BlueCross BlueShield of Texas

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 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 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;

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

References

1. Grant A, Mohide P. Screening and diagnostic tests in antenatal care. *Effectiveness and satisfaction in antenatal care*. Spastics International Medical Publications London; 1982. https://books.google.com/books?hl=en&lr=&id=fVH-JYbe2isC&oi
2. Lockwood CJ, Magriples U. Prenatal care: Initial assessment. Updated February 23, 2026. 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 D. Alloimmune hemolytic disease of the newborn: Postnatal diagnosis and management. Updated July 15, 2024. https://www.uptodate.com/contents/alloimmune-hemolytic-disease-of-the-newborn-postnatal-diagnosis-and-management
5. Moise Jr KJ. RhD alloimmunization: Prevention in pregnant and postpartum patients. Updated February 23, 2026. 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
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 May 20, 2026. https://www.uptodate.com/contents/human-chorionic-gonadotropin-biochemistry-and-measurement-in-pregnancy-and-disease
12. ADLM. Qualitative Serum Human Chorionic Gonadotropin. Updated March 1, 2021. https://myadlm.org/advocacy-and-outreach/optimal-testing-guide-to-lab-test-utilization/g-s/qualitative-serum-human-chorionic-gonadotropin
13. Betz D, Fane K. Human Chorionic Gonadotropin. *StatPearls*. StatPearls Publishing; 2025. https://www.ncbi.nlm.nih.gov/books/NBK532950/
14. 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
15. 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*. 2002;51(Rr-11):1-22. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5111a1.htm
16. 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
17. 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

18. 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
19. ACOG. Routine Tests During Pregnancy. Updated January 2026. https://www.acog.org/womens-health/faqs/Routine-Tests-During-Pregnancy
20. 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
21. ACOG. ACOG Committee Opinion No. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing. *Obstetrics and gynecology*. Jan 2019;133(1):187. doi:10.1097/aog.0000000000003048
22. ACOG. Practice Bulletin No. 181: Prevention of Rh D Alloimmunization. 2017;doi:10.1097/AOG.0000000000002232
23. 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
24. USPSTF. Screening for Gestational Diabetes: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;326(6):531-538. doi:10.1001/jama.2021.11922
25. 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
26. 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
27. USPSTF. Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
28. USPSTF. Screening for Rh(D) Incompatibility: Recommendation Statement. Updated September 15, 2005. https://www.aafp.org/afp/2005/0915/p1087.html
29. USPSTF. Syphilis Infection During Pregnancy: Screening. Updated May 13, 2025. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening
30. USPSTF. Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. Updated September 14, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening
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. Updated February 14, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/genital-herpes-serologic-screening
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. Committee ADAPP. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2025. *Diabetes Care*. 2024;48(Supplement_1):S306-S320. doi:10.2337/dc25-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 March 17, 2026. https://www.cdc.gov/sti/testing/index.html
40. CDC. HIV Infection: Detection, Counseling, and Referral. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/hiv.htm
41. CDC. 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. Chlamydial Infection. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm
44. CDC. Gonococcal Infections Among Adolescents and Adults. Updated September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm
45. CDC. 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 November 19, 2025. https://www.cdc.gov/zika/hcp/diagnosis-testing/
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 25, 2024. 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. VA, DOD. VA/DOD Clinical Practice Guideline for the Management of Pregnancy. Updated July 2023. https://www.healthquality.va.gov/guidelines/WH/up/VA-DoD-CPG-Pregnancy-Full-CPG_508.pdf
52. AAFP. STIs During Pregnancy. Updated January 2024. https://www.aafp.org/pubs/afp/issues/2024/0100/editorial-sti-pregnancy.html
53. HRSA. Women's Preventive Services Guidelines. https://www.hrsa.gov/womens-guidelines-2016/index.html

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.
01/07/2026	04/24/2026; Added code 87494. No other changes.
09/26/2025	01/03/2026; Document updated with literature review. Reimbursement Information unchanged. References revised.
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 recommended testing type for HIV(#1a), Hep B (#1d), and Hep C(#1f), updated spelling of *N. gonorrhoeae* (#1c, #2); #1k edited for clarity and consistency. Now reads: "a) Antigen/antibody combination assay screening for HIV infection. c) Screening for *Neisseria gonorrhoeae* 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.
09/13/2024	01/01/2025: New policy