

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 1 of 22

The Patient Protection and Affordable Care Act of 2010 (the “ACA”) requires that “non-grandfathered” insured and self-insured group health plans and individual insurance policies provide full coverage, with no cost-sharing for the member, for certain preventive care services that members receive from participating providers. The ACA defines preventive services to include for covered adults and children, as applicable, certain annual or periodic exam, screening, counseling and immunization services, and, for women with reproductive capacity, certain contraceptive methods and related counseling.

These preventive services are described in the United States Preventive Services Task Force (USPSTF) A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), the Health Resources and Services Administration (HRSA) Guidelines including the Health and Human Services (HHS) Health Plan Coverage Guidelines for Women’s Preventive Services and the American Academy of Pediatrics (AAP) Bright Futures periodicity guidelines.

**PURPOSE:**

The intent of this policy is to identify prenatal services required to be covered at the preventive (no cost-sharing) level of benefit under the ACA, and to define routine prenatal services in addition to those required by the ACA, that are subject to the Plan’s provisions. Coverage of medications at the preventive (no cost-sharing) level of benefit are not addressed in this policy.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Health care services required to be covered under the ACA are a covered benefit with no cost-sharing. Benefits must be available for health care services. Health care services must be ordered by a provider and must be medically necessary.

**COVERAGE:**

- The prenatal services required to be covered as preventive services under the ACA are 100% or fully covered by the plan when they are received from participating providers. The plan’s benefit level may be lower (less than 100%) when these services are received from non-participating providers. Refer to the member’s COC or SPD for the applicable non-participating provider benefit level.
- The routine prenatal services that are identified as being “in addition to those required to be covered under the ACA” may also be paid at a lower benefit level, subject to cost-sharing, regardless of whether they are received from participating or non-participating providers. Refer to the member’s COC or SPD for applicable participating or non-participating provider benefit level.
- The plan will pay for services only when, at the time of service, the member is eligible for and properly enrolled in coverage, and the member and/or employer have timely paid for coverage.
- As new recommendations are issued or updated, coverage must commence in the next plan year that begins on or after exactly one year from the recommendation’s issue date.
- Generally, if a preventive service results in follow up treatment for an identified condition or illness, such follow up treatment is not a preventive health care service. Services that are not preventive may

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 2 of 22

be covered as medical care or treatment services under another non-preventive provision of the plan, and subject to the applicable member cost-sharing.

- Coverage and benefits for preventive health care services, and the frequency, method, treatment or setting for them is subject to any limits and exclusions set forth in the applicable certificate of coverage or contract, plan document or SPD, and to the plan's usual policies, processes and requirements

<b>USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES<sup>2</sup> (ACA)</b> <b>(does not include preventive medications)</b>		
<b>Coverage Provision</b> <b>Date of Release and Rating</b> <small>A date in this column is when the listed rating was released, not when the benefit is effective</small>	<b>Services and Codes</b>	<b>Notes</b>
<b>Asymptomatic Bacteriuria Screening: Pregnant Women</b> USPSTF (Sept 2019): B The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant persons.	<b>Procedure Code(s):</b> <i>Bacteriuria Screening</i> 81007 87086, 87088  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Bacteriuria Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Breastfeeding: Primary Care Interventions: Pregnant women, new mothers, and their children</b> USPSTF (Oct 2016): B The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.  <u>See below for HRSA requirement</u>	<b>Procedure Code(s):</b> N/A  <b>ICD-10 Diagnosis Code(s):</b> N/A	<i>Breastfeeding Interventions:</i> Included in office visit
<b>Counseling for Healthy Weight and Weight Gain During Pregnancy</b> USPSTF (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.	<b>Procedure Code(s):</b> <i>Medical Nutrition Therapy</i> 97802, 97803, 97804, G0270, G0271, S9470  <i>Preventive Medicine Individual Counseling</i> 99401, 99402, 99403, 99404  <i>Behavioral Counseling or Therapy</i> G0447, G0473  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Medical Nutrition Therapy, Preventive Medicine Individual Counseling:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Behavioral Counseling or Therapy</i> Payable when submitted with a procedure code in this row; no specific diagnosis code required

