

FIRST TRIMESTER PRENATAL SCREENING

Policy Number: 200602-0002

Effective Date: 03/28/2006

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Overview

Pregnant women with increased risk of fetal chromosomal abnormalities should be offered prenatal screening. Women should be counseled about the limited sensitivity and specificity of the results, implications of a positive test, risks associated with prenatal diagnosis and delays inherent in the process. Fetal nuchal translucency refers to an ultrasound measure of the thickness of the sonolucent zone between the inner aspect of the fetal skin and the outer aspect of the soft tissue overlying the cervical spine or the occipital bone. Studies of pregnant women have shown an association between increased nuchal translucency in the first trimester and chromosomal defects, notably Down syndrome and trisomy 18 and 13.

Covered Services

FCHP covers first trimester prenatal screening, consisting of ultrasound measurement of fetal nuchal translucency combined with maternal serum free beta human chorionic gonadotropin (hCG) and pregnancy-associated plasma protein A (PAPP-A) for the detection of chromosomal defects for pregnant women at increased risk because of one or more of the following criteria:

1. **Advanced maternal age > 35 years, or**
2. **Previous pregnancy complicated by a chromosomal abnormality, or**
3. **First-degree relative (mother, father, sibling) with a chromosomal defect, or**
4. **Presence of a medical condition associated with a chromosomal defect, or**
5. **Exposure to medications suspected of causing congenital malformation at the time of conception or shortly thereafter.**

Exclusions

1. First trimester screening for fetal chromosomal abnormalities using ultrasound measurement of fetal nuchal translucency alone is considered experimental/investigational.
2. Ultrasound measurement of fetal nuchal translucency and/or first trimester maternal serum screening (hCG and PAPP-A) for women who are not at increased risk of fetal chromosomal abnormalities.

Codes

Codes	Number	Description
CPT	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each

Codes	Number	Description
		additional gestation (List separately in addition to code for primary procedure)
	84163	Pregnancy-associated plasma protein-A (PAPP-A)
	84702	Gonadatropin, chorionic (hCG); quantitative

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References

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Products to Which This Policy Applies

- FCHP Direct & Select Care
- Fallon Preferred Care (PPO)
- FCHP MassHealth
- Non-Group: FCHP Independent Care, Direct Enrollment, & Bill-at-Home
- Fallon Senior Plan™
- FHLAC Major Medical

Committee Review Dates

Technology Assessment Subcommittee: 03/28/2006

Technology Assessment Committee: 06/01/2006

Approved by:

Signature on file

Dennis A. Batey, MD – Chief Medical Officer

06/01/2006

Date

IMPORTANT NOTE

Not all services are covered for all products or employer groups. This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following website:

<http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>