

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 Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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)
- Sexually transmitted infections: RPLAB051 Diagnostic Testing of Common Sexually Transmitted Infections
- 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 women 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 and symptoms of preterm labor, a fetal fibronectin (FFN) assays **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: Removed #1a (HIV screening found in RPLAB065); #1b, #1c (STI screening found in RPLAB051); #1d, #1e (hepatitis screening found in RPLAB015); #1f, #1g (diabetes screening found in RPLAB004); #1k (bacteriuria screening found in RPLAB050); #1n (TB screening found in CPCPLAB027). Removed #2 as STI screening found in RPLAB051; 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. Added code 86787. Removed codes 81001, 81002, 81003, 81007, 81015, 82677, 82947, 82950, 82951, 82962, 83036, 86480, 86580, 86631, 86632, 86704, 86706, 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	05/02/2025; The following change was made to Reimbursement Information: removed 1e screening for syphilis. Removed codes 86592, 86593, 86780, 86787, 87592. References revised.
10/30/2024	01/15/2025: 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 <i>N. gonorrhoeae</i> (#1c, #2); #1k edited for clarity and consistency. Now reads: "a) Antigen/antibody combination assay screening for HIV infection. c) Screening for <i>Neisseria gonorrhoeae</i> 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, 0167U. References revised; some added, others updated.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised to include Note 1 that references other policies: For thyroid screening in pregnant individuals, see CPCPLAB019 Thyroid Disease Testing. For fetal aneuploidy screening, see CPCPLAB022 Prenatal Screening for Fetal Aneuploidy. For screening for Zika virus infection in pregnant individuals, see CPCPLAB052 Testing for Vector-Borne Infections. Addition of those reference notes resulted in removal of 1h, Screening for fetal aneuploidy in accordance with CPCPLAB022 Prenatal Screening for Fetal Aneuploidy; removal of #5 regarding testing pregnant women for thyroid dysfunction; and #6 Screening for Zika virus testing in accordance with CPCPLAB042 Zika Virus Testing (now part of CPCPLAB052 Testing for Vector-Borne Infections); removed #7 Fetal RHD genotyping using maternal plasma may be reimbursable in RHD negative pregnant women. Added new #5 For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing is not reimbursable. Women changed to individuals throughout; other revisions made for clarity. References revised.
11/1/2022	11/01/2022: New policy