HEALTH CARE AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Letter of Direction #32

Date: **November 17, 2024**

To: **Turquoise Care Managed Care Organizations**

From: **Dana Flannery, Director, Medical Assistance Division**

Subject: **Prenatal Genetic Screening for Cystic Fibrosis, Spinal Muscular Atrophy (SMA) and Fetal Chromosomal Aneuploidy**

Title: **Prenatal Genetic Screening**

The purpose of this letter of direction is to provide the Turquoise Care Managed Care Organizations (MCOs) with information on implementing reimbursement for prenatal genetic screening for Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA) and Fetal Chromosomal Aneuploidy for Medicaid eligible recipients. Currently, New Mexico Medicaid covers prenatal diagnostic tests through amniocentesis or chorionic villus sampling (CVS).

MCOs will allow for the reimbursement of specific prenatal genetic screening tests for all Medicaid eligible pregnant individuals to determine if the fetus has a possibility to be born with a genetic condition or birth defect as of July 1, 2024. These screenings will: 1) help determine different options for the pregnancy; 2) determine whether special management of the pregnancy and delivery are needed; and 3) improve the outcome for the baby.

All options should be discussed and offered to all pregnant eligible members regardless of maternal age or risk of chromosomal abnormality. After review and discussion, every recipient has the right to pursue or decline prenatal genetic screening and diagnostic testing.

If screening is accepted by the pregnant eligible member, they should have one prenatal screening approach and should not have multiple screening tests performed simultaneously.

1. **Prenatal Maternal Genetic Screening**
    a. Eligibility requirements for prenatal genetic screening tests:
        i. All pregnant individuals
        ii. Once in a lifetime
        iii. Gestation between 10 and 22 weeks of pregnancy

iv. Underwent pretest counseling.

b. Prior Authorization: MCOs should not require a prior authorization.

c. Billing and Coding: MCOs should reimburse the following prenatal maternal genetic screening tests.

i. Laboratory Billing: MCOs should reimburse laboratory services billed on a CMS 1500/837 claim form with the following procedure codes in Table 1 and appropriate prenatal diagnosis code with referring/ordering provider.

Table 1: Prenatal Maternal Genetic Screening Tests Procedure Codes

Procedure Code	Long Description - Once in a lifetime
81220*	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)
81221*	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
81222*	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81329*	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR DOSAGE/DELETION

*Fee Schedule is posted at Fee Schedules - New Mexico Health Care Authority.

ii. Outpatient Hospital Billing: MCOs should reimburse claims billed on a UB-04 claim form; claims should include revenue code and append the associated procedure code from "Table 1: Prenatal Maternal Genetic Screening Tests Procedure Codes".

2. Prenatal Fetal Genetic Screening

a. Eligibility requirements for prenatal genetic screening tests:

i. All pregnant individuals

ii. Can be performed each pregnancy and current pregnancy is not a multiple gestation (more than one fetus-twins, triplets etc.)

iii. Gestation >10 weeks of pregnancy

iv. Underwent pretest counseling.

b. Prior Authorization: No.

c. Billing and Coding: The MCOs should reimburse the following prenatal genetic screening tests.

i. Laboratory Billing: MCOs should reimburse laboratory services billed on a CMS

1500/837 claim form with the following procedure codes in Table 2 and appropriate prenatal diagnosis code with referring/ordering provider.

Table 2: Prenatal Fetal Genetic Screening Test Procedure Code

Procedure Code	Long Description - Can be performed each pregnancy and current pregnancy is not a multiple gestation (more than one fetus-twins, triplets etc.)
81420*	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE, ANEUPLOIDY GENOMIC SEQUENCE ANALYSIS PANEL - NONINVASIVE PRENATAL TESTING (NIPT)/CELL-FREE DNA SCREENING

*Fee schedule is published at Fee Schedules - New Mexico Health Care Authority.

ii. Outpatient Hospital Billing: MCOs should reimburse claims billed on a UB 04 claim form; claims should include revenue code and append the associated procedure code from "Table 2: Prenatal Fetal Genetic Screening Tests Procedure Codes".

The MCOs will allow providers who have met the requirements listed above and provided Prenatal Genetic Screening to Medicaid eligible recipients within dates of service July 1, 2024, to the present to submit a new claim for the services provided using the instructions above. MCOs will allow providers 90 days from the date on LOD to submit a claim and avoid a timely filing denial. MCOs will review the claims submitted or resubmitted prior to this LOD to ensure the claims are paid based on the direction in this LOD.

This LOD will sunset when New Mexico Administrative Code (NMAC) 8.308.9 Managed Care Program has been updated.