



## Prenatal Aneuploidy Screening Clinical Policy

Policy Number: PA 26  
Last Review Date: 2/8/2024  
Effective Date: 08/04/2022

### Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) reviews Prenatal Aneuploidy Screening using the following clinical criteria to determine medical necessity. MPC will cover Serum Screening with or without Nuchal Translucency imaging without Prior Authorization.

ACOG/SMFM have recommended that only one screening test be utilized for any particular patient/pregnancy. ACOG/SMFM has given equal weight to either screening strategy.

- cfcDNA screening will only be covered with prior authorization
- Prior authorization for cfcDNA screening requires evidence that Serum Screening is contraindicated in the member for the particular pregnancy

### Limitations

- cfcDNA screening is not covered for confirmatory purposes in the setting of an abnormal serum screen
- Members with an abnormal serum screen should proceed to confirmatory diagnostic testing.

### Background

Cell-free fetal DNA testing has been validated for testing for Trisomy 21 (T21 or Down Syndrome). It may also detect Trisomy 18 (T18 or Edwards Syndrome) or Trisomy 13 (T13 or Patau Syndrome). According to the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), prenatal testing for fetal aneuploidy may be accomplished with the following non-invasive prenatal test (NIPT) screening strategies:

- 1) Cell-free circulating DNA (cfcDNA)
- 2) Serum screening with or without nuchal translucency imaging



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### Codes/Devices/Services

| Code         | Description                                                                                                                                                                                         |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>81420</b> | 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 |
| <b>81422</b> | Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood                                     |
| <b>81479</b> | Unlisted molecular pathology procedure                                                                                                                                                              |
| <b>81507</b> | 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                                      |

### References

American College of Obstetricians and Gynecologists (ACOG)  
 Society for Maternal-Fetal Medicine (SMFM)

### Revision Log

|                                       |               |
|---------------------------------------|---------------|
| Reviewed no changes                   | February 2023 |
| Annual review: no revisions necessary | February 2024 |
|                                       |               |