

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 Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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: April 28, 2025

Plan Effective Date: August 8, 2025

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 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. Antigen/antibody combination assay screening for HIV infection
 - b. Screening for *Chlamydia trachomatis* infection
 - c. Screening for *Neisseria gonorrhoeae* infection
 - d. Triple panel screening (HBsAg, anti-HBs, total anti-HBc) for hepatitis B
 - e. Screening for syphilis
 - f. Antibody screening for hepatitis C
 - g. Screening for type 2 diabetes at the first prenatal visit
 - h. Screening for gestational diabetes during gestational weeks 24 – 28 and at the first prenatal visit if risk factors are present
 - i. 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 individuals at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
 - j. Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume
 - k. Screening for Group B streptococcal disease (once per pregnancy recommended during gestational weeks 36 to 37)
 - l. Urinalysis and urine culture
 - m. Rubella antibody testing
 - n. Testing for varicella immunity
 - o. Screening for tuberculosis in pregnant individuals deemed to be at high risk for TB)
2. For pregnant individuals who are less than 25 years of age or who are at a continued high risk of infection (e.g., individual has: new or multiple sex partners, a history of sexually transmitted infections, past or current drug use), third trimester re-screening of *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, syphilis, and/or HIV infections **may be reimbursable**.

3. Rapid HIV testing for pregnant individuals who present in active labor with an undocumented HIV status **may be reimbursable**.
4. For individuals who are pregnant with singleton to twin pregnancies and who are presenting in the ambulatory setting with signs or symptoms of preterm labor, a fetal fibronectin (FFN) assay **may be reimbursable**.
5. For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **is not reimbursable**.
6. 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, 83036, 84702, 84703, 84704, 85004, 85007, 85009, 85014, 85018, 85025, 85027, 85032, 85041, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86762, 86780, 86787, 86803, 86804, 86850, 86900, 86901, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87590, 87591, 87653, 87800, 87802, 87810, 87850, G0306, G0307, G0472, S3652

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
04/28/2025	08/08/2025; Removed code 87592. References revised.
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed reference to CPCPLAB022 Prenatal Screening for Fetal Aneuploidy as that policy has been archived. Updated

	<p>recommended testing type for HIV(#1a), Hep B (#1d), and Hep C(#1f), updated spelling of <i>N. gonorrhoeae</i> (#1c, #2); #1k edited for clarity and consistency. Now reads: "a) Antigen/antibody combination assay screening for HIV infection. c) Screening for <i>Neisseria gonorrhoeae</i> infection. d) Triple panel screening (HBsAg, anti-HBs, total anti-HBc) for hepatitis B. f) Antibody screening for hepatitis C. k) Screening for Group B streptococcal disease (once per pregnancy; recommended during gestational weeks 36 to 37)." #2 edited for clarity and consistency. #4 edited for clarity on coverage in relation to setting and now reads: "4) For individuals who are pregnant with singleton or twin pregnancies and who are presenting in the ambulatory setting with signs or symptoms of preterm labor, a fetal fibronectin (FFN) assay may be reimbursable." Statement 6 removed as it was redundant with the rewording of #4. Added code 87389; removed codes 83020, 83021, 85048, 86701, 86702, 86703, G0432, G0433, G0435. References revised.</p>
09/13/2024	01/01/2025: New policy