

CHROMOSOMAL MICROARRAY ANALYSIS (CMA) FOR PREGNANCY LOSS

- I. Chromosomal microarray analysis (81228, 81229, 81265, 88235) on products of conception (POC) may be considered **medically necessary** as an alternative to conventional karyotype analysis when:
 - A. The member meets one of the following:
 1. The member has a history of recurrent pregnancy loss, **OR**
 2. The member has a pregnancy loss at or greater than 20 weeks of gestation (i.e., IUFD or stillbirth), **AND**
 - B. The test has been ordered by and the member has received genetic counseling from one of the following (who is not affiliated with the commercial testing laboratory, if applicable):
 1. A board-certified medical geneticist
 2. Maternal-fetal medicine specialist/perinatologist
 3. A board-certified OBGYN
 4. A board-certified genetic counselor
 5. An advanced practice practitioner in genetics or maternal-fetal medicine/perinatology
- II. Chromosome microarray analysis (81228, 81229, 81265, 88235) on products of conception (POC) is considered **investigational** for all other indications.

NOTES AND DEFINITIONS

1. **Recurrent pregnancy loss (RPL)** is defined as having two or more failed clinical pregnancies, including a current loss if applicable

REFERENCES

1. Practice Committee of the American Society for Reproductive Medicine. Evaluation and treatment of recurrent pregnancy loss: a committee opinion. *Fertil Steril*. 2012;98(5):1103-1111. doi:10.1016/j.fertnstert.2012.06.048
2. Committee on Genetics and the Society for Maternal-Fetal Medicine. Committee Opinion No.682: Microarrays and Next-Generation Sequencing Technology: The Use of Advanced Genetic Diagnostic Tools in Obstetrics and Gynecology. *Obstet Gynecol*. 2016;128(6):e262-e268. Reaffirmed 2020. doi:10.1097/AOG.0000000000001817
3. Papas RS, Kutteh WH. Genetic testing for aneuploidy in patients who have had multiple miscarriages: a review of current literature. *Appl Clin Genet*. 2021;14:321-329.