



Non-Invasive Prenatal Testing

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Noninvasive prenatal testing (NIPT), also known as noninvasive prenatal screening (NIPS), is a technique used to assess the risk of a fetus that has certain genetic abnormalities.

Coverage for Noninvasive Prenatal Testing for Fetal Aneuploidy is available for women with a singleton pregnancy who meet any of the following criteria:

- The mother is 35 years or older at the time of delivery.
- Fetal ultrasound results indicate an increased risk of aneuploidy.
- There is a history of a previous pregnancy with a trisomy.
- Positive results from an aneuploidy test, including first trimester, sequential, or integrated screen, or a quadruple screen.
- Parental balanced Robertsonian translocation with an increased risk of fetal trisomy 13 or trisomy 21.
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When clinically appropriate, NIPT for fetal aneuploidy is covered once per pregnancy under the following codes:

- **81407:** Molecular pathology procedure, Level 8
- **81420:** Fetal chromosomal aneuploidy genomic sequence analysis panel, maternal blood
- **81507:** Fetal aneuploidy DNA sequence analysis using maternal plasma
- **0009M:** Fetal aneuploidy DNA sequence analysis using maternal plasma
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The following codes are not billable for NIPT for fetal aneuploidy:

- **81479:** Unlisted molecular pathology procedure
- **81599:** Unlisted multianalyte assay with algorithmic analysis
- **88271:** Chromosomal Microarray (FISH), Constitutional

Supplemental Information

References

This policy was developed using.



- CMS
- State Medicaid Regulatory Guidance
- State Contracts

State Exceptions

State	Exception
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Documentation History

Type	Date	Action
Effective Date	11/20/2020	New Policy
Revised Date	10/20/2022	Overview added
Revised Date	08/16/2023	Reviewed- TP
Revised Date	12/12/2024	Updated template

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.