Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Prenatal Screening (Nongenetic)

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Prenatal screening encompasses any testing done to determine the health status of the pregnant individual and/or fetus. Biochemical prenatal screening encompasses screening for infectious diseases and conditions that may complicate the pregnancy. Screening refers to testing of asymptomatic or healthy individuals to search for a condition that may affect the pregnancy or individual, whereas diagnostic testing is used to either confirm or refute true abnormalities in an individual.

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

- Aneuploidy: Prenatal Testing for Fetal Aneuploidy.
- Bacteriuria: Urine Culture Testing for Bacteria.
- Diabetes: Diabetes Mellitus.
- Hepatitis: Hepatitis Testing.
- Human immunodeficiency virus (HIV): Human Immunodeficiency Virus (HIV).
- Sexually transmitted infections: Diagnostic Testing of Common Sexually Transmitted Infections.
- Thyroid: Thyroid Disease Testing.
- Tuberculosis: Testing for Diagnosis of Active or Latent Tuberculosis.
- Zika virus infection: Testing for Vector-Borne Infections.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. The following routine prenatal screening **MEETS COVERAGE CRITERIA** for all pregnant individuals:
   a. Determination of blood type, Rh(D) status, and antibody status during the first prenatal visit, and repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative individuals at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
   b. Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume.
   c. Screening for Group B streptococcal disease (once per pregnancy; recommended during gestational weeks 36 to 37).
   d. Rubella antibody testing.
   e. For varicella immunity.
2. For individuals who are pregnant with singleton or twin pregnancies and who are presenting in the ambulatory setting with signs or symptoms of preterm labor, a fetal fibronectin (FFN) assay **MEETS COVERAGE CRITERIA**.
3. For individuals with a normal pregnancy without complications, human chorionic gonadotropin (hCG) hormone testing **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s)

is/are required and beneficial for the diagnosis and treatment of an individual's illness.

4. Testing of salivary hormone levels to assess risk of preterm labor DOES NOT MEET COVERAGE CRITERIA.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
84704	Gonadotropin, chorionic (hCG); free beta chain
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85009	Blood count; manual differential WBC count, buffy coat
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85041	Blood count; red blood cell (RBC), automated
86762	Antibody; rubella
86787	Antibody; varicella-zoster
86850	Antibody screen, RBC, each serum technique
86900	Blood typing, serologic; ABO
86901	Blood typing, serologic; Rh (D)
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
G0306	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count
G0307	Complete (CBC), automated (HgB, HCT, RBC, WBC; without platelet count)
S3652	Saliva test, hormone level; to assess preterm labor risk

Evidence-based Scientific References

1. Grant A, Mohide P. Screening and diagnostic tests in antenatal care. Effectiveness and satisfaction in antenatal care. Spastics International Medical Publications London; 1982. https://books.google.com/books?hl=en&lr=&id=fVH-JYbe2isC&oi
2. Lockwood CJ, Magriples U. Prenatal care: Initial assessment. Updated February 23, 2026. https://www.uptodate.com/contents/prenatal-care-initial-assessment

