

	<i>Prenatal Screening (Nongenetic)</i>	
	Policy Number: POL-PP-302 AHS – G2035	Original Creation Date: 7/1/2025
	Version Number: 002	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Thiopurines are a class of purine antimetabolite immunomodulators with diverse clinical applications in treatment of autoimmune disorders, transplant rejection, and acute lymphoblastic leukemia (Belmont, 2024). Their therapeutic efficacy, bone marrow toxicity, and liver toxicity have been reported to be related to levels of their downstream metabolites. Due to their complex metabolism, patient response varies considerably between individuals, both in achieving therapeutic drug levels as well as in developing adverse reactions (Bradford & Shih, 2011).

Please note that this policy discusses the monitoring of thiopurine metabolite levels in individuals. For guidance on pharmacogenetic testing prior to therapy, please refer to AHS-M2021 Pharmacogenetic Testing

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

The following routine prenatal screening **may be reimbursable** for all pregnant individuals:

- Antigen/antibody combination assay screening for HIV infection
- Screening for Chlamydia trachomatis infection
- Screening for Neisseria gonorrhoeae infection
- Triple panel screening (HBsAg, anti-HBs, total anti-HBc) for hepatitis B
- Screening for syphilis
- Antibody screening for hepatitis C
- Screening for type 2 diabetes at the first prenatal visit
- Screening for gestational diabetes during gestational weeks 24 – 28 and at the first prenatal visit if risk factors are present
- 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
 - Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume
 - Screening for Group B streptococcal disease once per pregnancy, recommended during gestational weeks 36 to 37
 - Urinalysis and urine culture
- Rubella antibody testing
- Testing for varicella immunity
- Screening for tuberculosis in pregnant individuals deemed to be at high risk for TB).

For pregnant individuals, third trimester re-screening of Chlamydia trachomatis, Neisseria gonorrhoeae syphilis, and/or HIV infections **may be reimbursable when any of the following high-risk criteria are met:**

- For individuals under 25 years of age.
- For individuals with new or multiple sexual partners.
- For individuals with a history of sexually transmitted infections.
- For individuals with past or current injection drug use.

Rapid HIV testing for pregnant individuals who present in active labor with an undocumented HIV status may be reimbursable.

For individuals who are pregnant with singleton or twin pregnancies and who are presenting in the ambulatory setting with signs and symptoms of preterm labor, a fetal fibronectin (FFN) assays **may be reimbursable**.

For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **may not be reimbursable**.

Serial monitoring of salivary estriol levels as a technique of risk assessment for preterm labor or delivery **may not be reimbursable**

Coding	
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 (e.g., 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 (e.g., VDRL, RPR, ART) (86592)Antibody screen, RBC, each serum technique (86850)Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
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
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)
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], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Chlamydia trachomatis
87340	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Chlamydia trachomatis
87341	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
87389	Infectious agent antigen detection by immunoassay technique (e.g., 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
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
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
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 (ie, visual) observation; Streptococcus, group B
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) 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

References and Resources

Avalon Medical Policy AHS – G2035 – Prenatal Screening (Nongenetic)

Related Documents

Avalon Medical Policy AHS – G2036 Hepatitis Testing
Avalon Medical Policy AHS – G2045 Thyroid Disease Testing
Avalon Medical Policy AHS – G2055 Prenatal Testing for Fetal Aneuploidy
Avalon Medical Policy AHS – G2157 Diagnostic Testing of Common Sexually Transmitted Infections
Avalon Medical Policy AHS – G2158 Testing for Vector-Borne Infections
Avalon Medical Policy AHS – G2159 β -Hemolytic Streptococcus Testing
Avalon Medical Policy AHS – M2116 Human Immunodeficiency Virus (HIV)
Avalon Medical Policy AHS – M2141 Testing of Homocysteine Metabolism-Related Conditions
Avalon Medical Policy AHS – M2179 Prenatal Screening (Genetic)

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4 th Quarter updates