

## CHORIONIC VILLUS SAMPLING

Issue Date: September 19, 1990

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

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### I. PROCEDURE CODE RANGE

59015

### II. DESCRIPTION

Chorionic villus sampling (CVS) is the transabdominal or transcervical needle aspiration of villous tissue. Chorionic villus sampling is performed under local anesthesia with ultrasound guidance. The primary purpose of the procedure is analysis of the villous tissue to detect fetal genetic abnormalities. Chorionic villus sampling is usually performed between the eighth and tenth week of pregnancy.

### III. POLICY

Chorionic villus sampling may be cost-shared for prenatal genetic testing when:

- A. The mother-to-be is 35 years old or older, or will be 35 by delivery; or
- B. The mother-or father-to-be has had a previous child born with congenital abnormality; or
- C. The mother-or father-to-be has a family history of congenital abnormalities; or
- D. The mother-or father-to-be contracted rubella during the first trimester of pregnancy;  
or
- E. When there is a history of three or more spontaneous abortions in the current marriage or in a previous mating of either spouse; or
- F. When the fetus is at an increased risk for a hereditary error of metabolism detectable in vitro; or
- G. When there is a history of sex-linked conditions (i.e., Duchenne muscular dystrophy, hemophilia, x-linked mental retardation, etc.).

#### IV. EXCLUSIONS

Chorionic villus sampling may not be cost-shared when:

- A. Performed to determine the sex of an unborn child.
- B. Performed as routine or demand genetic testing.

V. EFFECTIVE DATE        March 1, 1989.

#### VI. POLICY CONSIDERATIONS

A. Amniocentesis may be cost-shared when required to confirm diagnosis for cases of unsuccessful chorionic villus sampling, discordant results (between direct and culture tests), and positive findings of a genetic defect (see also [Chapter 3, Section 13.3](#)).

B. Chorionic villus sampling 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.

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