

## Reimbursement Policy

### Prenatal Screening (Nongenetic)

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[POLICY DESCRIPTION](#) | [INDICATIONS AND/OR LIMITATIONS OF COVERAGE](#) | [APPLICABLE STATE AND FEDERAL REGULATIONS](#) | [APPLICABLE CPT/HCPCS PROCEDURE CODES](#) | [EVIDENCE-BASED SCIENTIFIC REFERENCES](#)

#### I. Policy Description

Prenatal screening encompasses any testing done to determine the health status of the pregnant individual and/or fetus. Biochemical prenatal screening encompasses screening for infectious diseases and conditions that may complicate the pregnancy. Screening refers to testing of asymptomatic or healthy individuals to search for a condition that may affect the pregnancy or individual, whereas diagnostic testing is used to either confirm or refute true abnormalities in an individual.<sup>1,2</sup>

For guidance on thyroid screening in pregnant individuals, please see AHS-G2045-Thyroid Disease Testing. For guidance on fetal aneuploidy screening, please see AHS-G2055-Prenatal Testing for Fetal Aneuploidy. For guidance on screening for Zika virus infection in pregnant individuals, please see AHS-G2158-Testing for Vector-Borne Infections.

#### II. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

- 1) The following routine prenatal screening **MEETS COVERAGE CRITERIA** 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.

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- 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 injection drug use), third trimester re-screening of *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, syphilis, and/or HIV infections **MEETS COVERAGE CRITERIA**.
- 3) 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 **MEETS COVERAGE CRITERIA**.
- 4) For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **DOES NOT MEET COVERAGE CRITERIA**.

*The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.*

- 5) As a technique of risk assessment for preterm labor or delivery, serial monitoring of salivary estriol levels **DOES NOT MEET COVERAGE CRITERIA**.

### III. Applicable State and Federal Regulations

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DISCLAIMER: If there is a conflict between this Policy and any relevant, applicable government policy for a particular member [e.g., Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) for Medicare and/or state coverage for Medicaid], then the government policy will be used to make the determination. For the most up-to-date Medicare policies and coverage, please visit the Medicare search website: <https://www.cms.gov/medicare-coverage-database/search.aspx>. For the most up-to-date Medicaid policies and coverage, please visit the applicable state Medicaid website.

### Food and Drug Administration (FDA)

The FDA has approved many tests for conditions that can be included in a prenatal screening, such as HSV, chlamydia, gonorrhea, syphilis, and diabetes. Additionally, many labs have developed specific tests that they must validate and perform in house. These laboratory-developed tests (LDTs) are regulated by the Centers for Medicare and Medicaid (CMS) as high-complexity tests under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). LDTs are not approved or cleared by the U. S. Food and Drug Administration; however, FDA clearance or approval is not currently required for clinical use.

### IV. Applicable CPT/HCPCS Procedure Codes

CPT	Code Description
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)

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CPT	Code Description
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81007	Urinalysis; bacteriuria screen, except by culture or dipstick
81015	Urinalysis; microscopic only
82677	Estriol
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82947	Glucose; quantitative, blood (except reagent strip)
82950	Glucose; post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83036	Hemoglobin; glycosylated (A1C)
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
84704	Gonadotropin, chorionic (hCG); free beta chain
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count

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CPT	Code Description
85009	Blood count; manual differential WBC count, buffy coat
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85041	Blood count; red blood cell (RBC), automated
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
86580	Skin test; tuberculosis, intradermal
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86704	Hepatitis B core antibody (HBcAb); total
86706	Hepatitis B surface antibody (HBsAb)
86762	Antibody; rubella
86780	Antibody; Treponema pallidum
86787	Antibody; varicella-zoster
86803	Hepatitis C antibody
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)

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CPT	Code Description
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh (D)
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87110	Culture, chlamydia, any source
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result

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CPT	Code Description
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
G0306	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count
G0307	Complete (CBC), automated (HgB, HCT, RBC, WBC; without platelet count)
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)
S3652	Saliva test, hormone level; to assess preterm labor risk

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*Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

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### V. Evidence-based Scientific References

