

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Genetic Screening – Prenatal - CA	
Effective Date 06/01/1996	Date of Last Review 10/28/2024	Date of Last Revision 10/26/2023	Dept. Approval Date 10/28/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid (Anthem) offers maternity coverage on a group basis and, as such, covers prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy.

All women seen for prenatal care prior to 20 weeks gestation are offered expanded Alpha-Fetoprotein (AFP) blood testing per Department of Health Care Services (DHCS) requirements. For women with positive tests who are at high risk of a birth defect, the Expanded AFP Program provides follow-up diagnostic services and includes genetic counseling, amniocentesis and amniotic fluid analysis, including karyotype.

DEFINITIONS:

Alpha-Feto Protein: The protein substance in maternal serum and amniotic fluid, the concentration of which is tested to determine the probability that the fetus has a neural tube defect.

PROCEDURE:

All women seen for prenatal care prior to 20 weeks gestation are offered screening blood tests for the detection of individuals at increased risk for carrying a fetus with certain heritable and congenital disorders. The risk for open neural tube defects, abdominal wall defects, trisomy 21 (Down’s syndrome) and trisomy 18 are estimated based on the woman’s age and serum values.

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The screening blood tests are performed through the DHCS Expanded AFP Program and include the following testing:

- AFP
- Unconjugated estriol (UE)
- Human Chorionic Gonadotropin (HCG)

Pregnant women who are seen before the 20th gestational week are given a DHCS patient education booklet to assist them in deciding whether or not to voluntarily participate in the Expanded AFP Program. The member’s consent or refusal to participate must be documented in the medical record. If a pregnant woman, over the age of 35, decides not to use the Expanded AFP program and opts instead to request a diagnostic amniocentesis, Anthem Medicaid is responsible for authorizing and providing this procedure.

Additional testing and follow-up services are carved out and billed to Fee-For-Service Medi-Cal. Providers are educated on how to access this program through provider training and the Provider’s Operations Manual.

REFERENCES:

- Anthem Blue Cross Preventive Healthcare Guidelines
- Anthem [Prenatal](#) Program via the Anthem website
- California Code of Regulations, Title 17, Sections 6521, 6523, 6525, 6527, 6529, 6531, 6532
- DHCS Contract section 5.3.6 (C)
- LA Care Contract
- LA Care Medi-Cal Member Handbook, Benefit Year 2023
- Medi-Cal Evidence of Coverage - Member Handbook, 2023

RESPONSIBLE DEPARTMENTS:

Primary Department: Utilization Management (UM)

Secondary Department(s): Case Management (CM)

EXCEPTIONS:

None

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REVISION HISTORY:

Review Date	Changes
10/28/24	<ul style="list-style-type: none"> • Annual Review – no changes
10/26/23	<ul style="list-style-type: none"> • Annual Review • Updated References section
11/10/22	<ul style="list-style-type: none"> • Annual Review • Updated References and Responsible Departments sections
12/16/21	<ul style="list-style-type: none"> • Annual Review • Updated References
11/11/20	<ul style="list-style-type: none"> • Annual Review • Updated References
10/30/19	<ul style="list-style-type: none"> • Annual Review • Updated References • Updated to New Template
11/06/18	<ul style="list-style-type: none"> • Annual Review, no changes
11/30/17	<ul style="list-style-type: none"> • Annual Review • Updated References
12/30/16	<ul style="list-style-type: none"> • Annual Review, no changes
01/08/16	<ul style="list-style-type: none"> • Updated References • Added Medi-Cal Access Program
01/28/15	<ul style="list-style-type: none"> • Removed Healthy Families • Updated EOC reference dates
12/11/13	<ul style="list-style-type: none"> • Updated plan name to Anthem Medicaid (Anthem) as per Compliance directive. • Updated References
12/11/12	<ul style="list-style-type: none"> • Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. • Added DEFINITION section for AFP • Updated grammar and formatting • Changed reference from Care Management to Medical Management • Updated references • Added revision history to policy