BlueCross BlueShield of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") 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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") 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

**Policy Number: CPCPLAB014**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

## Description

BCBSNM 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:

1. The following routine prenatal screening **may be reimbursable** for all pregnant women:
    a. Screening for HIV infection
    b. Screening for Chlamydia trachomatis infection
    c. Screening for Neisseria gonorrhea infection
    d. Screening for hepatitis B
    e. Screening for syphilis

f. Screening for hepatitis C
g. Screening for bacteriuria
h. Screening for fetal aneuploidy in accordance with CPCPLAB022 Prenatal Screening for Fetal Aneuploidy
i. Screening for type 2 diabetes at the first prenatal visit
j. Screening for gestational diabetes during gestational weeks 24 – 28 and at the first prenatal visit if risk factors are present
k. 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
l. Screening for anemia meets coverage criteria with a CBC or hemoglobin and hematocrit with mean corpuscular volume
m. Screening for Group B strep once, recommended during gestational weeks 36 to 37 by American College of Obstetricians and Gynecologists (ACOG)
n. Urinalysis and urine culture
o. Rubella antibody testing
p. Testing for varicella immunity
q. Screening for tuberculosis in pregnant women deemed to be at high risk for TB (i.e., women with close contact with individuals with active pulmonary / respiratory tuberculosis or highly contagious active tuberculosis and women who are immunocompromised)

2. Third trimester re-screening of Chlamydia trachomatis, Neisseria gonorrhea, syphilis, and/or HIV infections **may be reimbursable** for pregnant women who meet ANY one of the following high-risk criteria:
    a. Sexually active young individuals under 25 years
    b. New or multiple sexual partners
    c. Past history of sexually transmitted diseases (Bacterial Vaginosis, Chancroid, Chlamydia, Gonorrhea, Genital Herpes, Hepatitis B, Hepatitis C, HIV/AIDS, Human Papillomavirus, Lymphogranuloma Venereum, Syphilis, Trichomoniasis)
    d. Current sex workers
    e. Past or current injection drug use

3. Fetal Fibronectin (FFN) assays **may be reimbursable** for pregnant women who meet ALL of the following criteria:
    a. Singleton or twin gestations,
    b. Intact membranes,
    c. Cervical dilation <3 cm, and
    d. Patient experiencing symptoms suggestive of preterm labor between 24 and less than 35 weeks' gestation.

4. Testing pregnant women for thyroid dysfunction **may be reimbursable** if they have any of the following:
    a. Symptoms of thyroid disease
    b. Personal history of thyroid disease
    c. Personal history of other medical conditions associated with thyroid disease (e.g. diabetes mellitus, goiter, iodine deficiency)

5. Screening for Zika virus testing is covered in accordance with CPCPLAB042 Zika Virus Testing.

6. Fetal RHD genotyping using maternal plasma **may be reimbursable** in RHD negative pregnant women.

7. All other applications of the FFN assay **is not reimbursable**, including, but not limited to the following:
    a. As part of routine pregnancy monitoring in asymptomatic women with singleton gestation and no risk factors for preterm birth.
    b. As part of clinical monitoring of asymptomatic women at high risk for preterm birth, including but not limited to those with multiple gestations, history of preterm birth, uterine malformation, cervical incompetence, or history of two or more spontaneous second trimester abortions.
    c. As part of clinical monitoring in women with triplet or higher-order gestations, intact membranes, cervical dilation <3 cm, and who are experiencing symptoms suggestive of preterm labor.
    d. As a test to identify women at term being considered for induction who are likely to deliver within 24–48 hours and therefore, do not require induction.

8. Serial monitoring of salivary estriol levels as a technique of risk assessment for preterm labor or delivery **is not reimbursable**.

## Procedure Codes

| **Codes** |
|---|
| 80081, 80055, 81001, 81002, 81003, 81007, 81015, 82677, 82731, 82947, 82950, 82951, 82962, 83020, 83021, 83036, 84443, 84999, 85004, 85007, 85009, 85014, 85018, 85025, 85027, 85032, 85041, 85048, 86480, 86580, 86592, 86593, 86631, 86632, 86701, 86702, 86703, 86762, 86787, 86780, 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 |

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## Policy Update History:

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|---|---|
| 5/1/2022 | New policy |