

AMNIOCENTESIS

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Authority: [32 CFR 199.4\(e\)\(3\)\(ii\)](#)

I. PROCEDURE CODE RANGE

59000

II. DESCRIPTION

Amniocentesis is the transabdominal needle aspiration of amniotic fluid from the amniotic sac. Amniocentesis is performed under local anesthesia with ultrasound guidance. The primary purposes of the procedure are analysis of the amniotic fluid to detect cause of unknown fever in the mother, fetal genetic abnormalities, pulmonary maturity and health, detection of hemolytic disease, and diagnoses of metabolic disorders. Amniocentesis is usually performed between the fifteenth and eighteenth week of pregnancy.

III. POLICY

Amniocentesis is considered eligible for cost-sharing in the following circumstances:

A. When performed to assess fetal lung maturity for preterm labor or delivery because of life-endangering fetal and/or maternal conditions.

1. Fetal pulmonary maturity should be confirmed before elective delivery at less than 39 weeks of gestation unless fetal maturity can be inferred from any of the following criteria:

a. Fetal heart tones have been documented for at least 20 weeks by nonelectronic fetoscope or for at least 30 weeks by Doppler.

b. It has been 36 weeks since a serum or urine human chorionic gonadotropin (HCG) pregnancy test was found to be positive by a reliable laboratory.

c. Ultrasound measurement of the crown-rump length at 6-11 weeks of gestation supports a gestational age equal to or greater than 39 weeks.

d. Ultrasound measurement at 12-20 weeks of gestation supports a clinically determined gestational age of 39 weeks or greater.

2. Amniotic fluid analysis by a recognized test (e.g., lecithin/sphingomyelin ratio (L/S), phosphatidylglycerol (PG), or foam stability index) may provide satisfactory evidence of fetal lung maturity if criteria in [paragraph III.A.](#) is not met.

B. When performed to assess the degree of fetal involvement in hemolytic disease. This includes disease secondary to Rh isoimmunization or isoimmunization to other blood antigens such as Kell or C.

C. In prenatal genetic testing when:

1. The mother-to-be is 35 years old or older, or will be 35 by delivery; or
2. The mother- or father-to-be has had a previous child born with a congenital abnormality; or
3. The mother- or father-to-be has a family history of congenital abnormalities; or
4. The mother-to-be contracted rubella during the first trimester of pregnancy; or
5. When there is a history of three or more spontaneous abortions in the current marriage or in a previous mating of either spouse; or
6. When the fetus is at an increased risk for a hereditary error of metabolism detectable in vitro; or
7. When the fetus is at an increased risk for neural tube defect (family history or elevated maternal serum alpha-fetoprotein level).
8. When there is a history of sex-linked conditions (i.e., Duchenne muscular dystrophy, hemophilia, x-linked mental retardation, etc.).

IV. POLICY CONSIDERATIONS

A. Amniocentesis may be required in certain cases, to confirm diagnosis for cases of unsuccessful chorionic villus sampling, discordant results (between direct and culture tests), and positive findings of a genetic defect, and when necessary for these reasons may be cost-shared (see also [Chapter 3, Section 13.4](#)).

B. Amniocentesis performed for fetal lung maturity in patients whose diabetes is well-controlled may be cost-shared.

C. Amniocentesis may be cost-shared when performed to rule out Neural Tube Defects (NTDs) or closed defects.

D. Amniocentesis for conditions not appearing above may be considered for cost-sharing on a case-by-case basis when medical review determines the procedure is medically necessary, general accepted medical practice, and appropriate treatment for the diagnosis.

V. EXCLUSIONS

Amniocentesis is excluded from cost-sharing when:

- A. Performed to establish paternity of a child.
- B. Performed to determine the sex of an unborn child.
- C. Performed as routine or demand genetic testing.
- D. Performed for assessing fetal pulmonary maturity before 33 weeks of gestation.
- E. Isoimmunization to the ABO blood antigens (considered unproven).

VI. EFFECTIVE DATE April 19, 1983.

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