

Noninvasive Prenatal Screenings (NIPS) Benefit Requirements

In adherence to TMPPM, section 5 Noninvasive Prenatal Screening (NIPS) of the Gynecological, Obstetric, and Family Planning Title XIX Services Handbook, PCHP will be updating its claims processing system with NIPS criteria. As such, PCHP asked all providers to follow the required guidelines when submitting claims for NIPS services to avoid claim denials.

Noninvasive Prenatal Screening (NIPS) are a covered benefit of Texas Medicaid when medically necessary for the advanced screening of fetal chromosomal abnormalities in pregnancy women who meet specific screening criteria. Genetic screening results, when informative, may influence clinical management decisions.

NIPS benefit is limited to pregnant women who are at least ten weeks gestation. NIPS is restricted to Trisomy 13, Trisomy 18, or Trisomy 21, and fetal sex chromosome aneuploidy (SCA). To determine NIPS appropriateness, a baseline ultrasound, if not previously performed, is strongly recommended to confirm viability, the number of fetuses, and gestational dating.

NIPS is limited to confirmed intrauterine singleton pregnancy when serum analyte testing with any of the following screening tests were previously elected for the current pregnancy instead of NIPS, the results indicate an increased risk of Trisomy 13, Trisomy 18, or Trisomy 21, and the member wishes to postpone invasive diagnostic testing:

- First trimester screen
- Sequential screen
- Integrated screen
- Quadruple screen

NIPS must be ordered by the medical provider rendering direct care to the member.

Screening Criteria:

- NIPS is a benefit for members with a confirmed intrauterine singleton pregnancy with at least > weeks gestation
- Genetic counseling must be provided by trained counselor, nurse specialist in genetics, maternal-fetal medicine specialist, or other medical provider (e.g. obstetrician) possessing expertise in genetic counseling. Genetic counseling must provide the depth of content and time for the member to make an informed decision.
- Documentation for Genetic counseling and the option to decline NIPS must be maintained in the member's medical record. Additionally, documentation for the appropriateness and benefit of NIPS specific to the member must also be maintained in the member's medical record.



- NIPS procedure code 81420 and 81507 are limited to once per pregnancy. Additional test will not be reimbursed however, providers may appeal denied claims with documentation of a new pregnancy.
- Procedure code 81507 and 81420 are restricted to female members who are 10 through 55 years of age. Procedure code 81420 will be denied when billed during the same pregnancy as procedure code 81507, by any provider. Claims that have been paid for procedure 81420 are subject to recoupment if procedure code 81507 is submitted later for the same pregnancy.

PCHP will not cover the following NIPS services:

- NIPS as part of a routine prenatal laboratory assessment GYNECOLOGICAL, OBSTETRICS, AND FAMILY PLANNING TITLE XIX SERVICES HANDBOOK AUGUST 2024 45 CPT ONLY - COPYRIGHT 2023 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED.
- NIPS if performed without informed patient choice and genetic counseling from a qualified professional
- NIPS for women who do not meet the criteria outlined above
- NIPS for women with multiple gestations (e.g., twins, triplets, etc.),
- NIPS for screening of chromosomal microdeletion syndromes
- NIPS for screening of trisomy other than T13, T18, or T21
- NIPS for sex determination, paternity determination, or non-medical reasons
- NIPS is not reimbursed with procedure code 81599

PCHP encourage all providers to visit the TMPPM, for full details of NIPS guidelines.

NIPS services are subject for retrospective reviews.