

ANTEPARTUM SERVICES

Issue Date: March 3, 1992

Authority: [32 CFR 199.4\(e\)\(3\)\(ii\)](#), [\(e\)\(16\)](#), and [\(g\)\(36\)](#)

I. PROCEDURE CODE RANGE

59000 - 59051

II. DESCRIPTION

Antepartum services include amniocentesis, (transabdominal needle aspiration of amniotic fluid), chordocentesis (percutaneous puncture of the umbilical vein to obtain fetal blood sample), chorionic villus sampling (transabdominal or transcervical aspiration of the villus tissue), fetal stress tests, and electronic fetal monitoring. These services are performed to detect genetic abnormalities, hemolytic disease and metabolic disorders, assess fetal age, pulmonary maturity and health, and determine fetal stress.

III. POLICY

A. Amniocentesis, chordocentesis, and chorionic villus sampling are covered when:

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

2. Performed to assess the degree of fetal involvement in hemolytic disease.

3. Performed for genetic testing when:

a. the mother is 35 years old or older, or will be 35 by delivery; or

b. the mother or father has had a previous child born with a congenital abnormality; or

c. the mother or father has a family history of congenital abnormalities; or

d. the mother contracted rubella during the first trimester of pregnancy; or

e. there is a history of three or more spontaneous abortions in the current marriage or in previous mating of either spouse; or

f. the fetus is at an increased risk for a hereditary error of metabolism detectable in vitro; or

g. the fetus is at an increased risk for neural tube defect (family history or elevated maternal serum alpha-fetoprotein level); or

h. there is a history of sex-linked conditions (i.e., Duchenne muscular dystrophy, hemophilia, x-linked mental retardation, etc.).

B. Electronic fetal monitoring, supervision, and interpretation, to determine at-risk fetal distress and to avoid intrapartum fetal brain damage and loss is covered.

IV. EXCLUSIONS

Antepartum services are excluded 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. Isoimmunization to the ABO blood antigens.

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