3. de Jong A, Maya I, van Lith JM. Prenatal screening: current practice, new developments, ethical challenges. Bioethics. Jan 2015;29(1):1-8. doi:10.1111/bioe.12123
4. Calhoun D. Alloimmune hemolytic disease of the newborn: Postnatal diagnosis and management. Updated July 15, 2024. https://www.uptodate.com/contents/alloimmune-hemolytic-disease-of-the-newborn-postnatal-diagnosis-and-management
5. Moise Jr KJ. RhD alloimmunization: Prevention in pregnant and postpartum patients. Updated February 23, 2026. https://www.uptodate.com/contents/rhd-alloimmunization-prevention-in-pregnant-and-postpartum-patients
6. URMC. Fetal Fibronectin. https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=fetal_fibronectin
7. Lockwood CJ, Senyei AE, Dische MR, et al. Fetal fibronectin in cervical and vaginal secretions as a predictor of preterm delivery. N Engl J Med. Sep 5 1991;325(10):669-74. doi:10.1056/nejm199109053251001
8. Blackwell SC, Sullivan EM, Petrilla AA, Shen X, Troeger KA, Byrne JD. Utilization of fetal fibronectin testing and pregnancy outcomes among women with symptoms of preterm labor. Clinicoecon Outcomes Res. 2017;9:585-594. doi:10.2147/ceor.S141061
9. Peaceman AM, Andrews WW, Thorp JM, et al. Fetal fibronectin as a predictor of preterm birth in patients with symptoms: a multicenter trial. Am J Obstet Gynecol. Jul 1997;177(1):13-8. doi:10.1016/s0002-9378(97)70431-9
10. Cornelissen LGH, van Oostrum NHM, van der Woude DAA, et al. The diagnostic value of fetal fibronectin testing in clinical practice. Journal of Obstetrics and Gynaecology Research. 2020;46(3):405-412. doi:10.1111/jog.14201
11. Harvey RA. Human chorionic gonadotropin: Biochemistry and measurement in pregnancy and disease. Updated May 20, 2026. https://www.uptodate.com/contents/human-chorionic-gonadotropin-biochemistry-and-measurement-in-pregnancy-and-disease
12. ADLM. Qualitative Serum Human Chorionic Gonadotropin. Updated March 1, 2021. https://myadlm.org/advocacy-and-outreach/optimal-testing-guide-to-lab-test-utilization/g-s/qualitative-serum-human-chorionic-gonadotropin
13. Betz D, Fane K. Human Chorionic Gonadotropin. StatPearls. StatPearls Publishing; 2025. https://www.ncbi.nlm.nih.gov/books/NBK532950/
14. Yesilcinar I, Guvenc G. Counselling and education for prenatal screening and diagnostic tests for pregnant women: Randomized controlled trial. Int J Nurs Pract. Oct 2021;27(5):e13000. doi:10.1111/ijn.13000
15. Schrag S, Gorwitz R, Fultz-Butts K, Schuchat A. Prevention of perinatal group B streptococcal disease. Revised guidelines from CDC. MMWR Recommendations and reports : Morbidity and mortality weekly report Recommendations and reports. 2002;51(Rr-11):1-22. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5111a1.htm
16. Slutsker JS, Hennessy RR, Schillinger JA. Factors Contributing to Congenital Syphilis Cases - New York City, 2010-2016. MMWR Morbidity and mortality weekly report. Oct 5 2018;67(39):1088-1093. doi:10.15585/mmwr.mm6739a3
17. ACOG. ACOG Committee Opinion No. 495: Vitamin D: Screening and supplementation during pregnancy. Obstetrics and gynecology. Jul 2011;118(1):197-8. doi:10.1097/AOG.0b013e318227f06b
18. ACOG. Committee opinion No. 533: lead screening during pregnancy and lactation. Obstetrics and gynecology. Aug 2012;120(2 Pt 1):416-20. doi:10.1097/AOG.0b013e31826804e8
19. ACOG. Routine Tests During Pregnancy. Updated January 2026. https://www.acog.org/womens-health/faqs/Routine-Tests-During-Pregnancy
20. ACOG. Committee Opinion No. 614: Management of pregnant women with presumptive exposure to Listeria monocytogenes. Obstetrics and gynecology. Dec 2014;124(6):1241-4. doi:10.1097/01.AOG.0000457501.73326.6c
21. ACOG. ACOG Committee Opinion No. 752: Prenatal and Perinatal Human Immunodeficiency Virus Testing. Obstetrics and gynecology. Jan 2019;133(1):187. doi:10.1097/aog.0000000000003048
22. ACOG. Practice Bulletin No. 181: Prevention of Rh D Alloimmunization. 2017;doi:10.1097/AOG.0000000000002232
23. ACOG. Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion, Number 797. Obstetrics and gynecology. Feb 2020;135(2):e51-e72. doi:10.1097/aog.0000000000003668
24. USPSTF. Screening for Gestational Diabetes: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;326(6):531-538. doi:10.1001/jama.2021.11922
25. USPSTF. Screening for Hepatitis B Virus Infection in Pregnant Women: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2019;322(4):349-354. doi:10.1001/jama.2019.9365
26. USPSTF. Screening for Asymptomatic Bacteriuria in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2019;322(12):1188-1194. doi:10.1001/jama.2019.13069
27. USPSTF. Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement. JAMA. 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
28. USPSTF. Screening for Rh(D) Incompatibility: Recommendation Statement. Updated September 15, 2005. https://www.aafp.org/afp/2005/0915/p1087.html
29. USPSTF. Syphilis Infection During Pregnancy: Screening. Updated May 13, 2025. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-pregnancy-screening
30. USPSTF. Screening for Chlamydia and gonorrhea: U.S. Preventive Services Task Force recommendation statement. Updated September 14, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening
31. Graham CS, Trooskin S. Universal Screening for Hepatitis C Virus Infection: A Step Toward Elimination. JAMA. 2020;323(10):936-937. doi:10.1001/jama.2019.22313

