Preimplantation genetic diagnosis (PGD)

Description:

Preimplantation genetic diagnosis (PGD) is a technique used to detect specific genetic disorders using molecular analysis on single cells removed from the embryo. PGD is a method to avoid a pregnancy where the fetus carries a genetic defect. It also reduces the probability that an embryo not likely to survive will be implanted and has been used to improve the effectiveness of in vitro fertilization (IVF) in persons for whom IVF has a high predicted rate of failure.

PGD identifies genetic disorders much earlier than chorionic villus sampling (CVS) or amniocentesis so deselection of the affected embryos can be made prior to implantation. Embryos are obtained through in vitro fertilization (IVF) (combining an egg and sperm in the laboratory) or by flushing out the uterus five to seven days after fertilization. Once the embryo(s) are isolated, a single cell is removed from each embryo and analyzed for the presence of a genetic disorder.

Using PGD, couples with serious inherited disorders such as, but not limited to, cystic fibrosis, muscular dystrophy, sickle cell anemia, Tay-Sachs, and Marfan’s can decrease their risk of having a child born with this condition. It is important to note that not all genetic disorders can be identified with this technique.

Medical criteria:

Not applicable.

Policy:

Preimplantation genetic diagnosis is used to screen an embryo for a genetic disorder. Genetic screening is a contract exclusion and is not covered.

The Rhode Island Department of Human Services states that Medical Assistance does not cover in vitro fertilization. Although genetic counseling, genetic testing, and genetic screening when ordered by a physician are covered benefits under RIte Care, pre-implantation genetic diagnosis is not covered as it is only used with in vitro fertilization.

Preimplantation genetic diagnosis is not covered for BlueCHiP for Medicare members. Medicare excludes all screening (not just genetic screening) with certain statutory exceptions. Blue CHiP for Medicare provides no additional benefits for genetic screening. Only if the patient exhibits signs or symptoms of the disease, would the test not be considered screening.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreements/BlueCHiP for RIte Care contract for applicable benefits/coverage.

Coding:

The following codes are not covered and billable to the member:

89290
89291

Additional codes are used for the molecular diagnostics associated with preimplantation genetic...
diagnosis.

Also known as:
Not applicable

Related topics:
Infertility diagnosis and treatment mandate

Published:

*Policy Update, May 2005*
*Policy Update, April 2006*
*Policy Update, April 2007*
*Provider Update, May 2008*
*Provider Update, November 2009*

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

[Back to Previous Page]