Non-Invasive Fetal Aneuploidy Testing

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Policy

The Medical Management Department reviews referral requests for authorization of Non-Invasive Fetal Aneuploidy Testing.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

To facilitate the authorization process referral requests **must** include **ALL** the following:

1. Name of specific NIPT test being requested;
2. Evidence supporting increased risk of aneuploidy (e.g., ultrasound results, First trimester serum screening results or genetic history);
3. Documentation of singleton pregnancy;
4. Estimated due date (EDD) or gestational age at time of lab draw;
5. Date or date range for lab draw;
6. Clinical record of genetic counseling (by OB, family practice provider, or genetics counselor);
7. Maternal date of birth;
8. For donor egg pregnancies, the age of the donor.

B. Criteria for Medical Necessity:

Non-invasive fetal aneuploidy testing of maternal blood is considered medically necessary for detection of trisomy 13, 18 or 21 when **ALL** the following are met:

1. A pregnancy is considered at high risk of fetal aneuploidy when **ANY** of the following are met:
    a. Increased risk for aneuploidy as determined by findings on ultrasound or first serum screening results; **OR**
    b. Maternal history of previous aneuploid pregnancy; **OR**
    c. Advanced maternal age of 35 years or older at the estimated date of delivery; **OR**
    d. Parental balanced Robertsonian translocation with increased risk for fetal trisomy 13 or trisomy 21.
2. Singleton pregnancy; **AND**
3. Gestational age ≥ 10 weeks; **AND**
4. Clear documentation of pre-screening genetic counseling that includes a discussion regarding the need for confirmatory invasive testing (CVS or amniocentesis) if non-invasive fetal aneuploidy testing is abnormal.

Note:
If assisted reproduction with donor eggs was used to achieve pregnancy, 1b, 1c, and 1d above refer to the age and history of the egg donor.

Preimplantation genetic screening for aneuploidy does not preclude aneuploidy testing during pregnancy.

C. Indications Considered Experimental, Investigational or not Medically Necessary:

1. Testing for all conditions other than the trisomies listed above.
2. Gender determination.
3. Expanded noninvasive prenatal testing panels that include additional testing for microdeletion/microduplication syndromes.
4. Use in multiple gestation pregnancy including co-twin demise and vanishing twin syndrome.

HCPCS/CPT CODES:

81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21.

References:

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- Cell-free DNA (cfDNA) [Formerly NIPS, NIPT] Screening for Fetal Chromosomal Copy Number variants. Published November 9, 2017. Annual review November 15, 2018. Accessed February 20, 2019.
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Society for Maternal-Fetal Medicine (SMFM) Publications Committee. SMFM Consult series #42. The role of ultrasound in women who undergo cell-free DNA screening. Am J Obstet Gynecol. 2017;216(3): B2-B7.

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