32. Krist AH, Davidson KW, Mangione CM, et al. Screening for Unhealthy Drug Use: US Preventive Services Task Force Recommendation Statement. Jama. Jun 9 2020;323(22):2301-2309. doi:10.1001/jama.2020.8020
33. USPSTF. Screening for Bacterial Vaginosis in Pregnant Persons to Prevent Preterm Delivery: US Preventive Services Task Force Recommendation Statement. JAMA. 2020;323(13):1286-1292. doi:10.1001/jama.2020.2684
34. USPSTF. Genital Herpes Infection: Serologic Screening. Updated February 14, 2023. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/genital-herpes-serologic-screening
35. USPSTF. Screening for Elevated Blood Lead Levels in Children and Pregnant Women: US Preventive Services Task Force Recommendation Statement. JAMA. 2019;321(15):1502-1509. doi:10.1001/jama.2019.3326
36. Siu AL. Screening for Iron Deficiency Anemia and Iron Supplementation in Pregnant Women to Improve Maternal Health and Birth Outcomes: U.S. Preventive Services Task Force Recommendation Statement. Annals of internal medicine. Oct 6 2015;163(7):529-36. doi:10.7326/m15-1707
37. Committee ADAPP. 15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2025. Diabetes Care. 2024;48(Supplement_1):S306-S320. doi:10.2337/dc25-S015
38. CDC. Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Updated March 22, 2024. https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm
39. CDC. Getting Tested for STIs. Updated March 17, 2026. https://www.cdc.gov/sti/testing/index.html
40. CDC. HIV Infection: Detection, Counseling, and Referral. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/hiv.htm
41. CDC. Hepatitis B Virus (HBV) Infection. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/hbv.htm
42. CDC. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023. Updated March 10, 2023. https://www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm
43. CDC. Chlamydial Infection. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm
44. CDC. Gonococcal Infections Among Adolescents and Adults. Updated September 21, 2022. https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm
45. CDC. Hepatitis C Virus (HCV) Infection. Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/hcv.htm
46. CDC. Clinical Testing and Diagnosis for Zika Virus Disease. Updated November 19, 2025. https://www.cdc.gov/zika/hcp/diagnosis-testing/
47. CDC. Pregnant Women Updated July 22, 2021. https://www.cdc.gov/std/treatment-guidelines/pregnant.htm
48. CDC. HIV, Viral Hepatitis, STD & Tuberculosis Prevention in Pregnancy. Updated January 25, 2024. https://www.cdc.gov/pregnancy-hiv-std-tb-hepatitis/about/index.html
49. Vockley J, Andersson HC, Antshel KM, et al. Phenylalanine hydroxylase deficiency: diagnosis and management guideline. Genetics in medicine : official journal of the American College of Medical Genetics. Feb 2014;16(2):188-200. doi:10.1038/gim.2013.157
50. WHO. WHO recommendations on antenatal care for a positive pregnancy experience. Updated November 28, 2016. https://www.who.int/nutrition/publications/guidelines/antenatalcare-pregnancy-positive-experience/en/
51. VA, DOD. VA/DOD Clinical Practice Guideline for the Management of Pregnancy. Updated July 2023. https://www.healthquality.va.gov/guidelines/WH/up/VA-DoD-CPG-Pregnancy-Full-CPG_508.pdf
52. AAFP. STIs During Pregnancy. Updated January 2024. https://www.aafp.org/pubs/afp/issues/2024/0100/editorial-sti-pregnancy.html
53. HRSA. Women's Preventive Services Guidelines. https://www.hrsa.gov/womens-guidelines-2016/index.html

Publication History

11/01/2026:	Reviewed and updated coverage criteria; removed CPT codes 81001, 81002, 81003, 81007, 81015, 82677, 82947, 82950, 82951, 82962, 83036, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86780, 86803, 86804, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87494, 87590, 87591, 87800, 87810, 87850, G0472
03/01/2026:	Annual policy review; administrative edits
09/01/2025:	Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.