

## Oregon Health Plan Prioritized List Changes Prenatal Genetic Testing

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on March 13, 2014, based on the approved coverage guidance, “Prenatal Genetic Testing.” The changes will take effect for the Oregon Health Plan on October 1, 2014.

### New guideline note:

#### DIAGNOSTIC GUIDELINE NOTE: PRENATAL GENETIC TESTING

The following types of prenatal genetic testing and genetic counseling are covered for pregnant women:

- 1) Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, elevated risk of neural tube defect.
- 2) Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of CVS, amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
- 3) Validated questionnaire to assess genetic risk in all pregnant women
- 4) Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
- 5) Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511)
- 6) Cell free fetal DNA testing (CPT 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
- 7) Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
- 8) CVS or amniocentesis (CPT 59000, 59015) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
- 9) Array CGH (CPT 81228) when major fetal congenital anomalies apparent on imaging, and karyotype is normal
- 10) FISH testing (CPT 88271, 88275) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
- 11) Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
- 12) Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
- 13) Screening for fragile X status (CPT 81243, 81244) in patients with a personal or family history of
  - a. fragile X tremor/ataxia syndrome
  - b. premature ovarian failure
  - c. unexplained early onset intellectual disability

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- d. fragile X intellectual disability
- e. unexplained autism through the pregnant woman's maternal line
- 14) Screening for spinal muscular atrophy (CPT 81401) once in a lifetime
- 15) Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255)
- 16) Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

- 1) Serum triple screen
- 2) Screening for thrombophilia in the general population or for recurrent pregnancy loss
- 3) Expanded carrier screening which includes results for conditions not explicitly recommended for coverage