

POLICY TITLE	SALIVARY HORMONE LEVEL TESTING
POLICY NUMBER	MP-7.003

Original Issue Date (Created):	July 1, 2002
Most Recent Review Date (Revised):	January 28, 2014
Effective Date:	April 1, 2014

I. POLICY

Late-night testing of salivary cortisol may be considered **medically necessary** when performed for the diagnosis of Cushing’s disease.

Serial monitoring of salivary estriol levels is considered **investigational** as a technique of risk assessment for preterm labor or delivery, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Serial monitoring of salivary hormone levels such as progesterone, testosterone, cortisol, DHEA and melatonin (but not limited to these hormones), is considered **investigational** for screening, diagnosing, or monitoring of any health condition (other than late-night cortisol testing for Cushing’s syndrome), as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with these procedures.

Saliva testing for hormone levels during menopause is considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

- | | |
|--------------------------|-----------------|
| [N] Capital Cares 4 Kids | [N] Indemnity |
| [N] PPO | [N] SpecialCare |
| [N] HMO | [N] POS |
| [N] SeniorBlue PPO | [Y] FEP PPO* |
| [N] SeniorBlue HMO | |

* The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

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III. DESCRIPTION/BACKGROUND

Saliva may contain various amounts of hormones depending on the ability of individual hormones to leave the blood, penetrate through or around the salivary cell membranes, and diffuse into the saliva.

Salivary hormone tests include, but are not limited to, estriol, progesterone, testosterone, cortisol, DHEA (dehydroepiandrosterone), and melatonin. Several tests are marketed directly to consumers and are available without a prescription.

Quantitative testing of many hormones found in saliva may not be as accurate as other testing methods (e.g. serum testing) and have yet to be established as useful tools for disease diagnosis or management. One test that has demonstrated clinical validity is late-night salivary cortisol testing for the diagnosis of Cushing’s syndrome. Patients with Cushing’s syndrome have been found to have elevated late night salivary cortisol values. Examples of other conditions where salivary hormone testing may be utilized include, but are not limited to, menopause and risk assessment of premature labor (e.g. SalEst™ for salivary estriol).

IV. DEFINITIONS

ANDROGEN is a substance producing or stimulating the development of male characteristics (masculinization), such as the hormones testosterone or androsterone.

CORTISOL is a glucocortical hormone of the adrenal cortex.

CUSHING’S SYNDROME is a hormonal disorder caused by an abnormally high circulating level of corticosteroid hormones.

DHEA (dehydroepiandrosterone) is an androgenic substance present in urine.

ESTRIOL is an estrogenic hormone.

ESTROGEN refers to the female sex hormones, which are responsible for cyclic changes in the tissues lining the vagina and uterus.

MELATONIN is a hormone produced by the pineal gland that influences sleep-wake cycles and other circadian rhythms.

SALIVARY pertains to producing or formed from saliva.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require

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preauthorization. Members and providers should consult the member’s benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES

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VIII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

MEDICAL POLICY

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Covered when medically necessary:

CPT Codes®							
82530	82533	82626	82670	82671	82672	82677	83727
84144	84176	84150	84402	84403			

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HCPCS Code	Description
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE
S3652	SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK

ICD-9-CM Diagnosis Code*	Description
255.0	CUSHING'S SYNDROME

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

The following ICD-10 diagnosis codes will be effective October 1, 2014

ICD-10-CM Diagnosis Code*	Description
E24.0	Pituitary-dependent Cushing's disease
E24.2	Drug-induced Cushing's syndrome
E24.3	Ectopic ACTH syndrome
E24.4	Alcohol-induced pseudo-Cushing's syndrome
E24.8	Other Cushing's syndrome
E24.9	Cushing's syndrome, unspecified

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

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IX. POLICY HISTORY

MP 7.003	CAC 4/29/03
	CAC 11/30/04
	CAC 10/25/05
	CAC 10/31/06
	CAC 3/25/08
	CAC 3/31/09 Consensus
	CAC 1/26/10 Added salivary cortisol testing medical necessity criteria for diagnosis of Cushing's syndrome.
	CAC 4/26/11 Consensus review.
	CAC 1/29/13 Consensus review. Codes reviewed 1/8/2013 klr
	CAC 1/28/14 Consensus review. References updated. No changes to the policy statements.

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