

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Deputy Director/Medicaid Director

Transmittal # 22-19

TO: All DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director/Medicaid Director

DATE: May 20, 2022

SUBJECT: Adding Coverage for Noninvasive Prenatal Testing (NIPT)

Purpose

The Department of Health Care Finance (DHCF) is committed to ensure pregnant women in the District have access to state-of-the-art prenatal screening as recommended by the American College of Obstetricians and Gynecologists (ACOG) in the professional setting. This transmittal provides notice of coverage and reimbursement of cell-free DNA-based non-invasive prenatal laboratory testing that looks for genetic abnormalities during pregnancy.

These tests are collectively referred to as non-invasive prenatal testing (NIPT) and are commonly billed with codes such as 81420 (fetal chromosomal aneuploidy) and/or 81507 (fetal aneuploidy trisomy risk) in the professional fee schedule. For other billing codes associated with NIPT, see [the professional fee schedule](#). The reimbursement rates for these laboratory tests are based on the published guidance by CMS and in accordance with District of Columbia payment policy established at 29 DCMR §§ 988 (Medicaid Fee Schedule) and 991 (Other Laboratory and X-Ray Services). This is applicable for fee-for-service providers that bill procedure codes on CMS-1500 claim forms and for providers enrolled in Medicaid Managed Care Organization (MCO) networks.

Background

In accordance with ACOG recommendations, NIPT has been approved effective March 1, 2022. NIPT is an advanced screening technology that uses fetal DNA from a pregnant woman's blood sample to identify a range of fetal chromosomal abnormalities with greater predictability as compared to traditional screening tests. ACOG recommends this screening for all pregnant women, regardless of maternal age or risk of chromosomal abnormality. NIPT is the most sensitive and specific screen for common fetal abnormalities, supported by both diagnostic testing and genetic counseling.

Providers should discern medical necessity for ordering NIPT for each pregnant woman on an individual basis and follow the ACOG recommendations for when the pregnancy is a single, twin, or multiple gestation. Providers should also conduct proper counseling about the screening and diagnostic testing options when the decision is made to order the test and follow through with a treatment plan for when genetic counseling is necessary including the outcome of a positive, negative, or inclusive result. DHCF believes that access to comprehensive perinatal services, including NIPT, enables all pregnant women to engage in their care and prepare for various outcomes identified by NIPT in coordination with their providers.

Non-invasive Prenatal Testing Procedure Codes

Providers may bill for NIPT using the below procedure codes. The NIPT codes do not require prior authorization.

81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
81420	Fetal chromosomal aneuploidy (eg, 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

For MCO beneficiaries: Providers should follow instructions provided by the beneficiary's MCO for billing for NIPT. MCOs are required to reimburse providers at or above the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN) Provider Services: 202-495-7526
- MedStar Family Choice-DC Provider Services: 855-798-4244

Contact

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for all future updates related to coverage of colorectal cancer screening, and for the most up-to-date information on pricing. If you have questions, please contact Amy Xing, Reimbursement Analyst, at amy.xing2@dc.gov or 202-481-3375.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC