Coding Tip - Non-Invasive Prenatal Testing

Cell-Free DNA Testing (cfDNA)

A variety of cell-free DNA (cfDNA) analysis methods have been developed to test for fetal trisomies in maternal blood.

These tests fall into two categories:

- Random Sequencing and
- Directed DNA Analysis.

Random sequencing analyzes a random subset of cfDNA fragments sampled from maternal blood.

With Directed DNA Analysis, specific cfDNA fragments from maternal blood are uniformly analyzed across all samples.

With this testing, a sample of the maternal blood is taken, typically after 10 weeks gestation, and sent to a laboratory that offers the test.

**Blood sample collection may be separately reimbursed, when billed with one of the following codes:

- 36415 Collection of venous blood by venipuncture
- 36416 Collection of blood by capillary blood specimen (e.g., finger, heel, ear stick)

Nuchal Translucency (NT)

Nuchal translucency (NT) ultrasound scan (76813, 76814) and blood tests are often done together in what is typically referred to as combined first-trimester screening. Part of the first trimester screening

uses ultrasound to measure the thickness of the area at the back of the baby's neck. The blood test is not a component of the NT ultrasound scan, and the collection of the specimen may be billed using CPT 36415 or 36416.

To report CPT 76813/76814, the required elements below must be performed and documented:

· Fetal crown-rump measurement

· Observation of fetal cardiac activity

· Observation of the embryo at high magnification until the embryonic neck is in a neutral position and spontaneous embryonic movement allows for differentiation between the outer edge of the nuchal skin and the amnion

· At least three separate measurements of the largest distance between the inner borders of the fetal nuchal translucency

· Comparison of the largest nuchal translucency measurement from an acceptable image to crown-rump length and gestational age specific medians

· Written documentation of each component of the examination and permanent documentation of ultrasound images.

Therefore, reporting CPT 76813/76814 is appropriate if ALL elements mentioned above are documented.

From a coding standpoint, the current standard of performing and billing for a 76813/76814 (NT) has not yet been altered by the commercial availability of NIPT or cfDNA.

***CPT 36415/36416 may only be billed once, even when multiple specimens are drawn or when multiple sites are accessed in order to obtain an adequate specimen size for the desired test.*