



**Subject:** Pre-implantation Genetic Diagnosis \*

**Effective Date:** September 29, 2015

**Department(s):** Utilization Management

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**Policy:** Pre-implantation genetic diagnosis (PGD) is reimbursable under Plans administered by QualCare, Inc., subject to the criteria and conditions enumerated below.

**Objective:** To assure proper and consistent reimbursement and to assure that reimbursable genetic testing is limited to those for which scientific evidence demonstrates beneficial effects on health outcomes.

**Procedure:** The member's specific plan must provide for coverage of in-vitro fertilization (IVF) in order to also cover pre-implantation genetic diagnosis. The IVF must also have been determined to be medically necessary. Pre and post-testing genetic counseling should occur. PGD is coverable when performed in lieu of amniocentesis or chorionic villus sampling for genetic disorders associated with severe disability and limited treatment options and the results of testing will impact clinical decision making and/or clinical outcome for circumstances in section I below.

I. Specific testing criteria are -

A. detection of a genetic disorder in an embryo when both partners are known carriers of a single gene

autosomal recessive disorder.

- B. detection of a genetic disorder in an embryo when one partner is a known carrier of a single gene autosomal dominant disorder or a single X-linked disorder
- C. detection of a chromosomal abnormality when one partner has a balanced (reciprocal) or unbalanced (Robertsonian) translocation

CPT codes 81200, 81205, 81220, 81221, 81242, 81251, 81255, 81257, 81260, 81281, 81290, 81303, 81330, 81400, 81401, 83080.

When any of criteria A, B or C are met, the covered embryo biopsy procedure (CPT 89290, 89291) and specific genetic testing (see CPT codes above) associated with the pre-implantation diagnosis are provided under the general medical provisions of coverage and not infertility-specific benefits.

II. The following uses of pre-implantation genetic diagnosis are NOT reimbursable because they are considered investigational due to lack of published evidence for efficacy and positive impact on health outcomes:

- screening of common aneuploidy or chromosomal translocations in women of advanced maternal age (i.e.,  $\geq$  age 35) with repeat IVF failures or recurrent spontaneous abortions, or for the purpose of improving IVF implantation success
- human leukocyte antigen (HLA) typing of an embryo to identify a future suitable stem cell, tissue or organ transplantation donor (CPT 81370 through 81383)

- carrier testing to determine carrier status of the embryo
- testing or screening for adult-onset/late-onset disorders (e.g., Alzheimer's disease, cancer predisposition)(CPT81201 through 81217, 81223, 81228, 81229, 81240, 81241, 81245, 81246, 81256, 81265, 81266, 81275, 81288, 81291 through 81319, 81401 through 81403, 81435, 81436, S3852, S3855)

III. The following uses of pre-implantation genetic diagnosis are NOT reimbursable because they are considered not medically necessary:

- Testing for non-medical gender selection.
- Testing for non-medical traits selection

IV. Gene sequencing for preimplantation genetic diagnosis is NOT reimbursable as it is considered investigational due to lack of published evidence for efficacy and positive impact on health outcomes.

## References

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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.