

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202295 NOVEMBER 1, 2022

IHCP updates prenatal tests and screening policies

Effective Dec. 1, 2022, the Indiana Health Coverage Programs (IHCP) will update policies for prenatal tests and screenings. Coverage applies to all IHCP programs, subject to limitations established for certain benefit plans. Coverage applies to dates of service (DOS) on or after Dec. 1, 2022.

The IHCP will cover the following cell-free DNA prenatal screenings for aneuploidy (noninvasive prenatal testing [NIPT] and noninvasive prenatal screening [NIPS]) for **all** pregnant women without prior authorization (PA):

- 81420 – *Test for detecting genes associated with fetal disease, aneuploidy genomic sequence analysis panel*
- 81507 – *DNA analysis using maternal plasma*

Only one fetal chromosomal aneuploidy screening will be permitted per pregnancy per member.

The IHCP will remove PA from the following carrier screening for cystic fibrosis:

- 81220 – *Gene analysis (cystic fibrosis transmembrane conductance regular) common variants*

There will be a unit limitation of one screening per lifetime per member.

IHCP will add coverage for the following routine carrier screenings for spinal muscular atrophy (SMA) and hemoglobinopathies without PA:

- 81329 – *Gene analysis (survival of motor neuron 1, telomeric) for dosage/deletion*
- 81361 – *Gene analysis (hemoglobin, subunit beta) for common variant*

There will be a unit limitation of one screenings per lifetime per member. These screenings will be available without PA to all individuals of reproductive age who have the capacity for pregnancy. The screenings are also available to an affiliated sperm-producing individual if the individual who can become pregnant tests positive for a given carrier screen.

The following reimbursement information applies to the prenatal tests and screenings listed in this bulletin:

- Pricing: Max fee
- PA: None
- Billing guidance: Standard billing guidance applies

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.



Reimbursement, PA and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.



QUESTIONS?

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