

Chromosome Microarray Testing (Non-Oncology Conditions) (for Kansas Only)

Policy Number: CS017KS.04

Effective Date: February 1, 2026

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
U.S. Food and Drug Administration	12
References	13
Policy History/Revision Information	13
Instructions for Use	13

Related Policies
<ul style="list-style-type: none"> FDA Cleared or Approved Companion Diagnostic Testing (for Kansas Only) Molecular Oncology Testing for Hematologic Cancer Diagnosis, Prognosis, and Treatment Decisions (for Kansas Only) Molecular Oncology Testing for Solid Tumor Cancer Diagnosis, Prognosis, and Treatment Decisions (for Kansas Only) Preimplantation Genetic Testing and Related Services (for Kansas Only) Whole Exome and Whole Genome Sequencing (Non-Oncology Conditions) (for Kansas Only)

Application

This Medical Policy only applies to the state of Kansas.

Coverage Rationale

State-Specific Criteria

For medical necessity clinical coverage criteria for cytogenic microarray (chromosome microarray) testing, refer to the [Kansas Medical Assistance Program, Professional Fee-for-Service Provider Manual](#).

Non State-Specific Criteria

For medical necessity clinical coverage criteria, refer to the InterQual® CP: Molecular Diagnostics, Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders.

[Click here to view the InterQual® criteria.](#)

Note: Preimplantation genetic testing (PGT) is addressed in the Medical Policy titled [Preimplantation Genetic Testing and Related Services \(for Kansas Only\)](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0156U	Copy number (e.g., intellectual disability, dysmorphology), sequence analysis
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
81479	Unlisted molecular pathology procedure

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

Diagnosis Code	Description
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78.A1	SYNGAP1-related intellectual disability
F78.A9	Other genetic related intellectual disability
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development

Diagnosis Code	Description
H93.25	Central auditory processing disorder
N96	Recurrent pregnancy loss
O02.1	Missed abortion
O02.89	Other abnormal products of conception
O03.4	Incomplete spontaneous abortion without complication
O03.9	Complete or unspecified spontaneous abortion without complication
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O26.20	Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester
O26.21	Pregnancy care for patient with recurrent pregnancy loss, first trimester
O26.22	Pregnancy care for patient with recurrent pregnancy loss, second trimester
O26.23	Pregnancy care for patient with recurrent pregnancy loss, third trimester
O28.0	Abnormal hematological finding on antenatal screening of mother
O28.1	Abnormal biochemical finding on antenatal screening of mother
O28.2	Abnormal cytological finding on antenatal screening of mother
O28.3	Abnormal ultrasonic finding on antenatal screening of mother
O28.4	Abnormal radiological finding on antenatal screening of mother
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O28.8	Other abnormal findings on antenatal screening of mother
O28.9	Unspecified abnormal findings on antenatal screening of mother
O35.00X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, not applicable or unspecified
O35.00X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 1
O35.00X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 2
O35.00X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 3
O35.00X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 4
O35.00X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 5
O35.00X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, other fetus
O35.01X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, not applicable or unspecified
O35.01X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 1
O35.01X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 2
O35.01X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 3

Diagnosis Code	Description
O35.01X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 4
O35.01X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 5
O35.01X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, other fetus
O35.02X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, not applicable or unspecified
O35.02X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 1
O35.02X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 2
O35.02X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 3
O35.02X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 4
O35.02X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 5
O35.02X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, other fetus
O35.03X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, not applicable or unspecified
O35.03X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 1
O35.03X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 2
O35.03X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 3
O35.03X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 4
O35.03X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 5
O35.03X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, other fetus
O35.04X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, not applicable or unspecified
O35.04X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 1
O35.04X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 2
O35.04X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 3
O35.04X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 4
O35.04X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 5
O35.04X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, other fetus
O35.05X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, not applicable or unspecified

Diagnosis Code	Description
O35.05X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 1
O35.05X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 2
O35.05X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 3
O35.05X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 4
O35.05X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 5
O35.05X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, other fetus
O35.06X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, not applicable or unspecified
O35.06X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 1
O35.06X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 2
O35.06X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 3
O35.06X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 4
O35.06X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 5
O35.06X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, other fetus
O35.07X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, not applicable or unspecified
O35.07X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 1
O35.07X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 2
O35.07X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 3
O35.07X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 4
O35.07X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 5
O35.07X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, other fetus
O35.08X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, not applicable or unspecified
O35.08X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 1
O35.08X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 2
O35.08X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 3
O35.08X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 4

