

If a conflict arises between a Clinical Payment and Coding 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 CPCP 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 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 TX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. Blue Cross and Blue Shield of TX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of 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 PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and 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/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## **Prenatal Screening (Nongenetic)**

**Policy Number:** CPCPLAB014

**Version 1.0**

**Approval Date:** Sept. 13, 2024

**Plan Effective Date:** Jan. 1, 2025 (Blue Cross and Blue Shield of Texas Only)

## 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:

**Note 1:** For thyroid screening in pregnant individuals, see CPCPLAB019 Thyroid Disease Testing.

For fetal aneuploidy screening, see CPCPLAB022 Prenatal Screening for Fetal Aneuploidy.

For screening for Zika virus infection in pregnant individuals, see CPCPLAB052 Testing for Vector-Borne Infections.

1. The following routine prenatal screening **may be reimbursable** for all pregnant individuals:
  - a. Screening for HIV infection
  - b. Screening for *Chlamydia trachomatis* infection
  - c. Screening for *Neisseria gonorrhoea* infection
  - d. Screening for hepatitis B
  - e. Screening for syphilis
  - f. Screening for hepatitis C
  - g. Screening for bacteriuria
  - h. Screening for type 2 diabetes at the first prenatal visit
  - i. Screening for gestational diabetes during gestational weeks 24 – 28 and at the first prenatal visit if risk factors are present
  - j. Determination of blood type, Rh(D) status, and antibody status during the first prenatal visit, and repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
  - k. Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume
  - l. Screening for Group B strep once, recommended during gestational weeks 36 to 37 by American College of Obstetricians and Gynecologists (ACOG)
  - m. Urinalysis and urine culture
  - n. Rubella antibody testing
  - o. Testing for varicella immunity
  - p. Screening for tuberculosis in pregnant individuals deemed to be at high risk for TB)

2. For pregnant individuals, third trimester re-screening of *Chlamydia trachomatis*, *Neisseria gonorrhoea*, syphilis, and/or HIV infections **may be reimbursable** when **any** of the following high-risk criteria are met:
  - a. For individuals under 25 years of age.
  - b. For individuals with new or multiple sexual partners.
  - c. For individuals with a history of sexually transmitted infections (Bacterial Vaginosis, Chancroid, Chlamydia, Gonorrhoea, Genital Herpes, Hepatitis B, Hepatitis C, HIV/AIDS, Human Papillomavirus, Lymphogranuloma Venereum, Syphilis, Trichomoniasis).
  - d. For individuals with past or current injection drug use.
  
3. Rapid HIV testing for pregnant individuals who present in active labor with an undocumented HIV status **may be reimbursable**.
  
4. For pregnant individuals, fetal fibronectin (FFN) assays **may be reimbursable** when **ALL** of the following criteria are met:
  - a. Singleton or twin gestations;
  - b. Intact membranes;
  - c. Cervical dilation <3 cm; and
  - d. The individual is experiencing symptoms suggestive of preterm labor between 24 and less than 35 weeks' gestation.
  
5. For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **is not reimbursable**.
  
6. For all other situations not described above, FFN assays **are not reimbursable**.
  
7. Serial monitoring of salivary estriol levels as a technique of risk assessment for preterm labor or delivery **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.

Codes
80055, 80081, 81001, 81002, 81003, 81007, 81015, 82677, 82731, 82947, 82950, 82951, 82962, 83020, 83021, 83036, 84702, 84703, 84704, 85004, 85007, 85009, 85014, 85018, 85025, 85027, 85032, 85041, 85048, 86480, 86580, 86592, 86593, 86631, 86632, 86701, 86702, 86703, 86704, 86706, 86762, 86780, 86787, 86803, 86804, 86850, 86900, 86901, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87592, 87653, 87800, 87802, 87810, 87850, G0306, G0307, G0432, G0433, G0435, G0472, S3652

