

PROVIDER BULLETIN

No. 15-47

Date: October 5, 2015

TO: Nebraska Medicaid Providers

FROM: Calder Lynch, Director
Division of Medicaid & Long-Term Care



BY: Quin Kelly, Program Specialist-RN

RE: Genetic Testing and Counseling for an Unborn Child

Please share this information with administrative, clinical, coding and billing staff.

This Provider Bulletin is to clarify that unborn genetic testing and counseling are not covered under the Medicaid and the 599 CHIP programs in Nebraska.

Nebraska Medicaid covers items and services which are reasonable and necessary for the diagnosis and treatment of illness or injury (471 NAC 18-003.04). The regulations also state that Medicaid covers services provided to a client directly related for the diagnosis or treatment of the client's condition (471 NAC 1-002.02J).

Maternal serum and amniotic fluid tests which are not covered for the sole purpose of screening for genetic defects include but are not limited to:

1. Alpha-Fetoprotein (AFP), Estriol, Inhibin A, and Human Chorionic Gonadotropin (hCG), **better known as the Quad Screen Test;**
2. Pregnancy-Associated Plasma Protein-A (PAPP-A) and hCG with a nuchal translucency ultrasound, **better known as First Trimester Screening;**
3. Cystic Fibrous Screening; and
4. Amniocentesis.

Providers are encouraged to visit the Practitioner Fee Schedules to determine services covered by Nebraska Medicaid: http://dhhs.ne.gov/medicaid/Pages/med_practitioner_fee_schedule.aspx

If you have questions regarding this bulletin, please contact Quin Kelly, Program Specialist-RN, at 402-471-9124 or via email at quin.kelly@nebraska.gov.