Diagnosis Code	Description
O35.08X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 5
O35.08X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, other fetus
O35.09X0	Maternal care for (suspected) other central nervous system malformation or damage in fetus, not applicable or unspecified
O35.09X1	Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 1
O35.09X2	Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 2
O35.09X3	Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 3
O35.09X4	Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 4
O35.09X5	Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 5
O35.09X9	Maternal care for (suspected) other central nervous system malformation or damage in fetus, other fetus
O35.10X0	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified
O35.10X1	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1
O35.10X2	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2
O35.10X3	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3
O35.10X4	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4
O35.10X5	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5
O35.10X9	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus
O35.11X0	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, not applicable or unspecified
O35.11X1	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 1
O35.11X2	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 2
O35.11X3	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 3
O35.11X4	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 4
O35.11X5	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 5
O35.11X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, other fetus
O35.12X0	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, not applicable or unspecified
O35.12X1	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 1
O35.12X2	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 2
O35.12X3	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 3
O35.12X4	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 4
O35.12X5	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 5
O35.12X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, other fetus
O35.13X0	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, not applicable or unspecified
O35.13X1	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 1
O35.13X2	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 2
O35.13X3	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 3
O35.13X4	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 4

Diagnosis Code	Description
O35.13X5	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 5
O35.13X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, other fetus
O35.14X0	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, not applicable or unspecified
O35.14X1	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 1
O35.14X2	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 2
O35.14X3	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 3
O35.14X4	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 4
O35.14X5	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 5
O35.14X9	Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, other fetus
O35.15X0	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, not applicable or unspecified
O35.15X1	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 1
O35.15X2	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 2
O35.15X3	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 3
O35.15X4	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 4
O35.15X5	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 5
O35.15X9	Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, other fetus
O35.19X0	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, not applicable or unspecified
O35.19X1	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 1
O35.19X2	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 2
O35.19X3	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 3
O35.19X4	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 4
O35.19X5	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 5
O35.19X9	Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, other fetus
O35.2XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
O35.2XX1	Maternal care for (suspected) hereditary disease in fetus, fetus 1
O35.2XX2	Maternal care for (suspected) hereditary disease in fetus, fetus 2
O35.2XX3	Maternal care for (suspected) hereditary disease in fetus, fetus 3
O35.2XX4	Maternal care for (suspected) hereditary disease in fetus, fetus 4
O35.2XX5	Maternal care for (suspected) hereditary disease in fetus, fetus 5
O35.2XX9	Maternal care for (suspected) hereditary disease in fetus, other fetus
O35.8XX0	Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified
O35.8XX1	Maternal care for other (suspected) fetal abnormality and damage, fetus 1
O35.8XX2	Maternal care for other (suspected) fetal abnormality and damage, fetus 2
O35.8XX3	Maternal care for other (suspected) fetal abnormality and damage, fetus 3

Diagnosis Code	Description
O35.8XX4	Maternal care for other (suspected) fetal abnormality and damage, fetus 4
O35.8XX5	Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O35.8XX9	Maternal care for other (suspected) fetal abnormality and damage, other fetus
O35.AXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, not applicable or unspecified
O35.AXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 1
O35.AXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 2
O35.AXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 3
O35.AXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 4
O35.AXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 5
O35.AXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, other fetus
O35.BXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, not applicable or unspecified
O35.BXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 1
O35.BXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 2
O35.BXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 3
O35.BXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 4
O35.BXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 5
O35.BXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, other fetus
O35.CXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, not applicable or unspecified
O35.CXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 1
O35.CXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 2
O35.CXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 3
O35.CXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 4
O35.CXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 5
O35.CXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, other fetus
O35.DXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, not applicable or unspecified
O35.DXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 1
O35.DXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 2
O35.DXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 3
O35.DXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 4
O35.DXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 5
O35.DXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, other fetus

Diagnosis Code	Description
O35.EXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, not applicable or unspecified
O35.EXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 1
O35.EXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 2
O35.EXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 3
O35.EXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 4
O35.EXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 5
O35.EXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, other fetus
O35.FXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, not applicable or unspecified
O35.FXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 1
O35.FXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 2
O35.FXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 3
O35.FXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 4
O35.FXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 5
O35.FXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, other fetus
O35.GXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, not applicable or unspecified
O35.GXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 1
O35.GXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 2
O35.GXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 3
O35.GXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 4
O35.GXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 5
O35.GXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, other fetus
O35.HXX0	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, not applicable or unspecified
O35.HXX1	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 1
O35.HXX2	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 2
O35.HXX3	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 3

Diagnosis Code	Description
O35.HXX4	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 4
O35.HXX5	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 5
O35.HXX9	Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, other fetus
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O36.4XX1	Maternal care for intrauterine death, fetus 1
O36.4XX2	Maternal care for intrauterine death, fetus 2
O36.4XX3	Maternal care for intrauterine death, fetus 3
O36.4XX4	Maternal care for intrauterine death, fetus 4
O36.4XX5	Maternal care for intrauterine death, fetus 5
O36.4XX9	Maternal care for intrauterine death, other fetus
P02.9	Newborn affected by abnormality of membranes, unspecified
P95	Stillbirth
Q20.1	Double outlet right ventricle
Q20.2	Double outlet left ventricle
Q20.3	Discordant ventriculoarterial connection
Q20.4	Double inlet ventricle
Q20.5	Discordant atrioventricular connection
Q20.6	Isomerism of atrial appendages
Q20.8	Other congenital malformations of cardiac chambers and connections
Q20.9	Congenital malformation of cardiac chambers and connections, unspecified
Q21.0	Ventricular septal defect
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.13	Coronary sinus atrial septal defect
Q21.14	Superior sinus venosus atrial septal defect
Q21.15	Inferior sinus venosus atrial septal defect
Q21.16	Sinus venosus atrial septal defect, unspecified
Q21.19	Other specified atrial septal defect
Q21.20	Atrioventricular septal defect, unspecified as to partial or complete
Q21.21	Partial atrioventricular septal defect
Q21.22	Transitional atrioventricular septal defect
Q21.23	Complete atrioventricular septal defect
Q21.3	Tetralogy of Fallot
Q21.4	Aortopulmonary septal defect
Q21.8	Other congenital malformations of cardiac septa
Q21.9	Congenital malformation of cardiac septum, unspecified
Q22.0	Pulmonary valve atresia
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency
Q22.3	Other congenital malformations of pulmonary valve
Q22.4	Congenital tricuspid stenosis
Q22.5	Ebstein's anomaly

