MedStar Family Choice DISTRICT OF COLUMBIA		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1427.DC**	
Subject:	**Non-Invasive Prenatal Aneuploidy and Other Prenatal Genetic Testing**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**10/01/2020**	
Revision Effective Date(s):	**07/22, 07/24**	
Review Effective Date(s):	**07/21, 07/23**	
Responsible Parties:	**Medical Director**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**DHCF Transmittal #22-19 Adding Coverage for Non-Invasive Prenatal Testing (NIPTs)**	
Approved:	**AVP Clinical Operations**	**Senior Medical Director (Chief Medical Officer-DC)**

Purpose: **To define the conditions under which MedStar Family Choice District of Columbia will provide Non-Invasive Prenatal Aneuploidy Testing and other prenatal genetic testing for screening.**

Scope: **MedStar Family Choice District of Columbia**

Policy: **It is the policy of MedStar Family Choice DC to offer non-invasive prenatal screening testing without authorization for trisomy 13, 18 and 21 in accordance with DHCF and ACOG recommendations. Testing beyond these screening tests will require prior authorization.**

Procedure:

Basic Screening:

1. Prenatal screening for fetal aneuploidy will be available for all pregnant women without prior authorization starting at 10 weeks gestational age for singleton pregnancy only.
2. First Trimester Screening should include an ultrasound and aneuploidy screening OR traditional Quad screening but NOT both. Ultrasound and NIPTs is the preferred method.
3. LabCorp is MedStar Family Choice's contracted laboratory and is the lab to which samples must be sent by OB GYN providers.
4. The only test ordered should be "**MaterniT21 PLUS Core + SCA**". It is **LabCorp test #451934** and it will report aneuploidy for chromosome 21, 18 and 13, sex chromosome

aneuploidy (Turner syndrome, Klinefelter syndrome, etc.) and sex of the baby. If this **EXACT** test is ordered, no prior authorization will be required. Any other test will require prior authorization.

5. Second Trimester Screening should still include a detailed anatomic ultrasound and an alfa fetal protein.

Advanced Testing:

Further genetic testing will require prior authorization and must be ordered by a Maternal Fetal Medicine Specialist or after consultation with a Genetic Counselor and would most likely be a requested for abnormal anatomic findings on sonogram, a family history of DiGeorge syndrome, Cri Du Chat, prior rare trisomy.

1. Requests must be submitted with evidence of consultation with a Maternal Fetal Medicine Specialist or a Genetic Counselor.
2. The medical records submitted must indicate the reason for the request, the condition suspected and the anticipated actions or change of clinical management to be taken based on the outcome of the testing.
3. The specific testing requested would be **MaterniT21 Genome Add On (LabCorp test # 452104 or 452114** if redraw needed) which would return a "comprehensive chromosome copy number analysis including unbalanced derivatives, and information about deletions or duplications of chromosome material 7 Mb or larger, as well as analysis of seven clinically relevant microdeletions less than 7 Mb in size." Any other version of the LabCorp MaterniT21 tests would duplicate the original screening test and is thus not medically necessary.
4. Any other genetic testing will require consultation with Maternal Fetal Medicine or Genetic Counselor and documentation as in 2. above.

Out of Network Testing:

1. All requests for out of network laboratories will require prior authorization and will only be approved if the testing is not available from an in-network laboratory and is determined to be medically necessary.

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DHCF Table of the current additional list of Non-invasive Prenatal Testing (NIPT) Covered Procedure Codes

Non-invasive Prenatal Testing Procedure Codes

Providers may bill for NIPT using the below procedure codes. The NIPT codes do not require prior authorization.

81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
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
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
81479	Unlisted molecular pathology procedure
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

Summary of Changes:	**07/24:** • Updated Responsible Parties to include only position titles and not names. **07/23:** • No Changes. **07/22:** • Updated Responsible Parties. • Updated Approved. • Updated Regulatory Reference including lab tests table. **07/21:** • No changes. **10/20:** • New policy.