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Genetic Testing for Chromosomal Microarray Analysis (CMA) MP9491

Covered Service: Yes

Prior Authorization Required: No

Additional Information: Genetic testing is covered for a Prevea360 Health Plan member if the test results provide a direct medical benefit or guides reproductive decision-making for the Prevea360 Health Plan member. See Genetic Testing MP9012 for additional information.

Prevea360 Health Plan Medical Policy:

1.0 Chromosomal Microarray Analysis (CMA) **does not** require prior authorization and may be indicated by **ALL** of the following:

- 1.1 Absence of clinically recognizable syndrome caused by single gene disorder (e.g. Cowden syndrome, neurofibromatosis, tuberous sclerosis); **AND**
- 1.2 Absence of clinically recognizable syndrome caused by chromosomal disorder (e.g. Down syndrome, Turner syndrome, Klinefelter syndrome, Prader-Willi syndrome, Angelman syndrome, fragile X syndrome)

2.0 CMA testing is medically necessary and **does not** require prior authorization when an etiologic diagnosis is needed for **ANY** of the following:

- 2.1 Non-syndromic autism spectrum disorder
- 2.2 Non-syndromic global developmental delay or intellectual disability
- 2.3 Multiple congenital anomalies not specific to a well-delineated genetic syndrome.

3.0 CMA testing **does not** require a prior authorization for prenatal testing of a condition associated with chromosomal imbalances including **ANY** of the following:

- 3.1 Abnormal fetal ultrasound findings, as indicated by **1 or more** of the following:
  - 3.1.1 Fetal congenital anomaly plus another fetal risk factor (e.g. fetal growth retardation, fetal overgrowth, oligohydramnios, or polyhydramnios)
  - 3.1.2 High-risk congenital anomaly (e.g. cerebellar hypoplasia, cleft lip and/or cleft palate, holoprosencephaly, hypoplastic left heart, omphalocele
  - 3.1.3 Multiple congenital anomalies
  - 3.1.4 Nonimmune hydrops fetalis
  - 3.1.5 Nucal translucency of 3.5 mm or greater

3.1.6 Unexplained intrauterine growth restriction before 32 weeks of gestation

3.2 Fetal demise or stillbirth

4.0 Prevea360 Health Plan considers chromosomal microarray analysis gene testing experimental and investigational and therefore not medically necessary for all other indications.

CPT/HCPCS Codes Related to MP9491

* The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with Prevea360 Health Plan. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

CPT Code	Description
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (e.g., bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

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