



P R O V I D E R B U L L E T I N

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**To: All Indiana Health Coverage Programs-Enrolled
Physicians, Nurse Practitioners, and Laboratories**

**Subject: Salivary Estriol Test for Preterm Labor Risk
Assessment**

Note: The information in this bulletin is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

Overview

Preterm labor, which is defined as labor before 37 weeks' gestation, occurs in seven to 10 percent of all births and accounts for more than 85 percent of perinatal complications and death. The most current methods to assess risk of preterm labor fail to identify half of the women who are destined to develop it. It is estimated that 80 percent of pregnant women who are identified as *high-risk* go on to deliver at term.

In the last few years, several tests using either biochemical markers or endocrine assay methods have been developed to predict preterm labor risk. One of the endocrine assay tests is a test that detects and measures salivary estriol (for example, the SalEst™ test). This test gives the physician/practitioner additional information to assess the risk for preterm delivery and allows him or her to take steps to treat the patient, even when the patient does not appear to be *high-risk* by traditional assessment methods. Patients who may be currently missed by traditional risk assessment can then be identified and treated, thus decreasing the chance of premature delivery and the medical impact prematurity entails.

Indiana Health Coverage Programs (IHCP) will provide for reimbursement of this test effective October 1, 1999.

Criteria and Limitations of Coverage

Prior authorization is not required.

The ICD-9-CM diagnosis codes that support the medical necessity of this test are as follows:

- V23.2 Pregnancy with history of abortion
- V23.4 Pregnancy with other poor obstetric history
- V23.8 Other high risk pregnancy
- 658.9 Other problems associated with amniotic cavity and membranes (with V23.8)
- 640.9 Unspecified hemorrhage in early pregnancy (with V23.8)
- 644.0 Early or threatened labor
- 644.03 Threatened premature labor, antepartum condition or complication
- 644.13 Other threatened labor, antepartum condition, or complication
- 654.50 Cervical incompetence
- 654.53 Cervical incompetence, antepartum condition, or complication
- 654.60 Other congenital or acquired abnormality of cervix; unspecified as to episode of care, or
- 654.63 Other congenital or acquired abnormality of cervix; antepartum condition or complication
- 621.0 Disorders of uterus not elsewhere classified
- through
- 621.9 Unspecified disorder of uterus

The ordering physician must have supporting documentation in the patient's medical record to support the medical necessity of the test(s) ordered.

Note: Salivary estriol tests are indicated for use in singleton pregnancies.

Billing Instructions

The salivary estriol test is to be billed using the code Z5099, one unit per test. The test is appropriate for use between gestational ages 22 to 35 weeks, and can be used every one to two weeks. Modifier Z2, second trimester, or Modifier Z3, third trimester, must be indicated on the physician's test order and on the claim.

Each test has a maximum allowable charge of \$81. The maximum allowable charge for the entire pregnancy series of tests is \$425. The

pregnancy series includes multiple tests during the third trimester of pregnancy. The salivary estriol test is not to be billed when home tocolytic therapy is being provided using codes Z5016 or Z5017. Use of the salivary estriol test will be closely monitored for appropriateness of use.

Additional Information

Please direct any questions regarding this bulletin and this policy to Health Care Excel, Medical Policy Department, at (317) 347-4500. Questions about billing procedures may be directed to the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.