Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

Genetic Testing for Chromosomal Microarray Analysis (CMA) MP9491

Covered Service: Yes

Prior Authorization Required: No

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

WellFirst Health 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 single gene disorder (e.g. Cowden syndrome, neurofibromatosis, tuberous sclerosis); AND
   1.2 Absence of clinically recognizable syndrome (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; OR
   2.2 Non-syndromic global developmental delay or intellectual disability; OR
   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 Nucal translucency of 3.5 mm or greater
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3.2 Fetal demise or stillbirth

4.0 WellFirst Health 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 WellFirst Health. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>81228</td>
<td>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)</td>
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<tr>
<td>81229</td>
<td>Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities</td>
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<td>S3870</td>
<td>Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability</td>
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<tbody>
<tr>
<td>Document created:</td>
<td>Medical Policy Committee/Health Services Division May 15, 2019</td>
</tr>
<tr>
<td>Revised:</td>
<td>Medical Policy Committee/Health Services Division February 19, 2020</td>
</tr>
<tr>
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Effective: 03/01/2020