

# Testing of Premature Rupture of Membrane in Pregnancy

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Effective Date

\_\_\_\_\_

12/2012

Next Review Date 05/2024

Coverage Policy OB 12

Version 2

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.

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# **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:

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

#### Effective Date:

December 2012

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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AmniSure ROM Test for Detection of Fetal Membrane Rupture - Annual Review: Jun 13, 2022. (n.d.). Retrieved Apr 3, 2023, from HAYES: https://evidence.hayesinc.com/report/dir.amnisure1790

DA alerts healthcare providers, women about risks associated with improper use of rupture of membranes tests. (2018, Aug). Retrieved Apr 3, 2023, from FDA: https://www.fda.gov/news-events/press-announcements/fda-alerts-healthcare-providers-women-about-risks-associated-improper-use-rupture-membranes-tests

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Vaginal fluid urea and creatinine, an untapped diagnostic tool for premature rupture of membranes. (2022, Apr 7). Retrieved Apr 4, 2023, from Maternal-Fetal Medicine: https://pubmed.ncbi.nlm.nih.gov/35391555/

## Special Notes: \*

This medical policy expresses Sentara Health Plan's determination of medically 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.

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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

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