COVERAGE:

Amniocentesis and/or Chorionic villus sampling (CVS) are not medically necessary for all patients. However, these tests are eligible for coverage for the specific conditions listed:

• in pregnancies where the woman will be 35 years of age or over at the expected time of delivery,

• when a previous pregnancy has resulted in the birth of a child with a chromosomal (e.g., Down's Syndrome) or genetic abnormality or major malformations,

• when a chromosomal or genetic abnormality is present in a parent or there is a history of genetic abnormality in a blood relative,

• when there is a history of multiple (three or more) spontaneous abortions in this union or in a prior relationship of either spouse,

• when the fetus is at an increased risk for a hereditary error of metabolism detectable in vitro.

For the following, ONLY Amniocentesis is eligible for coverage:

• in pregnancies with Rh incompatibility sensitization,

• when there is a question regarding fetal lung maturity,

• when the fetus is at an increased risk for a neural tube defect (e.g., family history or elevated maternal serum alpha-fetoprotein level).

A relatively infrequent indication for amniocentesis and CVS is for fetal sex determination in pregnancies at risk for an X-linked hereditary disorder. Such conditions would include the following:

• Hemophilia,

• X-linked mental retardation,

• X-linked hydrocephalus,

• Duchenne muscular dystrophy.

In these conditions, only the male child manifests the genetic abnormality and inherits the trait from the mother, who is a carrier but usually, free of overt symptoms. Amniocentesis and CVS are not medically necessary when performed purely for sex determination.
DESCRIPTION:

Prenatal and chromosomal metabolic tests include amniocentesis and CVS.

Amniocentesis involves the withdrawal of amniotic fluid for use in diagnosing and assessing various prenatal states. Under local anesthesia and ultrasound guidance, a needle is inserted into the amniotic sac and amniotic fluid is withdrawn.

Biochemical and serologic analysis of the fluid is performed, and cytogenetic determinations may be performed on cultured fetal cells obtained from the amniotic fluid. The fluid removed is then used to diagnose fetal genetic abnormalities, assess fetal lung maturity, and establish the severity of hemolytic disease in blood group isoimmunization. The results can guide in the timing of caesarean section, fetal transfusion, or counseling related to the diagnosis of genetic disorders.

CVS is a prenatal genetic testing procedure that may be performed late in the first trimester of pregnancy.

CVS is performed by obtaining samples of villi, which are minute, finger-like projections on the fetal membrane surface of the chorionic tissue attached to the placenta.

Sampling involves a number of methods, including the transcervical (TC) route or the transabdominal (TA) route (both methods requiring ultrasonic guidance by passing a catheter within the chorion frondosum site).

The chorion frondosum is a part of the outermost extraembryonic membrane that bears villa (threadlike projections growing in tufts).

Samples are drawn by aspirating tissue into the syringe attached distally to the catheter (TC route) or a needle (TA route).

NOTE: CVS permits the diagnosis of genetic disease in the fetus as early as the 8th week of gestation, compared to amniocentesis, which is performed following the 16th week.

RATIONALE:

None

PRICING:

Reimbursement for amniocentesis should include any required supervision and interpretation of an ultrasonic guidance or the supervision, interpretation, or performance of sonography (ultrasound) as a part of the procedure. No separate reimbursement should be provided.

Payment should not be made for both CVS and amniocentesis on the same patient during a pregnancy, unless specific medical justification for doing both tests is provided. Justification may include confirmation of chromosomal abnormalities detected with CVS.

The use of these tests as a routine screening for all pregnant women
is not medically necessary.

These procedures normally do not require hospital admission.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.