

Chorionic Villi Sampling (CVS)

Description

A test that is done during early pregnancy (generally first trimester) to identify genetic diseases in the unborn baby (such as Down Syndrome, Tay-Sachs disease, and hemophilia). This test is commonly done in pregnant women over 35 years of age or when the mother or father has a disease that runs in the family. A biopsy of chorionic villi tissue, found in the placenta, is performed for evidence of a possible disorder.

Note: CVS cannot find neural tube defects, and it cannot be used to see if developing lungs are mature.

See also

Similar, related, or easily confused documents.

- [Genetic and Pharmacogenetic Testing](#) – Genetic testing provides information about a person's genes and chromosomes.

Commercial

Coverage depends on the claim's date of service (DOS).

Claim DOS	Benefit
Before 1.1.21	Covered under prenatal benefits.
1.1.21 and after	<p>Covered based on place of service. Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"> • Tip: Look for plan language: <i>Outpatient care services that are not considered preventive health services.</i>

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Chorionic Villi Sampling (CVS), Continued

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Procedure must be medically necessary for the diagnosis and treatment of an illness or injury.• Not Medicare eligible if performed for routine or screening purposes in the absence of signs, symptoms, or personal history of disease.• Medicare is the primary payer.• Follows Medicare guidelines.• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none">• Covered under prenatal benefits.• Medica is the only payer.
Advantage	<ul style="list-style-type: none">• Procedure must be medically necessary for the diagnosis and treatment of an illness or injury.• Not Medicare eligible if performed for routine or screening purposes in the absence of signs, symptoms, or personal history of disease.• Refer to the EOC for primary or specialist cost sharing.• Follows Medicare guidelines.• Provider must bill per Medicare Product Grid.• Medica is the only payer.

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Chorionic Villi Sampling (CVS), Continued

Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> • Procedure must be medically necessary for the diagnosis and treatment of an illness or injury. • Not Medicare eligible if performed for routine or screening purposes in the absence of signs, symptoms, or personal history of disease. • Refer to the EOC. Copays depend on place of service. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Medicaid (SPP)	<ul style="list-style-type: none"> • Covered under prenatal benefits.
Prime	<ul style="list-style-type: none"> • Procedure must be medically necessary for the diagnosis and treatment of an illness or injury. • Not Medicare eligible if performed for routine or screening purposes in the absence of signs, symptoms, or personal history of disease. • Refer to the EOC for primary or specialist cost sharing. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select, Signature	<ul style="list-style-type: none"> • Procedure must be medically necessary for the diagnosis and treatment of an illness or injury. • Not Medicare eligible if performed for routine or screening purposes in the absence of signs, symptoms, or personal history of disease. • Medicare supplement. Medicare is the primary payer. • Follows Medicare guidelines.

Individual and Family Business (IFB)

Covered under prenatal benefits that are not considered preventive health services as defined in the Policy.

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Chorionic Villi Sampling (CVS), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the claim's date of service (DOS).

Claim DOS	Benefit
Before 1.1.21	Covered under prenatal benefits.
1.1.21 and after	Covered based on place of service. Quote office visit or outpatient hospital benefits. • Tip: Look for plan language: <i>Outpatient care services that are not considered preventive health services.</i>

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
11.20.20	Updated to new template.
11.20.20	Refreshed due to age and 2021 CBA changes.

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM-ISET <input type="checkbox"/> COM-HR <input type="checkbox"/> GOVT-ISET <input type="checkbox"/> GOVT-HR <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
System		
<input type="checkbox"/> HealthRules <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Billing <input type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Payment Integrity <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	11.20.20