Salivary Estriol Test and Fetal Fibronectin for Preterm Labor

MPM 19.9

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

A number of methods are used to aid in identifying women at high risk for preterm delivery, including risk-scoring systems, clinical factors, uterine activity monitoring, and certain biochemical markers. These biochemical markers include presence of fetal fibronectin in cervicovaginal secretions, serum cytokine levels, and rapid increase in unconjugated estriol levels. In 1998, an assay for measurement of unconjugated estriol levels in saliva (SalEst™) was approved by the Food and Drug Administration (FDA) as a biweekly screening test for assessment of risk of premature labor in singleton pregnancies in women between 22 and 36 weeks of gestation.

Coverage Determination

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria #M-287 and #C-0019. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:

Clinical Quality Committee: Ron Parton MD

Medical Director: Norman White MD

Date: January 29, 2014

Publication History:

11-08-99: Original Effective Date, Benefit Alert
01-27-10: Transitioned to Medical Policy
04-25-12: Biennial Review
01-29-14: Presbyterian Policy Retired
01-29--14: Presbyterian now uses MCG Criteria M-287 and C-0019

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm