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Medicare Advantage Policy Manual

Policy ID: M-LAB36

Measurement of Salivary Hormones

Published: 03/01/2024

Next Review: 01/2025

Last Review: 01/2024

Medicare Link(s) Revised: 03/01/2024

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals* None

National Coverage Determinations (NCDs)* None

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*

Measurement of Salivary Hormones

[LCD L36857](#)

Billing and Coding:
Measurement of Salivary Hormones

[Article A57613](#)

***Scroll to the "All Versions" section at the bottom of the LCD/Article to access prior versions.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Indication being treated or tested for; and,
- If for Cushing's syndrome, documentation will need to include signs, symptoms, or clinical reasons why Cushing's syndrome was being tested for.

CROSS REFERENCES

None

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None

CODING

NOTE: HCPCS code S3650 is a Medicare Status "I" code, and therefore, is not valid for Medicare or Medicare Advantage use. Noridian expects unlisted CPT code 84999 to be used instead.

Codes	Number	Description
CPT	84999	Unlisted chemistry procedure
HCPCS	S3650	Saliva test, hormone level; during menopause (<i>Not valid for Medicare purposes</i>)

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.