

NEW TEMPORARY COA FOR:

GENETIC TESTING: PRENATAL CELL-FREE DNA TESTING

Example tests with CPT codes

- Fetal RhD NIPT ([Natera](#)) - 81479
- UNITY Fetal RhD NIPT (add on) (Billion to One) - 81403

NEW COVERAGE CRITERIA

Prenatal Cell-Free DNA Testing for Fetal RhD Genotyping

- I. Prenatal cell-free DNA testing for fetal RhD genotyping (81403, 81479) is considered **medically necessary** when:
 - A. The member is pregnant, **AND**
 - B. The member is confirmed to be RhD negative, **AND**
 - C. The member is not planning to undergo amniocentesis, **AND**
 - D. The member's practice setting is experiencing RhIg shortages.
- II. Prenatal cell-free DNA testing for fetal RhD genotyping (81403, 81479) is **investigational** for all other indications.

BACKGROUND AND RATIONALE

Prenatal Cell-Free DNA Testing for Fetal RhD Genotyping

American College of Obstetrics and Gynecology (ACOG)

ACOG issued a practice advisory in March 2024 stating the following: “Although current ACOG guidance does not recommend routine use of noninvasive prenatal testing (NIPT) to determine fetal Rh(D) status based on cost-effectiveness analyses, the use of NIPT to prioritize use of Rhlg and conserve Rhlg supply is a reasonable consideration in the practice setting that is experiencing Rhlg shortages. If cfDNA testing results confirm an Rh(D)-negative fetus, Rhlg would not need to be routinely administered in the antepartum period (for bleeding, abortion, pregnancy loss, or at 28 weeks of gestation).”

Additionally, ACOG issued a clinical practice update in August 2024 providing new recommendations for noninvasive cfDNA in alloimmunized patients for fetal RhD genotyping. They state: “Because cfDNA testing possesses performance characteristics that appear comparable with those of molecular testing, while avoiding the rare complications and costs associated with diagnostic genetic testing, it is reasonable to use it as an alternative tool for fetal RHD testing among alloimmunized patients with potentially at-risk pregnancies who decline amniocentesis”. (p. e.2)

REFERENCES

1. “Rho(D) Immune Globulin Shortages”. Practice Advisory from The American College of Obstetricians and Gynecologists. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/03/rhod-immune-globulin-shortages>. Published March 2024.
2. “Paternal and Fetal Genotyping in the Management of Alloimmunization in Pregnancy”. Clinical Practice Update from The American College of Obstetricians and Gynecologists (ACOG). Published August 2024