Subject: **First Trimester Screening: Genetic Abnormalities***

Effective Date: **December 12, 2006**

Department(s): **Utilization Management**

Policy: Non-invasive first trimester screening by cell-free DNA, ultrasonographic assessment of fetal nuchal translucency (NT) and serum analyte testing is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to cover a specific screening modality.

Procedure: The following studies are covered by this policy:

First-trimester NT measurements (**CPT 76813 or 76814**)

First-trimester serum tests for beta-human chorionic gonadotropin (hCG) (**CPT 84702** and **84703**) and pregnancy-associated plasma protein A (PAPP-A) (CPT **84163**)

A. Prior history of adverse pregnancy outcome or other factors that may make a pregnancy "high risk" are not required for testing in section A to be reimbursable.

B. Screening for NT should be done in settings where appropriate ultrasound training and ongoing quality monitoring are present.

C. Maternal plasma nucleic acid sequencing to screen for aneuploidy, including trisomy 21, 18 and 13 is not reimbursable for routine prenatal Screening

D. 1.Maternal plasma nucleic acid sequencing to screen for aneuploidy , also known as cell-free DNA (**CPT 81420, 81507**) including trisomy 21, 18 and 13 is reimbursable as an alternative to tests listed in section A above as medically necessary in a viable, single gestation pregnancy ≥ 10 weeks gestation. It is also reimbursable when used to confirm an abnormal first or second trimester screening result.

2. Sequencing-based non-invasive prenatal testing for any other indication, including but not limited to the following, is not reimbursable under Plans administered by QualCare, Inc. because such testing is experimental, investigational or unproven:

- multiple gestation
- screening for a sex-chromosome aneuploidy
- vanishing twin syndrome
- screening for trisomy 7, 9, 16 or 22
- screening for microdeletions
- whole genome NIPT
- when used to determine genetic cause of miscarriage (e.g., missed abortion, incomplete abortion)

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.