PreferredOne®

Department of Origin: Integrated Healthcare Services	**Effective Date:** 10/01/23
Approved by: Chief Medical Officer	**Date Approved:** 07/10/23
Medical Policy Document: Preventive Coverage for Prenatal Services	**Replaces Effective Policy Dated:** 07/14/23
Reference #: MP/P015	**Page:** 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.

For insured individual, small and large groups, additional preventive services are covered in accordance with applicable state statutes.

PURPOSE:
The intent of this policy is to provide guidelines for prenatal services covered at the preventive, no cost-sharing level of benefit. 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 are a covered benefit with no cost-sharing in compliance with the ACA and state mandated requirements.

COVERAGE:
- The services are 100% or fully covered by the plan when they are received from PreferredOne's participating providers. The plan's benefit level will be lower (less than 100%) when these services are received from non-participating providers. Refer to the applicable COC or SPD for the applicable non-participating provider benefit level.
- These services are covered services under the plan, and the plan will pay for them 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 your 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 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.

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

USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES[2] (does not include preventive medications)		
Coverage Provision Date of Release and Rating A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
Depression in Adults: Screening: general adult population, including pregnant and postpartum women USPSTF (Jan 2016) B The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women.	**Procedure Code(s):** 96127, 96161, G0444 **ICD-10 Diagnosis Code(s):** Z13.31, Z13.32	*Depression Screening*: 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
Gestational Diabetes Mellitus: Screening 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	**Procedure Code(s):** *Gestational Diabetes Mellitus Screening* 82947, 82948, 82950, 82951, 82952, 83036 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Gestational Diabetes Mellitus Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code (regardless of gestational week) *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Hepatitis B Screening: Pregnant Women USPSTF (Jul 2019): A The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit.	**Procedure Code(s):** *Hepatitis B Virus Infection Screening* 87340, 87341, 87467 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Hepatitis B Virus Infection Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES[2] (does not include preventive medications)		
Coverage Provision Date of Release and Rating A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons 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.	**Procedure Code(s):** *HIV Virus Screening* 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*HIV Virus Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Perinatal Depression: Preventive Interventions: pregnant and postpartum persons 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.	**Procedure Code(s):** *Preventive Medicine Individual Counseling*: 99401, 99402, 99403, 99404 *Preventive Medicine, Group Counseling:* 99411, 99412 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code or Z13.32 (encounter for screening for maternal depression)	*Preventive Medicine Counseling*: 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
	Procedure Code(s): *Preventive Medicine Services (E & M):* 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 **ICD-10 Diagnosis Code(s):** No specific diagnosis code required	*Preventive Medicine Services* Payable when submitted with a procedure code in this row; no specific diagnosis required

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

USPSTF RECOMMENDED PREVENTIVE CARE RELATED TO PRENATAL SERVICES[2] (does not include preventive medications)		
Coverage Provision Date of Release and Rating A date in this column is when the listed rating was released, not when the benefit is effective	**Services and Codes**	**Notes**
Tobacco Use: Counseling and Interventions: Adults (pregnant and non-pregnant) 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.	**Procedure Code(s):** *Tobacco Smoking Behavioral Interventions* 99406, 99407 **ICD-10 Diagnosis Code(s):** O99.330 – O99.335	*Tobacco Smoking Behavioral Interventions*: 2 occurrences covered Payable when submitted with a procedure code in this row; and a diagnosis code in this row
Unhealthy Alcohol Use: Adults 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.	**Procedure Code(s):** *Alcohol or Drug Use Screening* 99408, 99409 *Annual Alcohol Screening:* G0442 *Brief Counseling for Alcohol* G0443 **ICD-10 Diagnosis Code(s):** No specific diagnosis code requirement	*Alcohol and Drug Use Screening*: Payable when submitted with a procedure code in this row; no specific diagnosis code required *Counseling*: Up to 4 sessions covered Payable when submitted with a procedure code in this row; no specific diagnosis code required

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)
WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES[3]

