# Medica Central Coverage Policy

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| **Policy Name:** | **Salivary Estriol Test for Preterm Labor MP9682** |
| **Effective Date:** | **08/01/2025** |

## Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

## Coverage Policy

The salivary estriol test for preterm labor is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

## Description

The salivary estriol test measures the unconjugated estriol levels in saliva, which, when increasing rapidly, are thought to be a biochemical marker indicating the onset of labor. Unconjugated estriol is measured in saliva samples collected weekly or biweekly from week 22 through week 36 of gestation. Samples of saliva are collected by the patient between 9 a.m. and 8 p.m. to minimize any effect of diurnal variation and are then sent to a qualified laboratory for analysis. If the estriol level is 2.1 ng/mL or higher, the test is considered positive and the patient is retested in one week. If the second test is also positive, the patient is examined for signs of preterm labor and educated to recognize the signs and symptoms of preterm labor. However, salivary estriol testing is rarely used in clinical practice as the test has a high false positive rate which can lead to unnecessary surveillance and use of tocolytic drugs without a corresponding improvement in perinatal outcome.

## FDA Approval

SalEst™ (Adeza Biomedical Corporation, Sunnyvale, CA) received FDA premarket approval (PMA) in April 1998. The FDA approved SalEst as an adjunct to clinical risk assessment of preterm labor and birth in singleton pregnancies.

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**Prior Authorization**
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

**Coding Considerations**
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**HCPC Codes**
**S3652** - Salivary test, hormone level; to assess preterm labor risk.

| | Committee/Source | Date(s) |
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| **Document Created:** | Medical Policy Committee/Health Services Division | December 20, 2023 |
| **Revised:** | Medical Policy Committee/Health Services Division | July 17, 2024 |
| **Reviewed:** | Medical Policy Committee/Health Services Division | July 17, 2024 |

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| Original Effective Date: | 04/01/2024 |
| Re-Review Date(s): | 03/20/2025 |

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| Administrative Update(s):: | 02/25/2025 – Removed from Clinical Review Reserve, placed in current policy review cycle |