## References:

- AACC. (2023). Qualitative Serum Human Chorionic Gonadotropin. <https://www.aacc.org/advocacy-and-outreach/optimal-testing-guide-to-lab-test-utilization/g-s/qualitative-serum-human-chorionic-gonadotropin>
- ACOG. (2011). ACOG Committee Opinion No. 495: Vitamin D: Screening and supplementation during pregnancy. *Obstet Gynecol*, 118(1), 197-198. <https://doi.org/10.1097/AOG.0b013e318227f06b>
- ACOG. (2012). Committee opinion No. 533: lead screening during pregnancy and lactation. *Obstet Gynecol*, 120(2 Pt 1), 416-420. <https://doi.org/10.1097/AOG.0b013e31826804e8>
- ACOG. (2014). Committee Opinion No. 614: Management of pregnant women with presumptive exposure to *Listeria monocytogenes*. *Obstet Gynecol*, 124(6), 1241-1244. <https://doi.org/10.1097/01.AOG.0000457501.73326.6c>
- ACOG. (2017). Practice Bulletin No. 181: Prevention of Rh D Alloimmunization. *Obstetrics & Gynecology*, 130(2), e57-e70. <https://doi.org/10.1097/aog.0000000000002232>
- ACOG. (2018a). ACOG Committee Opinion No. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing. *Obstet Gynecol*, 133(1), 187. <https://doi.org/10.1097/aog.0000000000003048>
- ACOG. (2018b). Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol*, 132(5), e208-e212. [https://journals.lww.com/greenjournal/Fulltext/2018/11000/ACOG\\_Committee Opinion No 757 Screening\\_for.42.aspx](https://journals.lww.com/greenjournal/Fulltext/2018/11000/ACOG_Committee_Opinion_No_757_Screening_for.42.aspx)
- ACOG. (2020). Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion, Number 797. *Obstet Gynecol*, 135(2), e51-e72. <https://doi.org/10.1097/aog.0000000000003668>
- ACOG. (2021, 07/2021). *Routine Tests During Pregnancy*. ACOG. <https://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy?>
- American Diabetes, A. (2021a). 2. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes-2021. *Diabetes Care*, 44(Suppl 1), S15-S33. <https://doi.org/10.2337/dc21-S002>
- American Diabetes, A. (2021b). 14. Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes-2021. *Diabetes Care*, 44(Suppl 1), S200-S210. <https://doi.org/10.2337/dc21-S014>

- Calhoun, D. (05/01/2023). *Postnatal diagnosis and management of hemolytic disease of the fetus and newborn*. Retrieved 2/1/2021 from [https://www.uptodate.com/contents/postnatal-diagnosis-and-management-of-hemolytic-disease-of-the-fetus-and-newborn?topicRef=6773&source=see\\_link](https://www.uptodate.com/contents/postnatal-diagnosis-and-management-of-hemolytic-disease-of-the-fetus-and-newborn?topicRef=6773&source=see_link)
- CDC. (2019, 9/29/2022). *NEW Zika and Dengue Testing Guidance (Updated November 2019)*. <https://www.cdc.gov/zika/hc-providers/testing-guidance.html>
- CDC. (2020, 8/11/2022). *Screening Recommendations*. Retrieved 1/30/2021 from <https://www.cdc.gov/nchhstp/pregnancy/screening/index.html>
- CDC. (2021a, 4/12/2022). *STDs during Pregnancy – CDC Fact Sheet (Detailed)*. <https://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm>
- CDC. (2021b, July 22, 2021). *STI Treatment Guidelines, 2021- Chlamydial Infection*. <https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>
- CDC. (2021c, 9/21/2022). *STI Treatment Guidelines, 2021- Gonococcal Infections Among Adolescents and Adults*. <https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>
- CDC. (2021d, July 22, 2021). *STI Treatment Guidelines, 2021- Hepatitis B Virus (HBV) Infection*. <https://www.cdc.gov/std/treatment-guidelines/hbv.htm>
- CDC. (2021e, July 22, 2021). *STI Treatment Guidelines, 2021- Hepatitis C Virus (HCV) Infection*. <https://www.cdc.gov/std/treatment-guidelines/hcv.htm>
- CDC. (2021f, 7/22/2021). *STI Treatment Guidelines, 2021- HIV Infection: Detection, Counseling, and Referral*. <https://www.cdc.gov/std/treatment-guidelines/hiv.htm>
- de Jong, A., Maya, I., & van Lith, J. M. (2015). Prenatal screening: current practice, new developments, ethical challenges. *Bioethics*, 29(1), 1-8. <https://doi.org/10.1111/bioe.12123>
- Force, U. P. S. T. (2019a). Screening for Asymptomatic Bacteriuria in Adults: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 322(12), 1188-1194. <https://doi.org/10.1001/jama.2019.13069>
- Force, U. P. S. T. (2019b). Screening for Elevated Blood Lead Levels in Children and Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 321(15), 1502-1509. <https://doi.org/10.1001/jama.2019.3326>
- Force, U. P. S. T. (2019c). Screening for Hepatitis B Virus Infection in Pregnant Women: U.S. Preventive Services Task Force Reaffirmation Recommendation Statement. *JAMA*, 322(4), 349-354. <https://doi.org/10.1001/jama.2019.9365>
- Force, U. P. S. T. (2019d). Screening for HIV Infection: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 321(23), 2326-2336.