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 3 of 22

<b>USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES<sup>2</sup> (ACA)</b> <b>(does not include preventive medications)</b>		
<b>Coverage Provision</b> <b>Date of Release and Rating</b> <small>A date in this column is when the listed rating was released, not when the benefit is effective</small>	<b>Services and Codes</b>	<b>Notes</b>
<b>Depression in Adults:</b> <b>Screening: general adult population, including pregnant and postpartum women</b> USPSTF (Jan 2016) B The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women.	<b>Procedure Code(s):</b> 96127, 96161, G0444  <b>ICD-10 Diagnosis Code(s):</b> Z13.31, Z13.32	<i>Depression Screening:</i> 96127, 96161 covered up to 4 times per year Payable when submitted with a diagnosis code in this row  G0444 covered and payable once per year; no specific diagnosis code required
<b>Gestational Diabetes Mellitus: Screening</b> USPSTF (August 2021): B The USPSTF recommends screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation, or after.  See below for HRSA requirement	<b>Procedure Code(s):</b> <i>Gestational Diabetes Mellitus Screening</i> 82947, 82948, 82950, 82951, 82952, 83036  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Gestational Diabetes Mellitus Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code (regardless of gestational week)  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Hepatitis B Screening: Pregnant Women</b> USPSTF (Jul 2019): A The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	<b>Procedure Code(s):</b> <i>Hepatitis B Virus Infection Screening</i> 87340, 87341, 87467  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Hepatitis B Virus Infection Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 4 of 22

<b>USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES<sup>2</sup> (ACA)</b> <b>(does not include preventive medications)</b>		
<b>Coverage Provision</b> <b>Date of Release and Rating</b> <small>A date in this column is when the listed rating was released, not when the benefit is effective</small>	<b>Services and Codes</b>	<b>Notes</b>
<b>Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons</b> USPSTF (Jun 2019): A The USPSTF recommends that clinicians screen for HIV infection in all pregnant women, including those who present in labor whose HIV status is unknown.	<b>Procedure Code(s):</b> <i>HIV Virus Screening</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>HIV Virus Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Perinatal Depression: Preventive Interventions: pregnant and postpartum persons</b> USPSTF (Feb 2019): B The USPSTF recommends that all clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.	<b>Procedure Code(s):</b> <i>Preventive Medicine Individual Counseling:</i> 99401, 99402, 99403, 99404 <i>Preventive Medicine, Group Counseling:</i> 99411, 99412  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code or Z13.32 (encounter for screening for maternal depression)	<i>Preventive Medicine Counseling:</i> Up to 12 counseling sessions (combination individual and/or group) covered Payable when submitted with a procedure code in this row; and a diagnosis code in the row
	<b>Procedure Code(s):</b> <i>Preventive Medicine Services (E &amp; M):</i> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397  <b>ICD-10 Diagnosis Code(s):</b> No specific diagnosis code required	

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 5 of 22

<b>USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES<sup>2</sup> (ACA)</b> <b>(does not include preventive medications)</b>		
<b>Coverage Provision</b> <b>Date of Release and Rating</b> <small>A date in this column is when the listed rating was released, not when the benefit is effective</small>	<b>Services and Codes</b>	<b>Notes</b>
<b>Preeclampsia: Screening</b> USPSTF (April 2017): B The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	<b>Procedure Code(s):</b> N/A  <b>ICD-10 Diagnosis Code(s):</b> N/A	<i>Preeclampsia Screening</i> Included in office visit
<b>RH(D) Incompatibility Screening: First Pregnancy Visit</b> USPSTF (Feb 2004): A The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. <b>RH(D) Incompatibility Screening: 24-28 Weeks Gestation</b> USPSTF (Feb 2004): B The USPSTF recommends 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>Procedure Code(s):</b> <i>RH Incompatibility Screening</i> 86850, 86901, test also included and payable in panels 80053 and 80081  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>RH Incompatibility Screening:</i> Up to 2 tests payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Syphilis Screening: Pregnant Women</b> USPSTF (Sept 2018): A The USPSTF recommends early screening for syphilis infection in all pregnant women.	<b>Procedure Code(s):</b> <i>Syphilis Screening</i> 86592, 86593, 86780, 0065U test also included and payable in panels 80053 and 80081  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Syphilis Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 6 of 22

