Texas Children's	Noninvasive Prenatal Screening (NIPS or NIPT) Genetic Testing Guidelines	
Guideline # 6188	***Categories*** Clinical →Care Coordination, Care Coordination – Utilization management , TCHP Guidelines	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Lisa Fuller

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all noninvasive prenatal testing requests.

PRIOR AUTHORIZATION GUIDELINES

1. Noninvasive prenatal testing requests conducted by out-of-network providers will be treated as out-of-network requests and will comply with the out-of-network authorization Guidelines.

2. All requests for prior authorization for noninvasive prenatal testing are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.

3. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the noninvasive prenatal testing as an eligible service.

4. To request prior authorization for noninvasive prenatal testing, the following documentation must be submitted by the provider rendering direct care to the member:

    4.1 Description of the medical necessity of the procedure requested
    4.2 Documentation that member meets criteria for testing (see Section 5)
    4.3 Documentation of genetic counseling is required pre and post screening. Counseling must be provided by a trained genetic counselor, nurse specialist in genetics, maternal fetal medicine specialist or other medical provider (e.g., obstetrician) with expertise in genetic counseling who is not affiliated with the genetic screening laboratory. Documentation in the medical record must reflect that the member has been given information on the benefits, risks and limitations of advanced screening, as well as the nature, inheritance, potential outcomes and implications of aneuploidy screening and of each possible aneuploidy result. The genetic counseling must be nondirective to allow the member to make an informed medical and personal decision. Members should be informed that a negative screen does not ensure an unaffected pregnancy.
    4.4 A baseline ultrasound documenting the number of fetuses, gestational age and viability.

5. Noninvasive Genetic testing of pregnant women is considered medically necessary for women with a current single gestation pregnancy at 10 weeks gestation or greater that meet any of the following criteria:

    5.1 Maternal age of 35 years or older at expected date of delivery
    5.2 Fetal ultrasound findings indicating an increased risk of aneuploidy
    5.3 A previous pregnancy with aneuploidy
    5.4 Fetal ultrasound that shows structural anomalies associated with aneuploidy and member is not yet ready for an invasive diagnostic test
    5.5 A known balanced Robertsonian translocation in a parent or the parent of the partner
    5.6 Abnormal first trimester screen such as:
        - Sequential screen
        - Integrated screen
        - Quadruple or Penta screen
    5.7 Clinical risk verified by TCHP Medical Director/Physician Reviewer

6. NIPT procedure codes 81420 or 81507 are restricted to female members ages 10 through 55 years of age and limited to once per pregnancy. Additional tests will not be authorized. In the case of no-call or inconclusive results, further diagnostic testing is strongly recommended; repeating the NIPT will not be covered. In addition, procedure code 81420 will be denied when billed during the same pregnancy as procedure code 81507 by any provider.

7. The following NIPS services are not a benefit of Texas Medicaid:
    - NIPS as part of a routine prenatal laboratory assessment
    - NIPS if performed without informed patient choice and pre- and post-screen genetic counseling from a qualified professional
    - NIPS for women who do not meet the criteria outlined above in Section 5
    - NIPS for women with multiple gestations (e.g., twins, triplets, etc.)
    - NIPS for screening of chromosomal microdeletion syndromes
    - NIPS for screening of trisomy other than T13, T18, or T21
    - NIPS for sex determination, paternity determination, or non-medical reasons
    - NIPS is not reimbursed with procedure code 81599

8. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

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