

AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	<u>Non-Invasive Prenatal Testing (NIPT)</u>	Page:	1 of 2
Department :	<u>Reimbursement</u>	Policy Number:	<u>ABHLA-RP-A0052</u>
Subsection:		Effective Date:	00/00/2020
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

To establish reimbursement guidelines for Non-Invasive Prenatal Testing in normal and high-risk pregnancy.

STATEMENT OF OBJECTIVE/OVERVIEW:

Per the [Health Plan Advisory 18-25 New Medicaid Policy: Non-Invasive Prenatal Testing \(NIPT\)](#) issued by the Louisiana Department of Health (LDH), effective 12/01/2020 for dates of service on or after Feb. 1, 2019, Louisiana Medicaid fee-for-service (FFS) will cover Non-Invasive Prenatal Testing (NIPT) for the detection of fetal chromosomal abnormalities in pregnant women, without prior authorization, for those tests on the Louisiana Medicaid Fee Schedule.

NIPT will be offered as a service to pregnant women over the age of 35, and to pregnant women of any age who meet one or more of the following high-risk criteria:

- Abnormal first trimester screen, quad screen or integrated screen.
- Abnormal fetal ultrasound scan indicating increased risk of aneuploidy.
- Prior family history of aneuploidy in first degree relative for either parent.
- Previous history of pregnancy with aneuploidy.
- Known Robertsonian translocation in either parent involving chromosomes 13 or 21.

NIPT is not covered for women with multiple gestations.

Prior Authorization

The following table lists Prior Authorization (PA) requirements effective for dates of service on or after 12/01/2020 for NIPT CPT codes:

Code	Code Description	Prior Authorization required?
81507	FETAL ANEUPLOIDY TRISOM RISK	NO
81420	FETAL CHRMOML ANEUPLOIDY	NO

DEFINITIONS:

Non-Invasive Prenatal Testing	A blood test to screen for increased risk of giving birth to a child with a genetic
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ADMINISTRATION



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(NIPT)	disorder.
CPT Codes	Five-digit codes used primarily to identify medical services and procedures furnished by healthcare providers.

LEGAL/CONTRACT REFERENCE:

[Health Plan Advisory 18-25 New Medicaid Policy: Non-Invasive Prenatal Testing \(NIPT\)](#)

Review/Revision History
<u>03/03/2021</u> <u>Submitted to LDH</u>