<b>USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES<sup>2</sup> (ACA)</b> <b>(does not include preventive medications)</b>		
<b>Coverage Provision</b> <b>Date of Release and Rating</b> <small>A date in this column is when the listed rating was released, not when the benefit is effective</small>	<b>Services and Codes</b>	<b>Notes</b>
<b>Tobacco Use: Counseling and Interventions: Adults (pregnant and non-pregnant)</b> USPSTF (Jan 2021): A The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	<b>Procedure Code(s):</b> <i>Tobacco Smoking Behavioral Interventions</i> 99406, 99407  <b>ICD-10 Diagnosis Code(s):</b> O99.330 – O99.335	<i>Tobacco Smoking Behavioral Interventions:</i> 2 occurrences covered Payable when submitted with a procedure code in this row; and a diagnosis code in this row
<b>Unhealthy Alcohol Use: Adults</b> USPSTF (Nov 2018) Rating: B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	<b>Procedure Code(s):</b> <i>Alcohol or Drug Use Screening</i> 99408, 99409 <i>Annual Alcohol Screening:</i> G0442 <i>Brief Counseling for Alcohol</i> G0443  <b>ICD-10 Diagnosis Code(s):</b> No specific diagnosis code requirement	<i>Alcohol and Drug Use Screening:</i> Payable when submitted with a procedure code in this row; no specific diagnosis code required  <i>Counseling:</i> Up to 4 sessions covered Payable when submitted with a procedure code in this row; no specific diagnosis code required

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 7 of 22

**HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)  
WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES<sup>3</sup> (ACA)**

Coverage Provision	Services and Codes	Notes
<b>Breastfeeding Services and Supplies</b> Comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding.  See above for USPSTF requirement	<b>Procedure Code(s):</b> <i>Counseling and Education</i> 98960, 98961, 98962, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401-99404, 99411-99412, S9443  <b>ICD-10 Diagnosis Code(s):</b> B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2	<i>Counseling and Education:</i> Payable when submitted with a procedure code in this row; and a diagnosis code in this row  (No specific diagnosis code is required for S9443)
	<i>Breast Pump Equipment Personal Use</i> E0602, E0603  Hospital Grade E0604	<i>Breast Pump Equipment:</i> One purchase per pregnancy is covered at any time following delivery (even in the case of a birth resulting in multiple infants) E0602, E0603 payable when submitted with a pregnancy diagnosis code; or a diagnosis code in this row E0604 is covered when a newborn remains in the hospital after the mother is discharged. Coverage is up to the maximum rental price of \$500 or the date the infant is discharged, whichever comes first. Payable when submitted with a pregnancy diagnosis code; or a diagnosis code in this row
	<i>Breast Pump Supplies</i>	<i>Breast Pump Supplies</i>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 8 of 22

**HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)  
WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES<sup>3</sup> (ACA)**

Coverage Provision	Services and Codes	Notes
	A4281, A4282, A4283, A4284, A4285, A4286, A4287, K1005  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code; or Z39.1, Z39.2	Coverage is limited to the supplies necessary for the operation of a personal-use manual or electric pump. Necessary supplies include: pump tubing, pump adaptor, cap for breast pump bottle, breast-nipple shield/splash protector required for the pump to operate, bottles specific to breast pump operation, locking rings, valves, filters, and breast milk storage bags. Coverage of replacement supplies extends for the duration of breastfeeding. Coverage does not include, but not limited to, nursing pads.  Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; or a diagnosis code in this row
<b>Screening for Anxiety</b> Screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.	<b>Procedure Code(s):</b> 96127  <b>ICD-10 Diagnosis Code(s):</b> Z13.39	<b>Anxiety Screening:</b> Covered for females, up to four times, annually Payable when submitted with a procedure code in this row; and a diagnosis code in this row
<b>Screening for Diabetes Mellitus after Pregnancy</b> Screening women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum.  See above for USPSTF requirement	<b>Procedure Code(s):</b> <i>Diabetes Screening</i> 82947, 82948, 82950, 82951, 82952, 83036  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Z00.00, Z00.01, Z13.1	<b>Diabetes Screening:</b> Payable when submitted with a procedure code in this row; and a diagnosis code in this row  <b>Blood draw:</b> Payable when submitted with a procedure code in this row; and a diagnosis code in this row  [NOTE: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied.]
<b>Screening for Diabetes in Pregnancy</b>	<b>Procedure Code(s):</b> <i>Diabetes Screening</i>	<b>Diabetes Screening:</b> Payable when submitted with a procedure code in this row; and



