

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201159 NOVEMBER 29, 2011



The IHCP to cover placental alpha microglobulin-1 (PAMG-1) test

Effective January 1, 2012, the Indiana Health Coverage Programs (IHCP) will provide coverage for Current Procedural Terminology (CPT^{®1}) code 84112 – *Placental alpha microglobulin-1 [PAMG-1], cervicovaginal secretion, qualitative*. Coverage will be retroactive to dates of service on or after January 1, 2011.

Description of service

PAMG-1 is a test used to detect premature rupture of membranes (PROM) for pregnant women. PROM is defined by the American College of Obstetricians and Gynecologists (ACOG) as rupture of the amniotic sac and leakage of amniotic fluid prior to the onset of labor at any gestational age. Preterm premature rupture of membranes (PPROM) is defined as rupture of fetal membranes prior to 37 weeks' gestation. PROM or PPROM is a complication in approximately one-third of preterm births and is typically associated with brief latency between membrane rupture and delivery; increased potential for perinatal infection; and *in utero* umbilical cord compression. For these reasons, both PROM and PPROM can lead

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to significant perinatal morbidity and mortality. The PAMG-1 test detects the presence of the PAMG-1 protein marker found in the amniotic fluid in vaginal secretions and is intended to aid in detecting PROM in pregnant women with indicative signs, symptoms, or complaints.

Reimbursement and billing requirements

The IHCP reimburses for the PAMG-1 test when it is considered medically necessary to confirm the diagnosis of PROM/PPROM. This test may be performed in a hospital setting (either inpatient or outpatient) or in a nonhospital setting (for example, a physician's office or clinic). For reimbursement, providers should bill CPT code 84112 with the appropriate trimester modifier, as listed in the following table. The maximum reimbursement rate is \$90.64 per unit/test.

Billing information for PAMG-1 – effective for dates of service on or after January 1, 2011

CPT Code	Description	Units	Reimbursement
84112	Placental alpha microglobulin-1 [PAMG-1], cervicovaginal secretion, qualitative	1 unit per test	\$90.64 per unit/test
Modifiers	Description		
U1	Trimester one – 0 through 14 weeks, 0 days		
U2	Trimester two – 14 weeks, one day through 28 weeks, 0 days		
U3	Trimester three – 28 weeks, one day through delivery		

The [Fee Schedule](#) on indianamedicaid.com has been updated to reflect this coverage and reimbursement information.

Claims processing, mass adjustments, or mass reprocessing

Beginning January 1, 2012, providers may submit claims for CPT code 84112 for dates of service back to and including January 1, 2011. For claims past the timely filing deadline, providers must submit claims with a copy of this bulletin for proof of timely filing.

Beginning January 1, 2012, claims previously submitted for dates of service on or after January 1, 2011, will be mass adjusted/mass reprocessed if denied for code 4013 – *Procedure code is not covered for date of service*; code 4021 – *Procedure code vs. program indicator*; or code 520 – *Invalid revenue code/procedure code combination*. Mass adjusted and reprocessed claims will appear on Remittance Advices (RAs) beginning January 10, 2012, and are identified by internal control numbers (ICNs) that begin with region code 56.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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