MEDICA®
UTILIZATION MANAGEMENT POLICY

TITLE: MATERNAL PLASMA TESTING FOR DETECTION OF CELL-FREE FETAL DNA FOR ANALYSIS OF CHROMOSOMAL ANEUPLOIDIES

EFFECTIVE DATE: August 20, 2018

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage.

With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage.

Medica may use tools developed by third parties, such as MCG Care Guidelines®, to assist in administering health benefits. Medica utilization management (UM) policies and MCG Care Guidelines are not intended to be used without the independent clinical judgment of a qualified health care provider taking into account the individual circumstances of each member's case. Medica UM policies and MCG Care Guidelines do not constitute the practice of medicine or medical advice. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica UM policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

PURPOSE
To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of maternal plasma tests for detection of cell-free fetal DNA for analysis of chromosomal aneuploidies. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

MEDICAL NECESSITY CRITERIA

For medical necessity criteria, Medica uses MCG™ Care Guideline, 21st edition, 2017: *ACG: A-0724 (AC), Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Aneuploidy Testing*

BENEFIT CONSIDERATIONS
1. Prior authorization is **not required** for cell-free fetal DNA analysis of chromosomal aneuploidies for members ***35 years or older*** at the time of anticipated delivery date.
2. Prior authorization **is required** for maternal plasma testing for detection of cell-free fetal DNA for analysis of chromosomal aneuploidies for members ***less than 35 years of age*** at the time of anticipated delivery date. Please see the prior authorization list for product specific prior authorization requirements.
3. Coverage may vary according to the terms of the member's plan document.
4. Maternal plasma tests for detection of cell-free fetal DNA for analysis of chromosomal aneuploidies are *investigative and therefore not covered* for all other indications not meeting the medical necessity criteria as stated above, including but not limited to: (1) multiple gestation, (2) women at average risk of an aneuploid pregnancy, (3) aneuploidies other than trisomies 13, 18, or 21, (4) microdeletions, (5) Monogenic disorders (e.g., congenital adrenal hyperplasia, beta-thalassemia, hemophilia, sickle cell anemia), and (6) sex chromosome disorders (eg, 45,X, 47,XXY).
5. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member's plan document.

6. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Medica Provider Administrative Manual.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: http://www.cms.hhs.gov/mcd/search.asp?

DOCUMENT HISTORY

Original Effective Date	September 1, 2013
MPC Endorsement Date(s)	06/2013, 09/2014
Began use of MCG™ Care Guidelines	12/01/2015 (19th edition)
MCG Care Guidelines Edition Updates *(Medica Effective Date)*	20th edition: 10/10/2016, 21st edition: 08/31/2017, 21st edition reaffirmed: 08/20/2018
Administrative Updates	05/01/2017