<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 9 of 22

**HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)  
WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES<sup>3</sup> (ACA)**

Coverage Provision	Services and Codes	Notes
<p>Screening pregnant women for gestational diabetes after 24 weeks of gestation (preferably between 24-38 weeks) to prevent adverse birth outcomes. Women with risk factors for type 2 diabetes or gestational diabetes mellitus (GDM) may be screened for preexisting diabetes before 24 weeks of gestation – ideally at the first prenatal visit.</p> <p>See above for USPSTF requirement</p>	<p>82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p>a pregnancy diagnosis code (regardless of gestational week)</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p>[NOTE: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied.]</p>
<p><b>Screening for Human Immunodeficiency Virus Infection</b></p> <p>Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.</p> <p>See above for USPSTF requirement</p>	<p><b>Procedure Code(s):</b> <i>HIV Virus Screening</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>HIV Virus Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<p><b>Well-Woman Visits</b></p> <p>Women should receive at least one preventive visit per year beginning in adolescence and continuing across the lifespan to ensure that the recommended preventive services, including preconception and many services necessary for prenatal and interconception, are</p>	<p><b>Procedure Code(s):</b> <i>Prenatal Office Visits - E &amp; M</i> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, G0463</p> <p><i>Physician prenatal education, group setting</i> 99078</p>	<p><i>Prenatal Office Visits – E &amp; M:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Physician prenatal education, group setting:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 10 of 22

**HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)  
WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES<sup>3</sup> (ACA)**

Coverage Provision	Services and Codes	Notes
<p>obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include pre-pregnancy, prenatal, postpartum and interpregnancy visits.</p>	<p><i>Prenatal Care Visits</i> 59425, 59426</p>	<p><i>Prenatal Care Visits</i> Payable when submitted with a procedure code in this row; no specific diagnosis code required</p>
	<p><i>Global Obstetrical Codes</i> 59400, 59510, 59610, 59618</p>	<p><i>Global Obstetrical Codes</i> The routine, low-risk, prenatal visit portion of the code is payable; no specific diagnosis code required</p>
	<p><i>Postpartum Care Visits (outpatient)</i> 59430</p>	<p><i>Postpartum Care Visits</i> Payable when submitted with a procedure code in this row; no specific diagnosis code required</p>
	<p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 11 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Complete blood count (CBC) and repeat CBC<sup>5,16</sup></b>	<p><b>Procedure Code(s):</b> <i>CBC</i> 85025, 85027, test also included and payable in panels 80053 and 80081</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>CBC:</i> Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Hemoglobin (HGB) or hematocrit (HCT) baseline and repeated in third trimester<sup>6,16</sup></b>	<p><b>Procedure Code(s):</b> <i>HGB, HCT</i> 85014, 85018, test also included and payable in panels 80053 and 80081</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>HGB, HCT:</i> Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<p><b>Blood group (blood typing)<sup>5,16</sup></b></p> <p><b>D Rh antibody test<sup>5</sup> determination. Unsensitized, Rh-negative member should have a repeat antibody test at approx. 28 weeks<sup>6,16</sup></b></p> <p>See above for USPSTF requirement</p>	<p><b>Procedure Code(s):</b> <i>Blood group</i> 86900</p> <p><i>D Rh Antibody</i> 86901, test also included and payable in panels 80053 and 80081</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Blood Group:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>D Rh Antibody:</i> Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 12 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Urinalysis (UA)/urine culture (UC)<sup>5,6,16</sup></b>  See above for USPSTF requirement	<b>Procedure Code(s):</b> <i>Urinalysis</i> 81000, 81001 <i>Urine Culture</i> 81007 87086, 87088  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Urinalysis and Urine Culture:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Rubella Antibody Titer<sup>5,6</sup></b>	<b>Procedure Code(s):</b> <i>Rubella titer</i> 86762, test also included and payable in panels 80053 and 80081  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Rubella Antibody Titer:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Syphilis Screen (VDRL/RPR)<sup>5,6,16</sup></b>  See above for USPSTF requirement	<b>Procedure Code(s):</b> <i>Syphilis test, non-treponemal antibody; qualitative</i> 86592, 86593, 86780, 0065U test also included and payable in panels 80053 and 80081  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Syphilis Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
<b>Hepatitis B Screening<sup>5,6,16</sup></b>  See above for USPSTF requirement	<b>Procedure Code(s):</b> <i>Hepatitis B screening</i> 87340,87341,87467 test also included and payable in panels 80053 and 80081  <i>Blood draw</i> 36415  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Hepatitis B Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code  <i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 13 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Hepatitis C Screening<sup>5</sup></b>	<p><b>Procedure Code(s):</b> <i>Hepatitis C screening</i> 86803, 86804</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Hepatitis C Screening:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Sexually transmitted disease screening (includes chlamydia, gonorrhea, HIV) – may be repeated if person belongs to a high-risk population<sup>5,6,16</sup></b>	<p><b>Procedure Code(s):</b> <i>Chlamydia</i> 87491 <i>n. Gonorrhea</i> 87590, 87591, 87592, 87850</p> <p><i>HIV Virus Screening</i> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Sexually Transmitted Diseases Screening:</i> Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Tuberculosis Screening (Mantoux skin test or interferon-gamma release assay)<sup>5,6,16</sup></b>	<p><b>Procedure Code(s):</b> <i>Tuberculosis screening</i> 86580, 86840</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Tuberculosis Screening</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<p><b>Diabetes Mellitus Screening<sup>5,6,16</sup></b></p> <p>See above for USPSTF requirement</p> <p>See above for HRSA requirement</p>	<p><b>Procedure Code(s):</b> <i>Diabetes Mellitus screening</i> 82947, 82948, 82950, 82951, 82952, 83036</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Glucose Screening Test:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 14 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

