Subject: Amniocentesis*

Effective Date: January 1, 1996

Department(s): Utilization Management

Policy: Amniocentesis is reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper and consistent reimbursement for a medically necessary service.

Procedure: 1. Relevant history will be obtained by the utilization management nurse, from the physician and/or the member.

2. Reimbursable indications for amniocentesis include, but are not limited to, any of the following circumstances:

A. Prior to the third trimester:

1) Maternal age 35 years or greater at the time of delivery (ICD-9 659.5, 659.6)
2) Paternal age 40 years or greater at the time of conception
3) Parent with a documented chromosomal abnormality
4) Parent who is a carrier of a disorder diagnosable by amniotic fluid analysis
5) Previous fetus or child with neural tube defect
6) Abnormal first or second trimester screening
7) Fetal anomalies, diagnosed by ultrasound, that are known to be associated with increased incidence of chromosomal abnormalities
B. In the third trimester:

1) Blood group isoimmunization (ICD-9 656.1, 656.2) (including but not limited to amniotic fluid bilirubin levels and determination of fetal antigen status)
2) Detection of amnionitis (ICD-9 658.4)
3) Fetal maturity studies

The CPT code for diagnostic amniocentesis is 59000; when ultrasonic guidance is used for amniocentesis, the CPT code is 76946

References


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.