

Non-Invasive Prenatal Testing

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4020

Recent review date: 1/2026

Next review date: 5/2027

Policy contains: Fetal aneuploidy testing; non-invasive prenatal testing.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Non-Invasive Prenatal Testing (NIPT) is a genetic test that utilizes maternal blood containing cell-free fetal deoxyribonucleic acid (DNA) from the placenta. This test is completed during the prenatal period of pregnancy to screen for the presence of some common fetal chromosomal abnormalities, such as Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome), and Trisomy 13 (Patau syndrome).

NIPT is considered medically necessary once per pregnancy for pregnant women over the age of 35, and for women of all ages 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 a first-degree relative for either parent;
- Previous history of pregnancy with aneuploidy;
- Known Robertsonian translocation in either parent involving chromosomes 13 or 21.

Note: 1st degree relative is defined as a person's parent, children, or sibling.

NIPT is NOT covered for women with multiple gestations.

References

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024: Policy references updated.

1/2025: Policy references updated.

1/2026: Policy references updated.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.4020. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description
	See Benefit Category-Pathology and Laboratory Services