

## Testing of Premature Rupture of Membrane in Pregnancy, OB 12

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<u>Effective Date</u>	12/2012
<u>Next Review Date</u>	5/2025
<u>Coverage Policy</u>	OB 12
<u>Version</u>	3

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [\\*](#).**

**Purpose:**

This policy addresses the medical necessity of Testing of Premature Rupture of Membrane in Pregnancy.

**Description & Definitions:**

**Testing of Premature Rupture of Membrane in Pregnant** is individual using a swab to collect a sample of fluid from the cervix or vagina, aiding in determining Premature Rupture of Membranes (PROM).

- These tests include, but are not limited to, Amnisure ROM and PartoSure - placental alpha-microglobulin-1(PAMG-1), Actim PROM - insulin-like growth factor binding protein IGFBP-1, ROM Plus - placental protein 12(PP12)/ insulin-like growth factor binding protein (IGFBP-1).

**Criteria:**

**Testing of Premature Rupture of Membrane in Pregnant** is individual using a swab to collect a sample of fluid from the cervix or vagina, aiding in determining Premature Rupture of Membranes (PROM).

**Coding:**

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### Revised Dates:

- 2022: May
- 2020: January
- 2016: January, April
- 2015: January, February, October
- 2014: July, December
- 2013: January, February, March, July, August, September

### Reviewed Dates:

- 2024: May
- 2023: May
- 2021: June
- 2020: July
- 2019: May
- 2018: April
- 2016: June, July

### Effective Date:

- December 2012

## References:

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### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Testing of Premature Rupture of Membrane in Pregnancy, Amnisure, Obstetrics 12, OB, Premature Rupture of Membranes, PROM, ROM, Amnisure ROM, PartoSure, placental alpha-microglobulin-1, PAMG-1, Actim PROM, insulin-like growth factor binding protein IGFBP-1, ROM Plus, placental protein 12, PP12, insulin-like growth factor binding protein, IGFBP-1