Diagnosis Code	Description
Q22.6	Hypoplastic right heart syndrome
Q22.8	Other congenital malformations of tricuspid valve
Q22.9	Congenital malformation of tricuspid valve, unspecified
Q23.0	Congenital stenosis of aortic valve
Q23.1	Congenital insufficiency of aortic valve
Q23.2	Congenital mitral stenosis
Q23.3	Congenital mitral insufficiency
Q23.4	Hypoplastic left heart syndrome
Q23.81	Bicuspid aortic valve
Q23.82	Congenital mitral valve cleft leaflet
Q23.88	Other congenital malformations of aortic and mitral valves
Q23.9	Congenital malformation of aortic and mitral valves, unspecified
Q24.0	Dextrocardia
Q24.1	Levocardia
Q24.2	Cor triatriatum
Q24.3	Pulmonary infundibular stenosis
Q24.4	Congenital subaortic stenosis
Q24.5	Malformation of coronary vessels
Q24.6	Congenital heart block
Q24.8	Other specified congenital malformations of heart
Q24.9	Congenital malformation of heart, unspecified
Q87.86	Kleefstra syndrome
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.89	Other specified congenital malformations
Q89.9	Congenital malformation, unspecified
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes

Diagnosis Code	Description
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.7	Deletions with other complex rearrangements
Q93.51	Angelman syndrome
Q93.52	Phelan-McDermid syndrome
Q93.59	Other deletions of part of a chromosome
Q93.81	Velo-cardio-facial syndrome
Q93.82	Williams syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q99.89	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified
QA0.0159	Neurodevelopmental disorder, related to other genes associated with transcription and gene expression
QA0.8	Other neurodevelopmental disorders related to pathogenic variants in other specific genes
R48.0	Dyslexia and alexia
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.59	Other lack of expected normal physiological development in childhood
R89.8	Other abnormal findings in specimens from other organs, systems and tissues
Z14.1	Cystic fibrosis carrier
Z14.8	Genetic carrier of other disease
Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z37.1	Single stillbirth
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.60	Multiple births, unspecified, some liveborn
Z37.61	Triplets, some liveborn
Z37.62	Quadruplets, some liveborn
Z37.63	Quintuplets, some liveborn
Z37.64	Sextuplets, some liveborn
Z37.69	Other multiple births, some liveborn
Z37.7	Other multiple births, all stillborn
Z87.74	Personal history of (corrected) congenital malformations of heart and circulatory system

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Genetic tests are regulated under the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Refer to the following website for more information:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm>.

(Accessed February 20, 2025)

Refer to the following website for a list of nucleic acid-based tests/platforms that have been cleared or approved by the FDA's Center for Devices and Radiological Health:

<https://www.fda.gov/medical-devices/in-vitro-diagnostics/nucleic-acid-based-tests>. (Accessed February 20, 2025)

References

Kansas Medical Assistance Program Professional Fee-for-Service Provider Manual. Available at: https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Professional_25261_25256.pdf. Accessed November 11, 2025.

Policy History/Revision Information

Date	Summary of Changes
02/01/2026	<p data-bbox="337 636 613 667">Coverage Rationale</p> <p data-bbox="337 667 711 699"><i>Non State-Specific Criteria</i></p> <ul data-bbox="337 699 1481 825" style="list-style-type: none"><li data-bbox="337 699 1481 825">• Replaced coverage guidelines with instruction to refer to the InterQual® CP: Molecular Diagnostics, Whole Genome Sequencing (WGS), Whole Exome Sequencing (WES), and Chromosomal Microarray (CMA) for Congenital or Hereditary Disorders for medical necessity clinical coverage criteria <p data-bbox="337 825 662 856">Supporting Information</p> <ul data-bbox="337 856 1291 953" style="list-style-type: none"><li data-bbox="337 856 1291 888">• Updated <i>References</i> section to reflect the most current information<li data-bbox="337 888 1291 919">• Removed <i>Definitions</i>, <i>Description of Services</i>, and <i>Clinical Evidence</i> sections<li data-bbox="337 919 1291 953">• Archived previous policy version CS017KS.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.