

Reimbursement Policy

Policy Number: RPLAB014

Policy Title: Prenatal Screening (Nongenetic)

Approval Date: Aug. 6, 2026

Effective Date: Dec. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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

For guidance on screening for the following conditions in pregnant individual, please see the corresponding policies:

- Bacteriuria: RPLAB050 Urine Culture Testing for Bacteria
- Diabetes: RPLAB004 Diabetes Mellitus
- Hepatitis: RPLAB015 Hepatitis Testing
- Human immunodeficiency virus (HIV): RPLAB065 Human Immunodeficiency Virus (HIV)
- Thyroid: RPLAB019 Thyroid Disease Testing
- Tuberculosis: CPCPLAB027 Testing for Diagnosis of Active or Latent Tuberculosis
- Zika virus infection: RPLAB052 Testing for Vector-Borne Infections

1. The following routine prenatal screening **may be reimbursable** for all pregnant individuals:
 - a. 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
 - b. Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume
 - c. Screening for Group B streptococcal disease (once per pregnancy recommended during gestational weeks 36 to 37)
 - d. Rubella antibody testing
 - e. Testing for varicella immunity
2. 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**.
3. For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **is not reimbursable**.
4. Testing of salivary hormone levels to assess risk of preterm labor **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.

Code	Description
80055	OBSTETRIC PANEL
80081	OBSTETRIC PANEL
82731	ASSAY OF FETAL FIBRONECTIN
84702	CHORIONIC GONADOTROPIN TEST
84703	CHORIONIC GONADOTROPIN ASSAY
84704	HCG FREE BETACHAIN TEST
85004	AUTOMATED DIFF WBC COUNT
85007	BL SMEAR W/DIFF WBC COUNT
85009	MANUAL DIFF WBC COUNT B-COAT
85014	HEMATOCRIT
85018	HEMOGLOBIN
85025	COMPLETE CBC W/AUTO DIFF WBC
85027	COMPLETE CBC AUTOMATED
85032	MANUAL CELL COUNT EACH
85041	AUTOMATED RBC COUNT
86762	RUBELLA ANTIBODY
86787	VARICELLA-ZOSTER ANTIBODY
86850	RBC ANTIBODY SCREEN
86900	BLOOD TYPING SEROLOGIC ABO
86901	BLOOD TYPING SEROLOGIC RH(D)
87653	STREP B DNA AMP PROBE
87802	STREP B ASSAY W/OPTIC
G0306	CBC/diffwbc w/o platelet
G0307	CBC without platelet
S3652	Saliva test, hormone level;

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
08/06/2026	12/4/2026; Document updated. The following changes were made to Reimbursement Information: Guidance on prenatal screening moved to corresponding policies where screening recommendations in pregnant individuals is addressed. Removed the following subcriteria from #1: #1a (HIV screening found in RPLAB065); #1b, #1c, #1e; #1d, #1f (hepatitis screening found in RPLAB015); #1g, #1h (diabetes screening found in RPLAB004); #1l (bacteriuria screening found in RPLAB050); #1o (TB screening found in CPCPLAB027); removed #2; removed #3 as HIV testing found in RPLAB065. Former #6, now #4 edited for clarity and reads "Testing of salivary hormone levels to assess risk of preterm labor is not reimbursable. Removed codes 81001, 81002, 81003, 81007, 81015, 82677, 82947, 82950, 82951, 82962, 83036, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86780, 86803, 86804, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87494, 87590, 87591, 87800, 87810, 87850, G0472. References revised.
09/05/2025	01/01/2026: New policy