Medical Policy:
Prior Authorization Criteria: Noninvasive Prenatal Testing (NIPT) for Fetal Aneuploidy (Commercial)

POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
MG.MM.LA.15b	**8/12/2022**	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

 The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies(LMRP). All coding and web site links are accurate at time of publication.

Definitions

Aneuploidy	The occurrence of one or more extra or missing chromosomes leading to an unbalanced chromosome complement, or, any chromosome number that is not an exact multiple of the haploid number.
Noninvasive prenatal testing (NIPT) Aka cell-free (cfDNA) testing	Lab test utilizing next generation sequencing technology to analyze cell-free fetal DNA from a maternal blood sample to screen for aneuploidies.
Trisomy	A type of aneuploidy characterized by the presence of a single extra chromosome, yielding a total of three chromosomes (triplicates) of a particular type instead of a pair. Trisomies cause congenital conditions such as Down syndrome (trisomy 21), Edwards syndrome (trisomy 18) and Pateau syndrome (trisomy 13).

Guideline

Noninvasive prenatal testing (NIPT) screening for fetal aneuploidy is considered medically necessary for pregnant members with singleton and twin* pregnancies (not higher multi-gestational). (No maternal age limitation)

* Twin coverage eff. Nov. 12, 2022.

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Note: ConnectiCare utilizes Milliman Clinical Care Guidelines (MCGs) for the following alternate indications:

Click Here: ConnectiCare-MCG Clinical Criteria

- MCG #ACG: A-0848 (AC) — Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Microdeletion Syndromes
- MCG #ACG: A-0849 (AC) — Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Monogenic Disorders
- MCG #ACG: A-0850 (AC) — Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Sex Chromosome Disorders

MCG guidelines are developed using publications that have been assessed in terms of quality, utility, and relevance. Preference is given to publications that:

- Are designed with rigorous scientific methodology.
- Are published in higher-quality journals (e.g., journals that are read and cited most often within their field).
- Address an aspect of specific importance to the guideline in question (admission criteria, length of stay).
- Represent an update or contain new data or information not reflected in the current guideline.

Applicable Procedure Codes

0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed (eff. 7/1/2022)
81420	Fetal chromosomal aneuploidy (eg, 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
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
~~0168U~~	~~Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy~~ (deleted 10/01/2021)

Applicable Diagnosis Codes

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
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
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
030.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.009	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30.049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester

O30.099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
O35.1xx0	Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified
O35.1xx1	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1
O35.1xx2	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 2
O35.1xx9	Maternal care for (suspected) chromosomal abnormality in fetus, other fetus
O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.611	Supervision of young primigravida, first trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester

O09.621	Supervision of young multigravida, first trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third 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
O26.841	Uterine size-date discrepancy, first trimester

O26.842	Uterine size-date discrepancy, second trimester
O26.843	Uterine size-date discrepancy, third trimester
O26.849	Uterine size-date discrepancy, unspecified trimester
O26.851	Spotting complicating pregnancy, first trimester
O26.852	Spotting complicating pregnancy, second trimester
O26.853	Spotting complicating pregnancy, third trimester
O26.859	Spotting complicating pregnancy, unspecified trimester
O26.891	Other specified pregnancy related conditions, first trimester
O26.892	Other specified pregnancy related conditions, second trimester
O26.893	Other specified pregnancy related conditions, third trimester
O26.899	Other specified pregnancy related conditions, unspecified trimester
O26.90	Pregnancy related conditions, unspecified, unspecified trimester
O26.91	Pregnancy related conditions, unspecified, first trimester
O26.92	Pregnancy related conditions, unspecified, second trimester
O26.93	Pregnancy related conditions, unspecified, third trimester
O28.0	Abnormal hematological finding on antenatal screening of mother
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
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
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438	Encounter for other genetic testing of female for procreative management
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z36.1	Encounter for antenatal screening for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations
Z36.4	Encounter for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates

Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified

Revision History

08/12/2022	Expanded Commercial coverage to include twin pregnancies eff. Nov. 12, 2022 Removed Fetal Rhesus D MCG cross reference (no commercial tests available per MCG 26th ed. Summary of Changes)
07/07/2021	ICD.10 codes added O28.8, Z31.430, Z31.438, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5. Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86 Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9
06/2021	ICD. 10 codes added Z34.00, Z34.01, Z34.02, Z34.03, Z34.80-Z34.82, Z34.90-Z34.93
05/2021	Connecticare has adopted the clinical criteria of its parent corporation, EmblemHealth.

References:

Rose, Nancy C. MD; Kaimal, Anjali J. MD, MAS; Dugoff, Lorraine MD; Norton, Mary E. MD; American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics Committee on Genetics Society for Maternal-Fetal Medicine Screening for Fetal Chromosomal Abnormalities, Obstetrics & Gynecology: October 2020 - Volume 136 - Issue 4 - p e48- e69 doi: 10.1097/AOG.0000000000004084