



Noninvasive Prenatal Testing for Fetal Aneuploidies Claim Attachment

Complete this form to validate medical necessity for sequencing-based tests to determine fetal aneuploidies from maternal plasma DNA for patients **younger than 35**.

You do not need to complete this form if the test is performed because of advanced maternal age (35 or older). Instead, please submit the diagnosis of V23.81: elderly primigravida or V23.82: supervision of high-risk pregnancy of elderly multigravida on the claim.

To submit a review with your claim submission:	Attach the completed form to your paper claim submission.
To submit an appeal after services are rendered:	<p>For services rendered in Massachusetts: Mail to: Blue Cross Blue Shield of Massachusetts PO Box 986065 Boston, MA 02298</p> <p>For services rendered outside of Massachusetts: Submit to your local Plan</p>

Note: Coverage depends on the member's eligibility and benefits at the time the lab procedure is performed. All other indications are considered investigational, not medically necessary and are not covered.

Reason(s) for testing	
Choose the evidence-based indication for testing:	<input type="checkbox"/> Fetal ultrasonographic findings indicate increased risk of aneuploidy <input type="checkbox"/> History of previous pregnancy with a trisomy <input type="checkbox"/> Standard serum screening test positive for aneuploidy <input type="checkbox"/> Parental balanced Robertsonian translocation with increased risk of fetal trisomy 13 or 21
Does this request meet medical policy #628, Noninvasive Prenatal Testing for Fetal Aneuploidies Using Cell-Free Fetal DNA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Information
Name:
Member ID (include prefix):
Date of birth:

Ordering Physician Information	Clinical Laboratory Information
Physician Name:	Clinical Laboratory Name:
Physician NPI:	Clinical Laboratory NPI:
Facility NPI:	Contact Name:
Contact Name:	Contact Phone Number:
Contact Phone Number:	Dates of Service: From: To:

I attest that all the above statements are accurate:

Name of Person Completing Form: _____ Date: _____