Maryland
DEPARTMENT OF HEALTH

Non-Invasive Prenatal Testing (NIPTs) Ordering Guidelines

Maryland Medicaid - NIPTs Testing:

NIPTs is a covered benefit for all pregnant patients, excluding multiple gestation, starting the 10th week of gestation, who elect as their sole option of screening for Trisomy 21, 18, & 13 in pregnancy.

Prior to requesting NIPTs Testing, please review this document.

I. Eligibility

For all patients requesting NIPTs:

- ❏ The recipient is enrolled with Maryland Medicaid.
  - ❏ If the Maryland Medicaid recipient is enrolled in an MCO or has Medicare Part A & B do not proceed. Please consult the MCO or Medicare for authorization/payment criteria.
- ❏ The ordering physician is enrolled with Maryland Medicaid.
- ❏ The testing laboratory is enrolled with Maryland Medicaid.

II. Preauthorization

- **No Preauthorization will be required**, when the Maryland Medicaid *NIPTs Clinical Criteria* is met (Please carefully review the document).

- **Preauthorization will be required** for patients requesting NIPTs for:

  - Trisomy screening and SCA (Sex Chromosome Analysis)
  - Trisomy screening, SCA, and microdeletions

- **How to submit a preauthorization request**

  The ordering provider must complete the *Laboratory Services Preauthorization Form*. Submit the preauthorization form by fax to (410)767-6034. All sections of the preauthorization form must be completed. The ordering physician must sign and date the form attesting that the Medicaid recipient meets at least one of the required conditions.

  The Maryland Department of Health (MDH) will send a written decision in response to all written requests for preauthorization via email. Do not perform the procedure without receiving an approval letter from MDH. Claims submitted without receiving preauthorization will be denied. If you want a copy of the preauthorization form emailed to the testing laboratory, include the contact person and email address in the comment section of the fax cover sheet.

III. Billing Code/Information

Codes that **do not require** Preauthorization:

81420	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21.
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy.

Codes that **require** Preauthorization:

81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood.
81479	Unlisted molecular pathology procedure