EVH Clinical Guideline 2736.CC for Non-Invasive Genetic Testing During Pregnancy

Guideline Number: EVH_CG_2736.CC	Applicable Codes	
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Original Date: December 1, 2022	**Last Revised Date:** November 20, 2025	**Implementation Date:** December 1, 2025

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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

CountyCare considers cell-free fetal DNA (cfDNA)-based prenatal screening for fetal aneuploidy (trisomy 13, 18, and 21) medically necessary as follows [1–3]:

- For pregnant persons with a current single or twin gestation pregnancy with one or more of the following:
  - Are aged 35 years or older at delivery and/or donor oocyte aged 35 years or older
  - Have fetal ultrasound findings indicate an increased risk of Aneuploidy
  - Have a history of a prior pregnancy with a trisomy due to translocation
  - Have positive first- or second-trimester screening test results for Aneuploidy
  - Have parental balanced Robertsonian translocation with an increased risk of fetal Trisomy 13 or Trisomy 21
  - Require screening after pre-test counseling from a board-certified genetic counselor
  - Require fetal sex determination for singleton pregnancies at increased risk of a sex (X)-linked condition or congenital adrenal hyperplasia
  - Had serum screening produce a high-risk result earlier in the pregnancy and are declining invasive diagnostic testing

CountyCare considers genomic sequence analysis with cfDNA for fetal chromosomal microdeletion screening medically necessary when [2]:

- There is a known family history of genetic disorders associated with chromosomal microdeletions
- Prenatal screening tests suggest a potential risk for chromosomal abnormalities

- Specific risk factors are identified during prenatal care, such as abnormal results from non-invasive prenatal testing (NIPT)

In members with a positive screen, providers should consider evaluation with a maternal fetal medicine specialist, genetic counseling, comprehensive ultrasound and diagnostic testing [(2)].

LIMITATIONS

Cell-free fetal DNA-based prenatal screening for fetal aneuploidy (trisomy 13, 18, 21) is considered not medically necessary as follows:

- For individuals not meeting the criteria above, including pregnancies involving 3 or more fetuses
- Twin pregnancies when the current pregnancy is affected by fetal demise, vanishing twin, or one or more anomalies detected in one or both of the twins
- For fetal sex determination without an increased risk of a sex (X)-linked condition or congenital adrenal hyperplasia
- Only one cell-free DNA testing will be covered per pregnancy.

Fetal chromosomal microdeletion(s) genomic sequence analysis is considered not medically as follows:

- For routine screening of all pregnancies
- There are no indications of potential chromosomal issues
- When alternative testing methods are more suitable

EXCLUSIONS

Due to insufficient evidence of efficacy, the following DNA-based noninvasive prenatal tests are unproven and not medically necessary:

- Genome-wide or exome-wide screening
- Early (prior to 10 weeks of gestation) testing
- Single gene disorders
- Tests that have not received approval from the Food and Drug Administration (FDA)

CODING AND STANDARDS

Codes

CPT codes covered if selection criteria are met:

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 (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

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☐	Commercial
☐	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
November 20, 2025	• This guideline replaces PA.249.CC Noninvasive Genetic Testing During Pregnancy • Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; updated Indications, Limitations and Exclusions sections; removed Background section; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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REFERENCES

1. Hayes Knowledge Center. *Cell-Free DNA (CfDNA) [Formerly NIPS, NIPT] Screening for Fetal Trisomy 21, 18, And 13 In High-Risk Women*.; 2022. **https://evidence.hayesinc.com/report/gti.cellfreewomen4313**
2. Dungan JS, Klugman S, Darilek S, et al. Noninvasive prenatal screening (NIPS) for fetal chromosome abnormalities in a general-risk population: An evidence-based clinical guideline of the American College of Medical Genetics and Genomics (ACMG). *Genetics in Medicine*. 2023;25(2):100336. doi:10.1016/j.gim.2022.11.004
3. American College of Obstetricians and Gynecologists. Screening for Fetal Chromosomal Abnormalities: ACOG Practice Bulletin. *Obstetrics & Gynecology*. 2020;136(4):e48-e69. doi:10.1097/AOG.0000000000004084