ICD-10 Common Codes for Fetal Aneuploidy
Noninvasive Prenatal Screening

The American College of Obstetrics and Gynecology Committee on Genetics published a Committee Opinion on the use of Noninvasive Prenatal Testing (NIPT) for Fetal Aneuploidy. The Committee Opinion provides certain indications under which cell-free DNA testing is an appropriate option for pregnant women at high risk of fetal aneuploidy. The below ICD-10-CM codes are diagnosis codes assigned to the indications outlined in the Committee Opinion.

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age 35 years or older at delivery</td>
<td>O09.519</td>
</tr>
<tr>
<td>Elderly primigravida, unspecified trimester</td>
<td>O09.511</td>
</tr>
<tr>
<td>Elderly primigravida, first trimester</td>
<td>O09.512</td>
</tr>
<tr>
<td>Elderly primigravida, second trimester</td>
<td>O09.513</td>
</tr>
<tr>
<td>Elderly primigravida, third trimester</td>
<td>O09.513</td>
</tr>
<tr>
<td>Elderly multigravida, unspecified trimester</td>
<td>O09.529</td>
</tr>
<tr>
<td>Elderly multigravida, first trimester</td>
<td>O09.521</td>
</tr>
<tr>
<td>Elderly multigravida, second trimester</td>
<td>O09.522</td>
</tr>
<tr>
<td>Elderly multigravida, third trimester</td>
<td>O09.523</td>
</tr>
<tr>
<td>History of a prior pregnancy with a trisomy</td>
<td>O35.1XXØ</td>
</tr>
<tr>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester</td>
<td>O09.299</td>
</tr>
<tr>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, first trimester</td>
<td>O09.291</td>
</tr>
<tr>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, second trimester</td>
<td>O09.292</td>
</tr>
<tr>
<td>Supervision of pregnancy with other poor reproductive or obstetric history, third trimester</td>
<td>O09.293</td>
</tr>
<tr>
<td>Supervision of other high risk pregnancies, unspecified trimester</td>
<td>O09.899</td>
</tr>
<tr>
<td>Supervision of other high risk pregnancies, first trimester</td>
<td>O09.891</td>
</tr>
<tr>
<td>Supervision of other high risk pregnancies, second trimester</td>
<td>O09.892</td>
</tr>
<tr>
<td>Supervision of other high risk pregnancies, third trimester</td>
<td>O09.893</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, unspecified or not applicable</td>
<td>O35.1XXØ</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1</td>
<td>O35.1XX1</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, other fetus</td>
<td>O35.1XX9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetal ultrasonographic findings indicating an increased risk of aneuploidy</td>
<td>O28.3</td>
</tr>
<tr>
<td>Abnormal ultrasonic finding on antenatal screening of mother</td>
<td>O28.4</td>
</tr>
<tr>
<td>Abnormal radiological finding on antenatal screening of mother</td>
<td>O28.4</td>
</tr>
<tr>
<td>Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified fetus</td>
<td>O35.9XXØ</td>
</tr>
<tr>
<td>Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1</td>
<td>O35.9XX1</td>
</tr>
<tr>
<td>Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or other fetus</td>
<td>O35.9XX9</td>
</tr>
<tr>
<td>Positive test result for aneuploidy, including first trimester, sequential, or integrated screen, or a quadruple screen</td>
<td>O28.8</td>
</tr>
<tr>
<td>Abnormal chromosomal and genetic finding on antenatal screening of mother</td>
<td>O28.5</td>
</tr>
<tr>
<td>Other abnormal findings on antenatal screening of mother</td>
<td>O28.8</td>
</tr>
<tr>
<td>Unspecified abnormal findings on antenatal screening of mother</td>
<td>O28.9</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, unspecified or not applicable</td>
<td>O35.1XXØ</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1</td>
<td>O35.1XX1</td>
</tr>
<tr>
<td>Maternal care for (suspected) chromosomal abnormality in fetus, other fetus</td>
<td>O35.1XX9</td>
</tr>
<tr>
<td>Parental balanced robertsonian translocation with increased risk of fetal trisomy 13 or trisomy 21</td>
<td>Q95.0</td>
</tr>
<tr>
<td>Balanced translocation and insertion in normal individual</td>
<td>Q92.8</td>
</tr>
<tr>
<td>Other specified trisomies and partial trisomies of autosomes</td>
<td>Q92.8</td>
</tr>
</tbody>
</table>

This list is intended to assist ordering physicians in providing ICD-10 diagnosis codes as required by Medicare and other insurers. It includes the diagnosis narratives that are assigned to the diagnostic indications outlined in the Committee Opinion on Noninvasive Prenatal Testing, but may not be a complete list. The list was compiled from the ICD-10-CM 2015. The ultimate responsibility for correct coding belongs to the ordering physician. An ICD-10-CM book should be used as a complete reference.

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