# Genetic Testing - Preimplantation Genetic Diagnosis

## I. Policy

University Health Alliance (UHA) will reimburse for preimplantation genetic diagnosis (PGD) testing when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

## II. Criteria/Guidelines

A. Preimplantation genetic diagnosis (PGD) testing is covered (subject to Limitations/Exclusions and Administrative Guidelines) as an adjunct to IVF, in couples meeting one of the following criteria:
   
   1. Couples who are known carriers of a genetic mutation which causes a potentially lethal or severely disabling condition with limited treatment options meeting one of the following criteria:
      
      a. Both partners are known carriers of the same single autosomal recessive disorder;
      
      b. One partner is a known carrier of an autosomal recessive disorder and the couple have previously produced offspring affected by that disorder;
      
      c. One partner is a known carrier of a single gene autosomal dominant disorder;
      
      d. One partner is a known carrier of a single X-linked disorder.
   
   2. Couples with balanced or unbalanced chromosomal translocation with an elevated risk of a chromosomal abnormality which causes a potentially lethal or severely disabling condition with limited treatment options.

B. Laboratories performing clinical tests must be certified under the Clinical Laboratory Improvement Amendments (CLIA) of 1988.

C. **NOTE:**

   *This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

   *Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

   *UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

## III. Limitations/Exclusions

A. PGD does not meet payment determination criteria in the following situations:
   
   1. When performed in couples undergoing IVF who have failed prior IVF cycles, solely to increase the chances of live birth rates
   
   2. For aneuploidy screening in IVF performed solely because of advanced maternal age
3. When used to determine gender selection or “family balancing”
4. To determine the human leukocyte antigen (HLA) or other marker status of an embryo as a potential future stem cell donor
5. For testing of late onset disease or disease disposition

B. PGD services are not related to or dependant upon the member’s IVF benefit. (See IVF policy for clarification).

IV. Administrative Guidelines

A. Prior authorization is required.
B. To request prior authorization, please go to UHA’s website: https://uhahealth.com/page/prior-authorization-forms to submit via online.
C. Applicable CPT codes

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>89290-89291</td>
<td>Biopsy, oocyte polar body or embryo blastomere, microtechnique (for preimplantation genetic diagnosis), less than or equal to, or greater than 5 embryo(s), respectively</td>
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V. Policy History

Policy Number: M.OBG.02.120301
Current Effective Date: 09/01/2016
Original Document Effective Date: 03/01/2012
Previous Revision Dates: 09/01/206