



Medica Central Coverage Policy

Policy Name:	Genetic Testing - Reproductive Testing: Fertility MP9574
Effective Date:	01/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

OVERVIEW

This policy addresses the use of tests that analyze biopsied cells from an embryo as a part of an assisted reproductive procedure. These tests can detect monogenic disorders (PGT-M), structural rearrangements (PGT-SR), and chromosomal aneuploidy (PGT-A).

Genetic counseling is highly encouraged for patients considering and undergoing in vitro fertilization and should be performed by an individual with experience and expertise in genetic medicine and testing methods, such as a genetic counselor, medical geneticist, or advanced practice practitioner specializing in genetics.

For additional information see the Rationale and References section.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage.

POLICY REFERENCE TABLE

<u>COVERAGE CRITERIA SECTIONS</u>	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	SUPPORT
<u>Preimplantation Genetic Testing for Aneuploidy (PGT-A)</u>			



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<u>COVERAGE CRITERIA SECTIONS</u>	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	SUPPORT
Preimplantation Genetic Testing for Aneuploidy (PGT-A)	Spectrum - 24-chromosome Preimplantation Genetic Testing for Aneuploidy (PGT-A) (Natera)	81229, 81479, 89290, 89291, 0254U, 0553U, N97.0, N97.9, Z31	Rationale/References
	SMART PGT-A (Preimplantation Genetic Testing - Aneuploidy) - 0254U (Igenomix)		
	SMART PGT-A Plus - 0553U (Igenomix)		
Preimplantation Genetic Testing for Monogenic Disorders (PGT-M)			
Preimplantation Genetic Testing for Monogenic Disorders (PGT-M)	PGT-M (CooperSurgical - CooperGenomics)	81479, 89290, 89291, 0552U, N97.0, N97.9, Z14.8, Z31	Rationale/References
	PGT-M - 0552U (Igenomix)		
Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)			
Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)	Spectrum - Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR) (Natera)	81228, 81229, 81479, 89290, 89291, 0554U, 0555U, N97.0, N97.9, Z14.8, Z31	Rationale/References
	Smart PGT-SR - 0554U (Igenomix)		
	Smart PGT-SR Plus - 0555U (Igenomix)		

RELATED POLICIES

This policy document provides coverage criteria for preimplantation genetic testing. Please refer to:

- **Reproductive Testing: Carrier Screening** for coverage criteria related to parental carrier screening for genetic disorders before or during pregnancy.

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- **Reproductive Testing: Prenatal Diagnosis** for coverage criteria related to fetal diagnostic genetic testing during pregnancy or for a pregnancy loss.
- **Reproductive Testing: Prenatal Screening** for coverage criteria related to fetal screening for genetic disorders during pregnancy.
- **Specialty Testing: Multisystem Genetic Conditions** for coverage criteria related to diagnostic tests for genetic disorders that affect multiple organ systems (e.g., whole exome and genome sequencing, chromosomal microarray, and multigene panels for broad phenotypes).
- **General Approach to Laboratory Testing** for coverage criteria related to preimplantation genetic testing, including known familial variant testing, that is not specifically discussed in this or another non-general policy.

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COVERAGE CRITERIA

PREIMPLANTATION GENETIC TESTING FOR ANEUPLOIDY (PGT-A)

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

- I. [Preimplantation genetic testing for aneuploidy \(PGT-A\)](#) is considered **investigational** for all indications.

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PREIMPLANTATION GENETIC TESTING FOR MONOGENIC DISORDERS (PGT-M)

Preimplantation Genetic Testing for Monogenic Disorders (PGT-M)

- I. [Preimplantation genetic testing for monogenic disorders \(PGT-M\)](#) is considered **medically necessary** when:
 - A. The embryo is at an elevated risk of a genetic disorder due to one of the following:
 1. Both biological parents are known carriers for the same autosomal recessive disorder, **OR**
 2. One biological parent is a known carrier of an autosomal dominant disorder, **OR**
 3. One biological parent is a known carrier of an X-linked recessive disorder.
- II. [Preimplantation genetic testing for monogenic disorders \(PGT-M\)](#) is considered **investigational** for all other indications.

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PREIMPLANTATION GENETIC TESTING FOR STRUCTURAL REARRANGEMENTS (PGT-SR)

Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)

- I. [Preimplantation genetic testing for structural rearrangements \(PGT-SR\)](#) is considered **medically necessary** when:
 - A. The embryo is at an elevated risk of a genetic disorder because one biological parent has a chromosomal rearrangement.
- II. [Preimplantation genetic testing for structural rearrangements \(PGT-SR\)](#) is considered **investigational** for all other indications.

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PRIOR AUTHORIZATION

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if cc vc are being met. Retrospective denial may result if criteria are not met.