Coverage Provision	Services and Codes	Notes
Breastfeeding Services and Supplies 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	**Procedure Code(s):** *Support and Counseling* 98960, 98961, 98962, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401-99404, 99411-99412, S9443 **ICD-10 Diagnosis Code(s):** 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	*Support and Counseling*: 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)
	Breast Pump Equipment Personal Use E0602, E0603 Hospital Grade E0604	*Breast Pump Equipment*: 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

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES[3]		
Coverage Provision	**Services and Codes**	**Notes**
	Breast Pump Supplies A4281, A4282, A4283, A4284, A4285, A4286, K1005 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code; or Z39.1, Z39.2	*Breast Pump Supplies* 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
Screening for Anxiety Screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum.	**Procedure Code(s):** 96127 **ICD-10 Diagnosis Code(s):** Z13.39	Anxiety Screening: 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
Screening for Gestational Diabetes Mellitus Screening pregnant women for gestational diabetes after 24 weeks of gestation (preferably between 24-38 weeks) in order to prevent adverse outcomes. Women with risk factors for diabetes mellitus may be screened for preexisting diabetes before 24 weeks of gestation. See above for USPSTF requirement	**Procedure Code(s):** *Gestational Diabetes Screening* 82950, 82951, 82947, 82948, 82952, 83036 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Gestational Diabetes Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code (regardless of gestational week) *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code [NOTE: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied.]

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES[3]		
Coverage Provision	**Services and Codes**	**Notes**
Screening for Human Immunodeficiency Virus Infection 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. See above for USPSTF requirement	**Procedure Code(s):** *HIV Virus Screening* 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*HIV Virus Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Well-Woman Visits 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 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	**Procedure Code(s):** *Prenatal Office Visits - E & M* 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417**,** G0463 *Physician prenatal education, group setting* 99078 *Prenatal Care Visits* 59425, 59426 *Global Obstetrical Codes* 59400, 59510, 59610, 59618	*Prenatal Office Visits – E & M*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Physician prenatal education, group setting*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Prenatal Care Visits* Payable when submitted with a procedure code in this row; no specific diagnosis code required *Global Obstetrical Codes* The routine, low-risk, prenatal visit portion of the code is payable; no specific diagnosis code required

HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) WOMEN'S PREVENTIVE SERVICES GUIDELINES RELATED TO PRENATAL SERVICES[3]		
Coverage Provision	**Services and Codes**	**Notes**
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 prepregnancy, prenatal, postpartum and interpregnancy visits.	*Postpartum Care Visits* (outpatient) 59430 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Postpartum Care Visits* Payable when submitted with a procedure code in this row; no specific diagnosis code required