<b>Coverage Provision</b>	<b>Services and Codes</b>	<b>Notes</b>
<b>Group B Streptococci (GBS)<sup>5,16</sup></b>	<p><b>Procedure Code(s):</b> <i>Group B Streptococci</i> 87653</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Group B Streptococci:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Cervical cytology<sup>6</sup></b>	<p><b>Procedure Code(s):</b> <i>Cervical cytology</i> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Cervical Cytology:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Prenatal/carrier screening for genetic disorders<sup>6,8</sup></b>		
<p><b>Genetic testing for all pregnant women “other inheritable diseases”<sup>6</sup></b> Cystic Fibrosis (CF)<sup>9</sup></p> <p>Spinal Muscular Atrophy (SMA)<sup>9</sup></p> <p>Thalassemias<sup>6</sup> and Hemoglobinopathies<sup>9</sup> (includes sickle cell anemia<sup>6</sup>)</p>	<p><b>Procedure Code(s):</b> <i>Genetic Testing</i> <i>Cystic Fibrosis</i> CFTR gene 81220</p> <p><i>Spinal Muscular Atrophy</i> SMN1/SMN2 genes 81329, 81336, 81337, 0236U</p> <p><i>Thalassemia and hemoglobinopathies</i> HBB gene 81257, 81258, 81259, 81269, 81361, 81362, 81363, 81364</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Genetic Testing:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>



<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 16 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Family history of a sex-linked condition<sup>6,9</sup></b>	<p><b>Procedure Code(s):</b> <i>Genetic Testing</i> Fragile X FMR1 gene 81243, 81244</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Genetic Testing:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; and is medically necessary</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Tay-Sachs<sup>6</sup></b>	<p><b>Procedure Code(s):</b> <i>Genetic Testing</i> HEXA gene 81255</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Genetic Testing:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; and is medically necessary</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Antepartum fetal surveillance<sup>6,16</sup></b>		
<b>Biophysical Profile (BPP)/ Biophysical Profile (BPP) Modified (Non- Stress Test [NST], Amniotic Fluid Index)</b>	<p><b>Procedure Codes</b> <i>BPP modified</i> 76818, 59025 <i>BPP</i> 76819</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Biophysical Profile:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Contraction Stress Test (CST)/ Oxytocin (OCT)</b>	<p><b>Procedure Codes</b> <i>CST/ OCT</i> 59020</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Contraction Stress Test:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Non-stress Test (NST)</b>	<p><b>Procedure Codes</b> NST 59025</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Non-stress Test:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>