RATIONALE AND REFERENCES

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

American Society of Reproductive Medicine (ASRM) and Society for Assisted Reproductive Technology (SART)

ASRM and SART published an updated committee opinion in 2024 regarding the use of pre-implantation genetic testing for aneuploidy (PGT-A). This updated opinion included two recent, multicenter, randomized controlled trials, both of which demonstrated no change in IVF outcomes when PGT-A was performed. ASRM and SART state that PGT-A should not be used as a universal screening test for any patient undergoing IVF, and that there is no clear value in performing PGT-A to lower the incidence of miscarriage (p. 430).

Practice Committees of the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology. Electronic address: asrm@asrm.org. The use of preimplantation genetic testing for aneuploidy: a committee opinion. *Fertil Steril.* 2024;122(3):421-434. doi:10.1016/j.fertnstert.2024.04.013

American College of Obstetricians and Gynecologists (ACOG)

ACOG issued committee opinion no. 799 (2020, reaffirmed 2023) regarding Preimplantation Genetic Testing. They state that there is insufficient evidence to recommend PGT-A in all infertile women (p. e136).

Preimplantation Genetic Testing: ACOG Committee Opinion, Number 799. *Obstet Gynecol.* 2020 (reaffirmed 2023);135(3):e133-e137. doi:10.1097/AOG.0000000000003714

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Preimplantation Genetic Testing for Monogenic Disorders (PGT-M)

American Society for Reproductive Medicine (ASRM)

ASRM published an updated committee opinion on the use of preimplantation genetic diagnosis (PGD) for monogenic conditions (2023). They state that PGT-M can be performed for a wide range of indications, and is generally recommended for “childhood-onset, lethal and/or severe conditions that lack effective treatment” (p. 62 and 67). Generally, performing PGT-M for adult-onset conditions is supported for serious conditions with either no intervention or ineffective intervention

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options (p. 62). This testing should be offered to patients with “significant reproductive risk”, although it is not indicated for asymptomatic individuals with autosomal recessive carrier status, variants of unknown significance, or somatic variants (p. 69).

Practice Committee and Genetic Counseling Professional Group of the American Society for Reproductive Medicine, American Society for Reproductive Medicine, Washington, D.C.. Electronic address: asrm@asrm.org. Indications and management of preimplantation genetic testing for monogenic conditions: a committee opinion. *Fertil Steril.* 2023;120(1):61-71. doi:10.1016/j.fertnstert.2023.03.003

American College of Obstetricians and Gynecologists (ACOG)

ACOG issued committee opinion no. 799 (2020, reaffirmed 2023) regarding Preimplantation Genetic Testing. The recommendations state that preimplantation genetic testing for monogenic disorders (PGT-M) can be used to target single gene disorders, specifically when there is a known pathogenic or likely pathogenic variant within a family that is “associated with known diagnosis or known predisposition..”. PGT-M can be used for conditions with multiple forms of inheritance, including autosomal dominant, recessive, and X-linked. ACOG includes hereditary cancer syndromes and HLA typing as other possible indications for PGT-M (p. e134).

Preimplantation Genetic Testing: ACOG Committee Opinion, Number 799. *Obstet Gynecol.* 2020 (reaffirmed 2023);135(3):e133-e137. doi:10.1097/AOG.0000000000003714

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Preimplantation Genetic Testing for Structural Rearrangements (PGT-SR)

American College of Obstetricians and Gynecologists (ACOG)

ACOG issued committee opinion no. 799 (2020, reaffirmed 2023) regarding Preimplantation Genetic Testing. The recommendations include the following:

"To detect structural chromosomal abnormalities such as translocations, preimplantation genetic testing-structural rearrangements (known as PGT-SR) is used. Confirmation of preimplantation genetic testing-structural rearrangements results with CVS or amniocentesis should be offered" (p. 133).

Preimplantation Genetic Testing: ACOG Committee Opinion, Number 799. *Obstet Gynecol.* 2020 (reaffirmed 2023);135(3):e133-e137. doi:10.1097/AOG.0000000000003714

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DEFINITIONS

1. **Preimplantation genetic testing for aneuploidy (PGT-A)** is used to screen for chromosomal aneuploidy in conjunction with in vitro fertilization (IVF).
2. **Preimplantation genetic testing for monogenic disorders (PGT-M)** is used to detect a specific single-gene inherited disorder or chromosome rearrangement in conjunction with in vitro fertilization (IVF).
3. **Preimplantation genetic testing for structural rearrangements (PGT-SR)** is used to detect a specific single-gene inherited disorder or chromosome rearrangement in conjunction with in vitro fertilization (IVF).

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Note: The Health Plan uses the genetic testing clinical criteria developed by Concert Genetics, an industry-leader in genetic testing technology assessment and policy development.



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	Committee/Source	Date(s)
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Administrative Update:

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