

## Prenatal screening (non-genetic)

Policy Number: AHS – G2035  
Revision Date: 9/4/2025  
Revision Effective Date: 2/1/2026

**CPT® codes: 80055, 80081, 81001, 81002, 81003, 81007, 81015, 82677, 82731, 82947, 82950, 82951, 82962, 83036, 86480, 86580, 86592, 86593, 86631, 86632, 86704, 86706, 86762, 86780, 86787, 86803, 86804, 86850, 86900, 86901, 87077, 87081, 87086, 87088, 87110, 87270, 87320, 87340, 87341, 87389, 87490, 87491, 87590, 87591, 87653, 87800, 87802, 87810, 87850, G0306, G0307, G0472, S3652**

The following routine prenatal screening **MEETS COVERAGE CRITERIA** for all pregnant individuals:

- a) Antigen/antibody combination assay screening for HIV infection.
- b) Screening for Chlamydia trachomatis infection.
- c) Screening for Neisseria gonorrhoeae infection.
- d) Triple panel screening (HBsAg, anti-HBs, total anti-HBc) for hepatitis B.
- e) Screening for syphilis.
- f) Antibody screening for hepatitis C.
- g) Screening for type 2 diabetes at the first prenatal visit.
- h) Screening for gestational diabetes during gestational weeks 24 – 28 and at the first prenatal visit if risk factors are present.
- i) 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 24 to 28 weeks gestation, unless the biological father is known to be Rh (D)-negative.
- j) Screening for anemia with a CBC or hemoglobin and hematocrit with mean corpuscular volume.
- k) Screening for Group B streptococcal disease (once per pregnancy; recommended during gestational weeks 36 to 37).
- l) Urinalysis and urine culture.
- m) Rubella antibody testing.
- n) Testing for varicella immunity.
- o) Screening for tuberculosis in pregnant individuals deemed to be at high risk for TB.

Test	Criteria	Coverage Criteria
Third trimester re-screening of <b>Chlamydia trachomatis and Neisseria gonorrhoeae</b>	Pregnant individuals who are less than 25 years of age or who are at a continued high risk of infection (eg, individual has: new or multiple sex partners, a history of sexually transmitted infections, past or current injection drug use)	<b>MEETS COVERAGE CRITERIA</b>
<b>Syphilis</b>		
<b>HIV</b>		

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Test	Criteria	Coverage Criteria
<b>Fetal fibronectin (FFN) assay</b>	Individuals who are pregnant with singleton or twin pregnancies and who are presenting in the ambulatory setting with signs or symptoms of preterm labor	<b>MEETS COVERAGE CRITERIA</b>
<b>Human chorionic gonadotropin (hCG) hormone testing</b>	Individuals with a normal pregnancy with or without complications	<b>DOES NOT MEET COVERAGE CRITERIA</b>
<b>Serial monitoring of salivary estriol levels</b>	As a technique of risk assessment for preterm labor or delivery	<b>DOES NOT MEET COVERAGE CRITERIA</b>

To view the complete policy, please refer to the Presbyterian Health Plan policy document referenced below:

[https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000028409](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028409)

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

**QuestDiagnostics.com** Quest®, Quest Diagnostics®, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—®, and ™ —are the property of their respective owners. © 2026 Quest Diagnostics Incorporated. All rights reserved. 3/2026