1. Grant A, Mohide P. Screening and diagnostic tests in antenatal care. *Effectiveness and satisfaction in antenatal care*. 1982;22-59.
2. Lockwood CJ, Magriples U. Prenatal care: Initial assessment. Updated October 1, 2024. <https://www.uptodate.com/contents/prenatal-care-initial-assessment>
3. de Jong A, Maya I, van Lith JM. Prenatal screening: current practice, new developments, ethical challenges. *Bioethics*. Jan 2015;29(1):1-8. doi:10.1111/bioe.12123
4. Calhoun DA, Bahr TM. Alloimmune hemolytic disease of the newborn: Postnatal diagnosis and management. Updated July 15, 2024. Accessed 2/1/2021, <https://www.uptodate.com/contents/alloimmune-hemolytic-disease-of-the-newborn-postnatal-diagnosis-and-management>
5. Moise KJJ. RhD alloimmunization: Prevention in pregnant and postpartum patients. Updated September 17, 2024. <https://www.uptodate.com/contents/rhd-alloimmunization-prevention-in-pregnant-and-postpartum-patients>
6. URMC. Fetal Fibronectin. [https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=fetal\\_fibronectin](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=fetal_fibronectin)
7. Lockwood CJ, Senyei AE, Dische MR, et al. Fetal fibronectin in cervical and vaginal secretions as a predictor of preterm delivery. *N Engl J Med*. Sep 5 1991;325(10):669-74. doi:10.1056/nejm199109053251001
8. Blackwell SC, Sullivan EM, Petrilla AA, Shen X, Troeger KA, Byrne JD. Utilization of fetal fibronectin testing and pregnancy outcomes among women with symptoms of preterm labor. *Clinicoecon Outcomes Res*. 2017;9:585-594. doi:10.2147/ceor.S141061
9. Peaceman AM, Andrews WW, Thorp JM, et al. Fetal fibronectin as a predictor of preterm birth in patients with symptoms: a multicenter trial. *Am J Obstet Gynecol*. Jul 1997;177(1):13-8. doi:10.1016/s0002-9378(97)70431-9
10. Cornelissen LGH, van Oostrum NHM, van der Woude DAA, et al. The diagnostic value of fetal fibronectin testing in clinical practice. *Journal of Obstetrics and Gynaecology Research*. 2020;46(3):405-412. doi:10.1111/jog.14201
11. Harvey RA. Human chorionic gonadotropin: Biochemistry and measurement in pregnancy and disease. Updated June 23, 2023. <https://www.uptodate.com/contents/human-chorionic-gonadotropin-biochemistry-and-measurement-in-pregnancy-and-disease>

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12. AACC. 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>
13. Yesilcinar I, Guvenc G. Counselling and education for prenatal screening and diagnostic tests for pregnant women: Randomized controlled trial. *Int J Nurs Pract*. Oct 2021;27(5):e13000. doi:10.1111/ijn.13000
14. Schrag S, Gorwitz R, Fultz-Butts K, Schuchat A. Prevention of perinatal group B streptococcal disease. Revised guidelines from CDC. *MMWR Recommendations and reports : Morbidity and mortality weekly report Recommendations and reports*. Aug 16 2002;51(Rr-11):1-22.
15. Slutsker JS, Hennessy RR, Schillinger JA. Factors Contributing to Congenital Syphilis Cases - New York City, 2010-2016. *MMWR Morbidity and mortality weekly report*. Oct 5 2018;67(39):1088-1093. doi:10.15585/mmwr.mm6739a3
16. ACOG. ACOG Committee Opinion No. 495: Vitamin D: Screening and supplementation during pregnancy. *Obstetrics and gynecology*. Jul 2011;118(1):197-8. doi:10.1097/AOG.0b013e318227f06b
17. ACOG. Committee opinion No. 533: lead screening during pregnancy and lactation. *Obstetrics and gynecology*. Aug 2012;120(2 Pt 1):416-20. doi:10.1097/AOG.0b013e31826804e8
18. ACOG. Routine Tests During Pregnancy. Updated April 2024. <https://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy?>
19. ACOG. Committee Opinion No. 614: Management of pregnant women with presumptive exposure to *Listeria monocytogenes*. *Obstetrics and gynecology*. Dec 2014;124(6):1241-4. doi:10.1097/01.AOG.0000457501.73326.6c
20. ACOG. ACOG Committee Opinion No. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing. *Obstetrics and gynecology*. Jan 2018;133(1):187. doi:10.1097/aog.0000000000003048
21. ACOG. Practice Bulletin No. 181: Prevention of Rh D Alloimmunization. 2017;
22. ACOG. Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion, Number 797. *Obstetrics and gynecology*. Feb 2020;135(2):e51-e72. doi:10.1097/aog.0000000000003668
23. USPSTF. Screening for Gestational Diabetes: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;326(6):531-538. doi:10.1001/jama.2021.11922

