognized to be a second strongly predictive risk factor for PTBs in singleton pregnancies.³ Using this evidence-based strategy, we can improve our efforts by identifying and treating at-risk women who might not be otherwise identified.

ACOG and SMFM have collaborated to promote an algorithm to aid in this endeavor. Amerigroup endorses this strategy of CL screening and treating with progesterone.⁴ We support universal CL screening at 18-24 weeks.⁵ CL screening by ultrasound is considered the gold standard and makes other measuring methods and devices medically unnecessary.⁶

We encourage you to obtain a CL measurement with your patient's ultrasound at 18-24 weeks as shown in the included algorithm. If, in addition to an abdominal scan, a vaginal approach is necessary to obtain this measurement, please add modifier 52 to the vaginal ultrasound billing code. Please refer to the ultrasound policy found on the provider website for appropriate diagnosis codes for your member. We believe this will help you continue to provide high quality, evidence-based prenatal care to your patients.⁷

**Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.*

Algorithm based on the ACOG recommendation:



What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.

1 "Progesterone and Preterm Birth Prevention: Translating Clinical Trials Data into Clinical Practice." *American Journal of Obstetrics and Gynecology* 206 (2012): 376-386.

2 J.D Iams, R.L. Goldenberg, P.J. Meis, et al. "The Length of the Cervix and the Risk of Spontaneous Premature Delivery." *New England Journal of Medicine* 334 (1996): 567-572.

3 S.S. Hassan, R. Romero, D. Vidyadhari, et al. "Vaginal Progesterone Reduces the Rate of Preterm Birth in Women with a Sonographic Short Cervix: a Multi-Center, Randomized, Double-Blind, Placebo-Controlled Study." *Ultrasound Obstetrics and Gynecology* 38 (2011): 18-31.

4 S. Campbell. "Universal Cervical Length Screening and Vaginal Progesterone Prevents Early Preterm Births, Reduces Neonatal Morbidity and is Cost Saving: Doing Nothing is No Longer an Option." *Ultrasound Obstetrics and Gynecology* 38 (2011): 1-9.

5 "Letter to Secretary Burwell." *American College of Obstetricians and Gynecologists and Society for Maternal Fetal Medicine* (2014).

6 "American Institute of Ultrasound in Medicine Practice Guideline for the Performance of Obstetric Ultrasound Examinations." *Journal of Ultrasound Medicine* 32 (2013): 1083-1101.

7 R. Romero, K. Nicolaides, A. Conde-Agudelo, et al. "Vaginal Progesterone in Women with an Asymptomatic Sonographic Short Cervix in the Midtrimester Decreases Preterm Delivery and Neonatal Morbidity: a Systematic Review and Meta-analysis of Individual Patient Data." *American Journal of Obstetrics and Gynecology* 206 (2012): 124.