



Montana Healthcare Programs Provider Notice

November 20, 2025

Revised November 2025

Critical Access Hospital, Inpatient Hospital, Labs, Mid-Level, Outpatient Hospital, and Physician Providers

Fetal Chromosomal Aneuploidy Testing

Fetal Chromosomal Aneuploidy Testing (CPT Codes 81420, 81422, and 81507) is covered for medically necessary non-invasive prenatal testing for fetal aneuploidy (trisomy 13, 18, and 21) and prenatal testing for microdeletions. Claims filed on the CMS-1500 claim form must use the diagnosis pointer (Box 24E) to indicate the specific diagnosis related to the procedure code.

These codes do not require prior authorization and are reimbursed only if the claim is submitted with one of the following approved diagnosis codes:

ICD 10 Code	Description
D82.1	Di George's Syndrome
009.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
009.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
009.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
009.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
009.519	Supervision of elderly primigravida, unspecified trimester
009.529	Supervision of elderly multigravida, unspecified trimester
009.891	Supervision of Other High Risk Pregnancies
009.892	Supervision of Other High Risk Pregnancies
009.893	Supervision of Other High Risk Pregnancies
009.899	Supervision of Other High Risk Pregnancies
035.10X0	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified
035.10X1	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1
035.10X2	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2
035.10X3	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3
035.10X4	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4
035.10X5	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5
035.10X9	Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus
035.11X0	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, not applicable or unspecified
035.11X1	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 1
035.11X2	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 2
035.11X3	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 3
035.11X4	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 4
035.11X5	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 5
035.11X9	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, other fetus
035.12X0	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, not applicable or unspecified
035.12X1	Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 1

ICD 10 Code	Description
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
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
O35.19X0	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
O35.8XX0	Maternal Care for oth fetal abnormality
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)

ICD 10 Code	Description
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Z84.89	Family history of other specified conditions

Contact and Website Information

If you have questions, please contact:

- Physician Program Officer, (406) 444-3995, email Stephanie.King@mt.gov
- Hospital Program Officer, (406) 444-7002, email Amanda.Brensdal@mt.gov

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.