

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: Fetal Fibronectin

Professional

Original Effective Date: July 29, 2002
Revision Date(s): November 10, 2005;
April 18, 2007
Current Effective Date: May 1, 2007

Institutional

Original Effective Date: April 1, 2006
Revision Date(s): April 18, 2007
Current Effective Date: May 1, 2007

DESCRIPTION

Fibronectin is an adhesive glycoprotein. The presence of fetal fibronectin in cervicovaginal secretions is an indicator that a pregnant woman will soon go into labor, and it is tested for the purpose of predicting premature labor. Rapid enzyme-linked immunosorbent assay (ELISA) tests are available to perform the assay on cervical swab specimens. The test is a semi-quantitative (positive or negative) test.

POLICY

Fetal Fibronectin Enzyme immunoassay testing is considered medically necessary when ALL the following criteria is met AND when performed at a laboratory-offering test results that are available with 24-hour sampling.

1. Patient has signs or symptoms of pre-term labor (inappropriate uterine contractions for gestational age, such as greater than 4 per hour, intermittent abdominal cramping, pelvic pressure, or backache; increase or change in vaginal discharge; or, vaginal spotting or bleeding),
2. Patient is between 24 and 34 weeks of completed gestation,
3. Single or twin gestations
4. Minimal cervical dilation (less than 3cm) AND
5. Intact amniotic membranes

CODING

REVENUE CODE

030X

CPT

82731 Fetal fibronectin, cervicovaginal secretions, semiquantitative

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

- 644.00 Threatened premature labor, unspecified as to episode of care or not applicable
- 644.03 Threatened premature labor, antepartum condition or complication
- 644.10 Other threatened labor, unspecified as to episode of care or not applicable
- 644.13 Other threatened labor, antepartum condition or complication
- 644.20 Early onset of delivery, unspecified as to episode of care or not applicable
- 644.21 Early onset of delivery, delivered, with or without mention of antepartum condition

REVISIONS

- November 10, 2006 In "Policy" section, #3, added "or twin gestations".
- April 18, 2007 with In "Coding" Diagnosis section, added 640.03, 644.13, and an effective date of 644.21 (added 5th digit to current codes) per Medical Director.
- May 1, 2007

REFERENCES

1. Grobman WA, Welshman EE, Calhoun EA. Does fetal fibronectin use in the diagnosis of preterm labor affect physician behavior and health care costs? A randomized trial. *Am J Obstet Gynecol* 2004; 191:235-40.
2. Joffe GM, Jacques D, Bemis-Heys R et al. Impact of the fetal fibronectin assay on admissions for preterm labor. *Am J Obstet Gynecol* 1999; 180(3 pt 1):581-6.
3. Plaut MM, Smith W, Kennedy K. Fetal fibronectin: the impact of a rapid test on the treatment of women with preterm labor symptoms. *Am J Obstet Gynecol* 2003; 188(6):1588-95.
4. Roberts WE, Morrison JC. Has the use of home monitors, fetal fibronectin, and measurement of cervical length helped predict labor and/or prevent preterm delivery in twins? *Clin Obstet Gynecol* 1998; 41(1):94-102.
5. Terrone DA, Rinehart BK, Kraeden U et al. Fetal fibronectin in symptomatic twin gestations. *Prim Care Update Ob Gyns* 1998; 5(4):179.

Government Agency; Medical Society; and Other Authoritative Publications

1. 1997 TEC Assessments; Tab 16.
2. ACOG Practice Bulletin. Assessment of risk factors for preterm birth. Clinical management guidelines for obstetrician-gynecologists. Number 31, October 2001. (Replaces Technical Bulletin number 206, June 1995; Committee Opinion number 172, May 1996; Committee Opinion number 187, September 1997; Committee Opinion number 198, February 1998; and Committee Opinion number 251, January 2001). *Obstet Gynecol* 2001; 98(4):709-16.