Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Prenatal Testing for Fetal Aneuploidy

Effective date: June 1, 2026

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Aneuploidy is defined as an abnormal number of chromosomes present in the cell. Fetal aneuploidy is a condition where the fetus has one or more extra or missing chromosomes leading to either a nonviable pregnancy, offspring that may not survive after birth, or surviving newborn with congenital birth defects and functional abnormalities. The most common fetal aneuploidies associated with an additional chromosome are Down syndrome (trisomy 21), Edwards syndrome (trisomy 18), and Patau syndrome (trisomy 13). Prenatal screening for fetal aneuploidy is an assessment of the pregnant individual's risk of carrying a fetus with fetal aneuploidy using markers found in maternal serum.1 Noninvasive-invasive prenatal screening is a method for screening for chromosomal abnormalities using a maternal blood sample where cell-free fetal DNA (cffDNA) is extracted and screened for aneuploidies.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. For pregnant individuals who desire information on the risk of having a child with fetal aneuploidy, the following screening tests to detect fetal aneuploidy of chromosomes 13, 18, and 21 **MEET COVERAGE CRITERIA**:
    a. First-trimester (defined as 11-14 weeks) screening incorporating maternal serum markers (hCG, PAPP-A with nuchal translucency (NT)).
    b. Second-trimester (15-22 weeks) screening incorporating triple maternal serum markers (hCG, AFP, uE3 with NT) and quad maternal serum markers (hCG, AFP, uE3, DIA with NT).
    c. First (11-14 weeks) and second (15-22 weeks) trimester integrated screening incorporating maternal serum markers (PAPP-A with NT) and quad maternal serum markers (hCG, AFP, uE3, DIA with NT).
    d. First (11-14 weeks) and second (15-22 weeks) trimester sequential screening incorporating maternal serum markers (PAPP-A, hCG with NT) and quad maternal serum markers (hCG, AFP, uE3, DIA with NT).
    e. First (11-14 weeks) and second (15-22 weeks) trimester contingent screening incorporating maternal serum markers (PAPP-A, hCG with NT); if positive, quad maternal serum markers (hCG, AFP, uE3, DIA with NT).
2. For pregnant individuals who desire information on the risk of having a child with fetal aneuploidy, non-invasive prenatal screening (NIPS) to detect fetal aneuploidy of chromosomes 13, 18, 21, X, and Y (singleton or twin pregnancies of at least 10 weeks gestation) **MEETS COVERAGE CRITERIA**.
3. For pregnant individuals who desire information on the risk of having a child with fetal aneuploidy or to pursue additional confirmatory testing of equivocal or positive results from the above testing, karyotyping to confirm fetal aneuploidy **MEETS COVERAGE CRITERIA**.
4. To detect fetal aneuploidy, the use of the "penta" screen (hCG, AFP, uE3, DIA with NT, and hyperglycosylated hCG) **DOES NOT MEET COVERAGE CRITERIA**.

5. Screening for the detection of fetal aneuploidies **DOES NOT MEET COVERAGE CRITERIA** in any of the following situations:
    a. Parallel or simultaneous testing with multiple screening methodologies for fetal aneuploidy.
    b. For the screening of pregnant individuals with higher order multiple gestation pregnancies.
    c. Repeat screening for pregnant individuals with negative screening results.
    d. For the detection of other chromosomal abnormalities (e.g., microdeletion syndromes, unbalanced translocations, deletions, duplications) not addressed above.
    e. For the determination of fetal sex.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

6. For the diagnosis of fetal aneuploidy, the use of single cell genotyping in trophoblasts isolated from maternal serum (e.g., Luna Prenatal Test) **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
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
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood NCIS
81479	Unlisted molecular pathology procedure UNLISTED
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 Proprietary test: Harmony™ Prenatal Test Lab/Manufacturer: Ariosa Diagnostics
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score
81599	Unlisted multianalyte assay with algorithmic analysis UNLISTED
82105	Alpha-fetoprotein (AFP); serum
82106	Alpha-fetoprotein (AFP); amniotic fluid
82677	Estriol
84163	Pregnancy-associated plasma protein-A (PAPP-A)
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
84704	Gonadotropin, chorionic (hCG); free beta chain
86336	Inhibin A
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells

Code	Description
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)
88280	Chromosome analysis; additional karyotypes, each study
88285	Chromosome analysis; additional cells counted, each study
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed Proprietary test: Vasistera™ Lab/Manufacturer: Natera, Inc.
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid Proprietary test: Single Cell Prenatal Diagnosis (SCPD) Test Lab/Manufacturer: Luna Genetics, Inc.

Evidence-based Scientific References

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Publication History

04/01/2026: Policy created to support coverage guidelines, effective for dates of service beginning June 1, 2026

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.