<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 17 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Fetal Aneuploidy<sup>8,16</sup> and Neural Tube Defect Screening<sup>6,11,16</sup>, includes screening for genetic disorders based on advanced maternal age and previous offspring with a chromosomal aberration, ie, autosomal trisomy</b>		
<b>Amniocentesis<sup>16</sup></b>	<p><b>Procedure Codes</b> <i>Amniocentesis</i> 59000</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Amniocentesis:</i> Covered for members age 35 years and older at time of delivery Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>First Trimester Screen – Nuchal Translucency Measurement (NT), Human Chorionic Gonadotropin (hCG) and Pregnancy Associated Plasma Protein A (PAPP-A)</b>	<p><b>Procedure Codes</b> <i>First Trimester Screen NT, hCG, PAPP-A</i> 76813, 76814, 81508</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>First Trimester Screen:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Triple Screen<sup>6</sup> hCG, Alpha Fetoprotein (AFP) and Unconjugated Estriol (uE3)</b>	<p><b>Procedure Codes</b> <i>Triple Screen hCG AFP, uE3</i> 81510</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Triple Screen:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Quad Screen<sup>16</sup> hCG, AFP, Dimeric Inhibin A (DIA) and uE3</b>	<p><b>Procedure Codes</b> <i>Quad Screen hCG, AFP, DIA, uE3</i> 81511</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Quad Screen:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 18 of 22

**ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA  
(SUBJECT TO PLAN PROVISIONS)**

Coverage Provision	Services and Codes	Notes
<b>Integrated Screen<sup>16</sup></b> <b>NT, PAPP-A then Quad Screen</b>	<p><b>Procedure Codes</b> <i>NT plus PAPP-A</i> 76813 or 76814, 84163</p> <p><i>Quad Screen</i> <i>hCG, AFP, DIA, uE3</i> 81511</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>NT plus PAPP-A/Quad Screen:</i> Payable when submitted a procedure code in this row; and A pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Sequential Stepwise or Contingent Screen<sup>16</sup></b> <b>NT, hCG, PAPP-A, then Quad Screen</b>	<p><b>Procedure Codes</b> <i>Sequential Stepwise or Contingent Screen</i> <i>NT, hCG, PAPP-A</i> 76813 or 76814, 81508</p> <p><i>Quad Screen</i> <i>hCG, AFP, DIA, uE3</i> 81511</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Sequential Stepwise, Contingent/ Quad Screen:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>
<b>Cell-free fetal DNA (cfDNA)<sup>16</sup></b>	<p><b>Procedure Codes</b> <i>cfDNA</i> 0009M, 81420, 81507, 0168U</p> <p><i>Blood draw</i> 36415</p> <p><b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code</p>	<p><i>Cell-free fetal DNA (cfDNA):</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p> <p><i>Blood draw:</i> Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code</p>

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 19 of 22

ROUTINE PRENATAL SERVICES IN ADDITION TO THOSE REQUIRED BY THE ACA (SUBJECT TO PLAN PROVISIONS)		
Coverage Provision	Services and Codes	Notes
<b>Ultrasound</b> <sup>10,13,16</sup>		
<b>Ultrasound (US), Obstetrical</b>  (see above for USs associated with BPP and First Trimester Screen)	<b>Procedure Codes</b> <i>Ultrasound</i> 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817  <b>ICD-10 Diagnosis Code(s):</b> Pregnancy Diagnosis Code	<i>Ultrasound:</i> Up to 2 routine two-dimensional standard, specialized, or limited obstetrical ultrasound examinations covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

**BACKGROUND:**

This coverage position is based on the following:

- USPSTF Final Recommendation Statements applicable to pregnant women
- Comprehensive guidelines supported by the Health Resources & Services Administration (HRSA) for women, as found in the Women’s Preventive Services Guidelines and for infants, children, and adolescents, as found in the Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and the Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children (SACHDNC).

The ACA preventive provisions require 100% coverage for some prenatal services, screenings and blood tests that are received from a network provider while a woman/adolescent female is pregnant; but 100% coverage is not required for all prenatal exams and services or for the delivery.

