


MEDICAL POLICY	Salivary Hormone Testing (Medicare Only)
Effective Date: 12/1/2022  12/1/2022	Medical Policy Number: 54
	Medical Policy Committee Approved Date: 8/17; 12/18; 1/19; 12/19; 12/2020; 10/2021; 10/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

BENEFIT APPLICATION

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Salivary Hormone Testing</i>	Local Coverage Determination (LCD): Measurement of Salivary Hormones (L36857)

BILLING GUIDELINES

General

See the associated local coverage article (LCA) for related billing and coding guidance:

- LCA: Billing and Coding: Measurement of Salivary Hormones ([A57613](#))
- According to LCA A57613, “[b]ecause current CPT® codes do not specify or identify “salivary” hormone testing from serum or urine hormone testing, claims for salivary levels of hormone should

MEDICAL POLICY	Salivary Hormone Testing (Medicare Only)
-----------------------	---

be coded with NOS code 84999 and the words ‘salivary cortisol’. For other than cortisol use ‘salivary (name of other hormone)’ which will generate a denial.”

HCPCS Codes S3650 and S3652

HCPCS code S2348 is considered “not medically necessary” under this policy. However, like all S-codes, the *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by the Centers for Medicare and Medicaid Services (CMS)¹, indicates HCPCS codes S3650 and S3652 have been assigned a Status Indicator of “1.” This is defined as “Not valid for Medicare purposes.” In addition, HCPCS codes S3650 and S3652 are not recognized as valid codes for claim submission as indicated in the relevant Company Coding Policy (*HCPCS S-Codes and H-Codes*, 22.0). Providers need to use alternate available CPT or HCPCS codes to report for the service. If no specific CPT or HCPCS code is available, then an unlisted code may be used. Note that unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. Thus, if an unlisted code is billed related to a non-covered service addressed in this policy, it will be denied as not covered.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
<u>Note:</u> The following codes are considered medically necessary and covered when used for salivary hormone testing to diagnose Cushing’s disease.	
82530	Cortisol; free
82533	Cortisol; total
Not Covered	
S3650	Saliva test, hormone level; during menopause (<i>CMS-assigned Status “1” code – See “Billing Guidelines”</i>)
S3652	Saliva test, hormone level; to assess preterm labor risk (<i>CMS-assigned Status “1” code – See “Billing Guidelines”</i>)
No Prior Authorization Required	
<u>Note:</u> The following codes are considered investigational and not covered when used for salivary hormone testing.	
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82670	Estradiol
82671	Estrogens; fractionated
82672	Estrogens; total
82677	Estriol
82679	Estrone
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)

MEDICAL POLICY	Salivary Hormone Testing (Medicare Only)
-----------------------	---

83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
84144	Progesterone
84402	Testosterone; free
84403	Testosterone; total
84436	Thyroxine; total
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
<p style="margin: 0;">Unlisted Codes</p> <p style="margin: 0;">All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it may be denied as Not Covered.</p>	
84999	Unlisted chemistry procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Medicare Physician Fee Schedule (PFS) Relative Value Files; Available at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>