## Reimbursement Policy

24. USPSTF. Screening for Hepatitis B Virus Infection in Pregnant Women: US Preventive Services Task Force Reaffirmation Recommendation Statement. *JAMA*. 2019;322(4):349-354. doi:10.1001/jama.2019.9365
25. USPSTF. Screening for Asymptomatic Bacteriuria in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019;322(12):1188-1194. doi:10.1001/jama.2019.13069
26. USPSTF. Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
27. USPSTF. Screening for Rh(D) Incompatibility: Recommendation Statement. *Am Fam Physician*. 2005;
28. USPSTF. Screening for syphilis infection in pregnant women: Us preventive services task force reaffirmation recommendation statement. *JAMA*. 2018;320(9):911-917. doi:10.1001/jama.2018.11785
29. USPSTF. Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>
30. USPSTF. Screening for depression. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions>
31. Graham CS, Trooskin S. Universal Screening for Hepatitis C Virus Infection: A Step Toward Elimination. *JAMA*. 2020;323(10):936-937. doi:10.1001/jama.2019.22313
32. Krist AH, Davidson KW, Mangione CM, et al. Screening for Unhealthy Drug Use: US Preventive Services Task Force Recommendation Statement. *Jama*. Jun 9 2020;323(22):2301-2309. doi:10.1001/jama.2020.8020
33. USPSTF. Screening for Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2020;323(13):1286-1292. doi:10.1001/jama.2020.2684
34. USPSTF. Genital Herpes Infection: Serologic Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/genital-herpes-serologic-screening>

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35. USPSTF. Screening for Elevated Blood Lead Levels in Children and Pregnant Women: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019;321(15):1502-1509. doi:10.1001/jama.2019.3326
36. Siu AL. 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. *Annals of internal medicine*. Oct 6 2015;163(7):529-36. doi:10.7326/m15-1707
37. ElSayed NA, Aleppo G, Aroda VR, et al. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes-2023. *Diabetes Care*. Jan 1 2023;46(Suppl 1):S254-S266. doi:10.2337/dc23-S015
38. CDC. Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Updated March 22, 2024. <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>
39. CDC. Getting Tested for STIs. Updated January 31, 2025. <https://www.cdc.gov/sti/testing/index.html>
40. CDC. STI Treatment Guidelines, 2021- HIV Infection: Detection, Counseling, and Referral. Updated July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/hiv.htm>
41. CDC. STI Treatment Guidelines, 2021- Hepatitis B Virus (HBV) Infection. Updated July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/hbv.htm>
42. CDC. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023. Updated March 10, 2023. <https://www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm>
43. CDC. STI Treatment Guidelines, 2021- Chlamydial Infection. Updated July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>
44. CDC. STI Treatment Guidelines, 2021- Gonococcal Infections Among Adolescents and Adults. Updated September 21, 2022. <https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>
45. CDC. STI Treatment Guidelines, 2021- Hepatitis C Virus (HCV) Infection. Updated July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/hcv.htm>
46. CDC. Clinical Testing and Diagnosis for Zika Virus Disease. Updated February 12, 2025. <https://www.cdc.gov/zika/hcp/diagnosis-testing/>

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47. CDC. Pregnant Women Updated July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/pregnant.htm>
48. CDC. HIV, Viral Hepatitis, STD & Tuberculosis Prevention in Pregnancy. Updated January 24, 2025. <https://www.cdc.gov/pregnancy-hiv-std-tb-hepatitis/about/index.html>
49. Vockley J, Andersson HC, Antshel KM, et al. Phenylalanine hydroxylase deficiency: diagnosis and management guideline. *Genetics in medicine : official journal of the American College of Medical Genetics*. Feb 2014;16(2):188-200. doi:10.1038/gim.2013.157
50. WHO. WHO recommendations on antenatal care for a positive pregnancy experience. Updated November 28, 2016. <https://www.who.int/nutrition/publications/guidelines/antenatalcare-pregnancy-positive-experience/en/>
51. 4.0 VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF PREGNANCY (Department of Veterans Affairs) 147 (2023).
52. HRSA. Women's Preventive Services Guidelines. U.S. Department of Health and Human Services. Updated January 2022. <https://www.hrsa.gov/womens-guidelines-2016/index.html>