In addition to ACA preventive provisions, Aspirus Health Plan COCs and SPDs define routine prenatal care services to include the comprehensive package of medical and psychosocial support provided throughout the pregnancy, including risk assessment, serial surveillance, prenatal education and use of routine specialized skills and technology as defined by Standards for Obstetric-Gynecologic Services issued by the American College of Obstetricians and Gynecologists. These services are listed in the “in addition to the ACA” subsection of the COC or SPD. Coverage for routine prenatal care services, in addition to the ACA, may be at 100% or as defined by the plan.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 20 of 22

**RELATED CRITERIA/POLICIES:**

Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria  
 Clinical Policy: Coverage Determination Guidelines MP/C009  
 Clinical Policy: Routine Preventive Immunizations MP/I003  
 Clinical Policy: Genetic Testing for Reproductive Carrier Screening MC/L017

**REFERENCES:**

1. Department of Labor: <https://www.dol.gov/agencies/ebsa>.
2. Published Recommendations, U.S. Preventive Services Task Force: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations>. Accessed 12-20-23
3. Women’s Preventive Services Guidelines: <https://www.hrsa.gov/womens-guidelines>. Date Last Updated December 2022 Accessed 12-20-23
4. FAQs About Affordable Care Act Implementation Part 36. U.S. Department of Labor. Employee Benefits Security Administration. January 9, 2017.
5. FAQ133 Pregnancy. The American College of Obstetricians and Gynecologists. August 2023. Retrieved from <https://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy>. Accessed 12-20-23
6. American College of Obstetricians and Gynecologists (ACOG). Committee on Professional Standards. *Standards for Obstetric-Gynecologic Services*. 7<sup>th</sup> ed. 1989. The American College of Obstetricians and Gynecologists.
7. American College of Obstetricians and Gynecologists (ACOG). American College of Obstetricians and Gynecologists *Guidelines for Women’s Health Care*. 1996. American College of Obstetricians and Gynecologists.
8. American College of Obstetricians and Gynecologists (ACOG) Committee on Genetics. ACOG Committee Opinion: Carrier Screening in the Age of Genomic Medicine. Number 690. March 2017 (Reaffirmed 2020).
9. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion: Carrier Screening for Genetic Conditions. Number 691, March 2017 (Reaffirmed 2020).
10. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion: Presidential Task Force on Redefining the Postpartum Visit. Number 736. May 2018 (Reaffirmed 2021).
11. American Congress of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin. Hemoglobinopathies in Pregnancy. Number 78, January 2007, (Reaffirmed 2021).
12. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin: Prenatal Diagnostic Testing for Genetic Disorders. Number 162, May 2016 (Reaffirmed 2020).
13. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin: Ultrasound in Pregnancy. Number 175. December 2016, (Reaffirmed 2022).
14. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin: Neural Tube Defects. Number 187. December 2017. (Reaffirmed 2021).
15. Society for Maternal-Fetal Medicine (SMFM). SMFM Statement: Clarification of recommendations regarding cell-free DNA aneuploidy screening. *American Journal of Obstetrics & Gynecology*. 2015;213(6):753-754.
16. Guidelines for Perinatal Care. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Eighth Edition. 2017.
17. American Institute of Ultrasounds in Medicine (AIUM) Practice Parameter for the Performance of detailed Second-and Third-Trimester Diagnostic Obstetric Ultrasound Examinations. *J Ultrasound Med* 2019; 38:3093–3100.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 21 of 22

**DOCUMENT HISTORY:**

<b>Created Date:</b> 06/28/23
<b>Reviewed Date:</b> 10/30/23
<b>Revised Date:</b> 08/31/23, 12/20/23, 02/05/24, 06/05/24

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 06/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Medical Policy Document:</b> Prenatal, Preventive Services and Routine Services	<b>Replaces Effective Policy Dated:</b> 01/05/24
<b>Reference #:</b> MP/P021	<b>Page:</b> 22 of 22

### **Attachment A**

**ICD-10 Pregnancy Diagnosis Codes (click the link below):**

<https://www.preferredone.com/shared/MedicalPolicy/MedicalPolicyBPO/DxCodes-Pregnancy.pdf>

## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).