CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Prenatal Screening for Fetal Aneuploidy

Policy Number: CPCPLAB022

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Confirmatory testing of equivocal and positive results from testing via Chorionic Villa Sampling (CVS) or Amniocentesis should be offered and **may be reimbursable** for women wishing to pursue additional testing.

2. The use of the "penta" screen (hCG, AFP, uE3, DIA with NT, and hyperglycosylated hCG) to detect fetal aneuploidy **is not reimbursable**

3. Screening for detection of Fetal Aneuploidies **is not reimbursable** under following conditions:
    a. Parallel or simultaneous testing with multiple screening methodologies for Fetal aneuploidy.
    b. Screening of women with multiple gestation pregnancies with any testing other than nuchal translucency and/or subsequent diagnostic testing via Chorionic Villa Sampling (CVS) or Amniocentesis due to the risk of high false positive results.
    c. Repeat screening for women with negative screening results.
    d. Egg donor pregnancies.
    e. For the determination of fetal sex.

Procedure Codes

Codes
81508, 81509, 81510, 81511, 81512, 81599, 82105, 82106, 82677, 84163, 84702, 84703, 84704, 86336, 88235, 88267, 88269, 88271, 88280, 88285

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Policy Update History:

5/1/2022	New policy