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Complete blood count (CBC) and repeat CBC[6,17]	**Procedure Code(s):** *CBC* 85025, 85027, test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*CBC*: Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Hemoglobin (HGB) or hematocrit (HCT) baseline and repeated in third trimester[7,17]	**Procedure Code(s):** *HGB, HCT* 85014, 85018, test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*HGB, HCT*: Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Blood group (blood typing)[6,17] **D Rh antibody test[6] determination. Unsensitized, Rh-negative member should have a repeat antibody test at approx. 28 weeks[7,17]** See above for USPSTF requirement	**Procedure Code(s):** *Blood group* 86900 *D Rh Antibody* **86850,** 86901, test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Blood Group*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *D Rh Antibody*: Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Urinalysis (UA)/urine culture (UC)[6,7,17] See above for USPSTF requirement	**Procedure Code(s):** *Urinalysis* 81000, 81001 *Urine Culture* 81007 87086, 87088 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Urinalysis and Urine Culture*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Rubella Antibody Titer [6,7]	**Procedure Code(s):** *Rubella titer* 86762, test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Rubella Antibody Titer*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Syphilis Screen (VDRL/RPR)[6,7, 17] See above for USPSTF requirement	**Procedure Code(s):** *Syphilis test, non-treponemal antibody; qualitative* 86592, 86593, 86780, 0065U test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Syphilis Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Hepatitis B Screening[6,7,17] See above for USPSTF requirement	**Procedure Code(s):** *Hepatitis B screening* 87340,87341,87467 test also included and payable in panels 80053 and 80081 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Hepatitis B Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Hepatitis C Screening[6]	**Procedure Code(s):** *Hepatitis C screening* 86803, 86804 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Hepatitis C Screening*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Sexually transmitted disease screening (includes chlamydia, gonorrhea, HIV) – may be repeated if person belongs to a high-risk population[6,7,17]	**Procedure Code(s):** *Chlamydia* 87491**,** 0353U *n.Gonorrhea* 87590, 87591, 87592, 87850, 0353U *HIV Virus Screening* 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Sexually Transmitted Diseases Screening*: Up to 2 tests covered Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Tuberculosis Screening (Mantoux skin test or interferon-gamma release assay)[6,7,17]	**Procedure Code(s):** *Tuberculosis screening* 86580, 86840 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Tuberculosis Screening* Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Diabetes Mellitus Screening[6,7,17] See above for USPSTF requirement See above for HRSA requirement	**Procedure Code(s):** *Diabetes Mellitus screening* 82947, 82948, 82950, 82951, 82952, 83036 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Glucose Screening Test*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Group B Streptococci (GBS)[6,17]	**Procedure Code(s):** *Group B Streptococci* 87653 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Group B Streptococci*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Cervical cytology[7]	**Procedure Code(s):** *Cervical cytology* 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 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Cervical Cytology*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Prenatal/carrier screening for genetic disorders[7,9]		
Genetic testing for all pregnant women "other inheritable diseases"[7] Cystic Fibrosis (CF)[10] Spinal Muscular Atrophy (SMA)[10] Thalassemias[7] and Hemoglobinopathies[10] (includes sickle cell anemia[7])	**Procedure Code(s):** *Genetic Testing* <u>Cystic Fibrosis</u> CFTR gene 81220 <u>Spinal Muscular Atrophy</u> SMN1/SMN2 genes 81329, 81336, 81337, 0236U <u>Thalassemia and hemoglobinopathies</u> HBB gene 81257, 81258, 81259, 81269, 81361, 81362, 81363, 81364 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Genetic Testing*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Genetic testing for pregnant women at risk for a genetic disorder based on ethnicity and/or inborn errors of metabolism, if member history suggests a risk of genetic disorders[7]	**Procedure Code(s):** *Genetic Testing* Bloom syndrome BLM gene 81209 Canavan disease ASPA gene 81200 Familial dysautonomia IKBKAP gene 81260 Familial hyperinsulinism ABCC8 gene 81401,81407 Fanconi Anemia, group C FANCA, FANCC, FANCG genes 81242 Gaucher disease GBA gene 81251 Glycogen storage disease type 1 (von Gierke disease) G6PC gene 81250 Joubert syndrome (most common gene mutations) AHI1, CC2D2A, CEP290, CPLANE1, INPP5E, KIA0586, MEM67, MKS1, NPHP1, RPGRIP1L, TCTN2, TMEM216, genes 81405, 81406, 81407 Maple Syrup urine disease BCKDHA, BCKDHB, DBT genes 81205, 81206, 81400, 81405, 81406 Mucolipidosis, Type IV MCLON1 gene 81290 Niemann-Pick disease, Type A SMPD1 gene 81330 Usher syndrome, Type 1F and Type III CLRN1, PCDH15 genes 81400,81406,81407 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Genetic Testing*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; and meets medical necessity criteria *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Family history of a sex-linked condition[7,10]	**Procedure Code(s):** *Genetic Testing* Fragile X FMR1 gene 81243, 81244 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Genetic Testing*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; and is medically necessary *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Tay-Sachs[7]	**Procedure Code(s):** *Genetic Testing* HEXA *gene* 81255 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Genetic Testing*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code; and is medically necessary *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Antepartum fetal surveillance[7,17]		
Biophysical Profile (BPP)/ Biophysical Profile (BPP) Modified (Non- Stress Test [NST], Amniotic Fluid Index)	**Procedure Codes** *BPP modified* 76818, 59025 *BPP* 76819 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Biophysical Profile*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Contraction Stress Test (CST)/ Oxytocin (OCT)	**Procedure Codes** *CST/ OCT* 59020 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Contraction Stress Test*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Non-stress Test (NST)	**Procedure Codes** NST 59025 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Non-stress Test*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Fetal Aneuploidy[9,17] and Neural Tube Defect Screening[7,12,17], includes screening for genetic disorders based on advanced maternal age and previous offspring with a chromosomal aberration, ie, autosomal trisomy		
Amniocentesis[17]	**Procedure Codes** *Amniocentesis* 59000 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Amniocentesis*: 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
First Trimester Screen – Nuchal Translucency Measurement (NT), Human Chorionic Gonadotropin (hCG) and Pregnancy Associated Plasma Protein A (PAPP-A)	**Procedure Codes** *First Trimester Screen* *NT, hCG, PAPP-A* 76813, 76814, 81508 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*First Trimester Screen*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Triple Screen[7] **hCG, Alpha Fetoprotein (AFP) and Unconjugated Estriol (uE3)**	**Procedure Codes** *Triple Screen* *hCG AFP, uE3* 81510 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Triple Screen*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Quad Screen[17] **hCG, AFP, Dimeric Inhibin A (DIA) and uE3**	**Procedure Codes** *Quad Screen* *hCG, AFP, DIA, uE3* 81511 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Quad Screen*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Integrated Screen[17] **NT, PAPP-A then Quad Screen**	**Procedure Codes** *NT* plus *PAPP-A* 76813 or 76814, 84163 *Quad Screen* *hCG, AFP, DIA, uE3* 81511 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*NT plus PAPP-A/Quad Screen*: Payable when submitted a procedure code in this row; and A pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Sequential Stepwise or Contingent Screen[17] **NT, hCG, PAPP-A, then Quad Screen**	**Procedure Codes** *Sequential Stepwise or Contingent Screen* *NT, hCG, PAPP-A* 76813 or 76814, 81508 *Quad Screen* *hCG, AFP, DIA*, *uE3* 81511 *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Sequential Stepwise, Contingent/ Quad Screen*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code
Cell-free fetal DNA (cfDNA) [17]	**Procedure Codes** *cfFDNA* 0009M, 81420, 81507, 0168U *Blood draw* 36415 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Cell-free fetal DNA (cfFDNA)*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code *Blood draw*: Payable when submitted with a procedure code in this row; and a pregnancy diagnosis code

