BlueCross BlueShield of Illinois

Reimbursement Policy

Policy Number: RPLAB034	**Policy Title:** Salivary Hormone Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. For individuals with signs and symptoms of Cushing syndrome, late night salivary cortisol testing **may be reimbursable**.

2. For the screening, diagnosis, **and/or** monitoring of menopause, infertility, endometriosis, polycystic ovary disease/PCOS, premenstrual syndrome, osteoporosis, sexual dysfunction, seasonal affective disorder, depression, multiple sclerosis, sleep disorders, **or** diseases related to aging, **or** for risk assessment for preterm labor or delivery, salivary hormone testing **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
82530	CORTISOL FREE
82533	TOTAL CORTISOL
0462U	MELATONIN LVL TST SLP STD7/9
S3650	Saliva test, hormone level;
S3652	Saliva test, hormone level;

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following change was made: Added “or for risk assessment for preterm labor or delivery” to the list of non-reimbursable services. Added code S3652. References revised.
09/05/2025	01/01/2026: New policy.