

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 14.5  
**TITLE:** CHORIONIC VILLUS SAMPLING

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(e)(3)(ii)

**TRICARE POLICY MANUAL:** Chapter 3, Section 13.4

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### I. EFFECTIVE DATE

March 1, 1989

### II. PROCEDURE CODE(S)

59015

### III. DESCRIPTION

Chorionic villus sampling is the transabdominal or transcervical needle aspiration of villus tissue. Chorionic villus sampling is performed under local anesthesia with ultrasound guidance. The primary purpose of the procedure is analysis of the villus tissue to detect fetal genetic abnormalities. Chorionic villus sampling is usually performed between the eighth and tenth week of pregnancy.

### IV. POLICY

A. Chorionic villus sampling is considered eligible for cost-sharing for prenatal genetic testing when:

1. the mother-to-be is 35 years old or older, or will be 35 by delivery;
2. the mother-or father-to-be has had a previous child born with congenital abnormality;
3. the mother-or father-to-be has a family history of congenital abnormalities;
4. the mother-to-be contracted rubella during the first trimester of pregnancy;

5. when there is a history of three or more spontaneous abortions in the current marriage or in a previous mating of either spouse;

6. when the fetus is at an increased risk for a hereditary error of metabolism detectable in vitro; or

7. when there is a history of sex-linked conditions (i.e., Duchenne muscular dystrophy, hemophilia, x-linked mental retardation, etc.).

## V. POLICY CONSIDERATIONS

A. Amniocentesis may be required in certain cases to confirm diagnosis for cases of unsuccessful chorionic villus sampling, discordant results (between direct and culture tests), and positive findings of a genetic defect and when necessary for these reasons may be cost-shared (see [Chapter 2, Section 14.2, Amniocentesis](#)).

B. Chorionic villus sampling for conditions not appearing above may be considered for cost-sharing on a case-by-case basis when medical review determines the procedure is medically necessary, generally accepted medical practice, and appropriate treatment for the diagnosis.

## VI. EXCLUSIONS

Chorionic villus sampling is excluded from coverage when:

1. performed to determine the sex of an unborn child; or
2. performed as routine or demand genetic testing.

**\*END OF POLICY\***