State of New Mexico
Medical Assistance Program Manual

Supplement

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TO: HOSPITALS, PRACTITIONERS AND LABORATORIES

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SUBJECT: PRENATAL MATERNAL GENETIC SCREENING FOR CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY (SMA) AND FETAL CHROMOSOMAL ANEUPLOIDY BILLING AND GUIDANCE

The New Mexico Human Services Department, Medical Assistance Division (HSD/MAD) is issuing this Supplement to implement 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 villis sampling (CVS). Effective July 1, 2022, HSD/MAD will allow and reimburse specific prenatal genetic screening tests for **all Medicaid eligible pregnant women** to determine if the fetus has a possibility to be born with a genetic condition or birth defect. 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 Medicaid eligible recipients 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 Medicaid eligible recipient, 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:** No

    c. **Billing and Coding:** The following are billing and coding guidelines for allowed prenatal genetic screening tests.

i. **Laboratory Billing:** Should bill on a CMS 1500/837 claim form using the following procedures codes; claim should include procedure code, an appropriate prenatal diagnosis code and 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 published at https://www.hsd.state.nm.us/providers/fee-schedules/.

ii. **Outpatient Hospital Billing:** Should bill 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 **if** 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 following are billing and coding guidelines for allowed prenatal genetic screening tests.

i. **Laboratory Billing:** Should bill on a CMS 1500/837 claim form using the following procedures codes; claim should include procedure code, an appropriate prenatal diagnosis code and 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 https://www.hsd.state.nm.us/providers/fee-schedules/.

ii. **Outpatient Hospital Billing:** Should bill 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".

Please contact the Medical Assistance Division at MADInfo.HSD@state.nm.us if you have any questions regarding this supplement.