Prenatal Aneuploidy Screening Clinical Policy

Policy Number: PA 26
Last Review Date: 2/11/2026
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 and Fetal Chromosomal Aneuploidy cfcDNA with or without Nuchal Translucency imaging without Prior Authorization. MPC does require Prior Authorization for Fetal Chromosomal microdeletion cfcDNA screening.

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.

- Fetal Chromosomal Aneuploidy cfcDNA will be covered when:
  - The member is pregnant with only one (1) fetus
  - The member is in at least the 10^{th} week of gestation
  - The member elects the testing as their sole option of screening for Trisomy 21, 18, & 13 in the current pregnancy
- Fetal Chromosomal microdeletion cfcDNA screening will only be covered with prior authorization if one or more of the following conditions are present:
  - Fetal Ultrasound findings for fetuses with ultrasound abnormalities, especially with either ultrasound structural or gonadal anomalies
  - Pre and Post-Test genetic counseling with a Maternal Fetal Medicine (MFM) physician or certified genetic counselor

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.

EXCLUDED FROM COVERAGE:
The following indications for NIPTs testing are investigational and are excluded from coverage:

- Testing as a follow-up to an abnormal 1st or 2nd trimester screening.
- Low Fetal Fraction on initial NIPTs testing (counseling and diagnostic testing recommended 1).
- Cases with a known co-twin demise (vanishing twin syndrome).
- Screening for trisomies other than 21, 18 and 13.
- Screening for single-gene disorders.

- Whole genome NIPTs.
- When used to determine genetic cause of miscarriage or fetal demise (e.g., missed abortion, incomplete abortion).

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

Codes/Devices/Services

Code	Description
81420	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
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., 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

References

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

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Revision Log

Reviewed no changes	February 2023
Annual review: no revisions necessary	February 2024
Annual review: no revisions necessary	February 2025
Reviewed and revised: formatting edits; added information regarding Fetal Chromosomal microdeletion cfcDNA screening; and added exclusions from coverage	February 2026