

## AmniSure for Detection of Fetal Membrane Rupture

Description	AmniSure is a lab test designed to detect the presence of amniotic fluid for the purpose of determining if a pregnant mother has premature rupture of membranes.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.22.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.22.24	Updated to new template.
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Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.				
Benefits (all except MMP)	Quote prenatal benefits.				
Mayo Medical Plan (MMP)	Quote prenatal benefits.				
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.22.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.22.24	Updated to new template.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Not covered.</p> <ul style="list-style-type: none"><li>• Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Not covered</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>Not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>				
Medicaid	Quote prenatal benefits.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.22.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.22.24	Updated to new template.
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## Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.	
Benefits	Quote prenatal benefits.	
Document history	The document history for the past 12 months is outlined below.	
	Date	Description
	2.22.24	Updated to new template.