<https://doi.org/10.1001/jama.2019.6587>

Force, U. P. S. T. (2020). Screening for Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 323(13), 1286-1292. <https://doi.org/10.1001/jama.2020.2684>

Force, U. P. S. T. (2021). Screening for Gestational Diabetes: U.S. Preventive Services Task Force Recommendation Statement. *JAMA*, 326(6), 531-538. <https://doi.org/10.1001/jama.2021.11922>

Graham, C. S., & Trooskin, S. (2020). Universal Screening for Hepatitis C Virus Infection: A Step Toward Elimination. *JAMA*, 323(10), 936-937. <https://doi.org/10.1001/jama.2019.22313> Grant, A., & Mohide, P. (1982). Screening and diagnostic tests in antenatal care. *Effectiveness and satisfaction in antenatal care*, 22-59. <https://books.google.com/books?hl=en&lr=&id=fVH-JYbe2isC&oi=fnd&pg=PA22&dq=screening+versus+diagnostic+tests&ots=WXVxt6ALwT&sig=DUy8K33sGYU72yPEjPHlyTT3ppA#v=onepage&q=screening%20versus%20diagnostic%20tests&f=false>

HRSA. (2022, January 2022). *Women's Preventive Services Guidelines*. U.S. Department of Health and Human Services. Retrieved 11/14/2018 from <https://www.hrsa.gov/womens-guidelines-2016/index.html>

Krist, A. H., Davidson, K. W., Mangione, C. M., Barry, M. J., Cabana, M., Caughey, A. B., Curry, S. J., Donahue, K., Doubeni, C. A., Epling, J. W., Jr., Kubik, M., Ogedegbe, G., Pbert, L., Silverstein, M., Simon, M. A., Tseng, C. W., & Wong, J. B. (2020). Screening for Unhealthy Drug Use: US Preventive Services Task Force Recommendation Statement. *JAMA*, 323(22), 2301-2309. <https://doi.org/10.1001/jama.2020.8020>

LeFevre, M. L., & USPSTF. (2014). Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*, 161(12), 902-910. <https://doi.org/10.7326/m14-1981>

Lockwood, C. J., & Magriples, U. (2023, 7/26/2022). *Prenatal care: Initial assessment*. Wolters Kluwer. Retrieved 05/01/2023 from <https://www.uptodate.com/contents/prenatal-care-initial-assessment>

Moise Jr, K. J. (2022, 12/20/2022). *Prevention of RhD alloimmunization in pregnancy*. <https://www.uptodate.com/contents/prevention-of-rhd-alloimmunization-in-pregnancy>

Richard Alan Harvey. (2023). *Human chorionic gonadotropin: Biochemistry and measurement in pregnancy and disease*. Schrag, S., Gorwitz, R., Fultz-Butts, K., & Schuchat, A. (2002). Prevention of perinatal group B streptococcal disease. Revised guidelines from CDC. *MMWR Recomm Rep*, 51(Rr-11), 1-22. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5111a1.htm>

Siu, A. L. (2015). Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med*, 163(7), 529-536. <https://doi.org/10.7326/m15-1707>

Siu, A. L., & USPSTF. (2016). Screening for depression in adults: U.S. preventive services task force recommendation statement. *JAMA*, 315(4), 380-387. <https://doi.org/10.1001/jama.2015.18392>

Slutsker, J. S., Hennessy, R. R., & Schillinger, J. A. (2018). Factors Contributing to Congenital Syphilis Cases - New York City, 2010-2016. *MMWR Morb Mortal Wkly Rep*, 67(39), 1088-1093. <https://doi.org/10.15585/mmwr.mm6739a3>

USPSTF. (2005). Screening for Rh(D) Incompatibility: Recommendation Statement. *Am Fam Physician*. <https://www.aafp.org/afp/2005/0915/p1087.html>

USPSTF (2016). Serologic screening for genital herpes infection: U.S. preventive services task force recommendation statement. *JAMA*, 316(23), 2525-2530. <https://doi.org/10.1001/jama.2016.16776>

USPSTF. (2018). Screening for syphilis infection in pregnant women: U.S. preventive services task force reaffirmation recommendation statement. *JAMA*, 320(9), 911-917. <https://doi.org/10.1001/jama.2018.11785>

VA, & DOD. (2018). *VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF PREGNANCY*. Washington, D.C.: Department of Veterans Affairs Retrieved from <https://www.healthquality.va.gov/guidelines/WH/up/VADoDPregnancyCPG4102018.pdf>

Vockley, J., Andersson, H. C., Antshel, K. M., Braverman, N. E., Burton, B. K., Frazier, D. M., Mitchell, J., Smith, W. E., Thompson, B. H., & Berry, S. A. (2014). Phenylalanine hydroxylase deficiency: diagnosis and management guideline. *Genet Med*, 16(2), 188-200. <https://doi.org/10.1038/gim.2013.157>

WHO. (2016, November 28). *WHO recommendations on antenatal care for a positive pregnancy experience*. World Health Organization. <https://www.who.int/nutrition/publications/guidelines/antenatalcare-pregnancy-positive-experience/en/>

Yesilcinar, I., & Guvenc, G. (2021). Counselling and education for prenatal screening and diagnostic tests for pregnant women: Randomized controlled trial. *Int J Nurs Pract*, 27(5), e13000. <https://doi.org/10.1111/ijn.13000>

### Policy Update History:

<b>Approval Date</b>	<b>Effective Date; Summary of Changes</b>
09/13/2024	01/01/2025: New policy