PREVENTIVE CARE RELATED TO ROUTINE PRENATAL SERVICES MN Statute 62A.047[5] PAS Governmental Entities and Political Subdivisions (Non-ERISA) AND PIC GROUPS		
Coverage Provision	**Services and Codes**	**Notes**
Ultrasound[11,14,17]		
Ultrasound (US), Obstetrical (see above for USs associated with BPP and First Trimester Screen)	**Procedure Codes** *Ultrasound* 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817 **ICD-10 Diagnosis Code(s):** Pregnancy Diagnosis Code	*Ultrasound*: 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 requires coverage for maternity and newborn services as the 4th essential health benefit category but does not require 100% coverage. This requirement does not apply to large insured groups or self-insured PAS groups.

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, Minn. Stat. §62A.047 applies to insured individual, small and large groups, and does not apply to PAS self-insured groups, with the exception for plans sponsored by governmental entities and political subdivisions. Most PAS self-insured groups (nongovernmental and non-political subdivision plans), may subject them to cost sharing.

Under Minn. Stat. §62A.047, prenatal care services means 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 and as required by state law. These services are listed in the "in addition to the ACA" subsection of the COC or SPD with 100% coverage.

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

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Attachment A

ICD-10 Pregnancy Diagnosis Codes (click the link below):
https://www.preferredone.com/shared/MedicalPolicy/MedicalPolicyBPO/DxCodes-Pregnancy.pdf

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PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:
Provides 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)

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

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- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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.

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PreferredOne Insurance Company
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Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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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.

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