

Testing of Premature Rupture of Membrane in Pregnancy, OB 12

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[Coverage Policy](#) OB 12
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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 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 Pregnancy is considered **not medically necessary** for any indications.

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: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

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

