PRENATAL TEST PROTOCOLS for PATIENTS With GHC-SCW INSURANCE

TEST	PRE-AUTH REQUIRED	TEST CRITERIA	ORDERING INSTRUCTIONS
SERUM SCREENING			
1st Trimester Screen	No	No special criteria. Please note: 1st Trimester Screening/nuchal ultrasounds are not generally performed if patient has had more advanced testing, such as NIPT.	Testing to be done at GHC Hatchery Hill Clinic. Patients will have genetic counseling, nuchal ultrasound and blood draw. Please complete '*GHC-SCW Prenatal Test Request Form*' and fax to GHC radiology: 608-661-7205. GHC staff will contact the patient to schedule.
AFP Screen	No	No special criteria. Blood to be drawn at GHC laboratory.	Order AFP (only) screen in EMR, print order and have patient present to *any* GHC lab with printed lab order.
Noninvasive Prenatal Testing (NIPT)	No, see test criteria	NIPT does NOT need priorauthorization in cases of: • Maternal age 35 years or older at delivery • Fetal ultrasonographic finding indicating an increased risk of aneuploidy* • History of prior pregnancy with a trisomy • Positive test result for aneuploidy, including first trimester, sequential, or integrated screen, or a quadruple screen • Parental translocation with increased risk of fetal trisomy 13 or trisomy 21 *risk estimate should consider the specific ultrasound finding and likelihood for aneuploidy in the context of patient's age, history and prior screening results. Risks above 1/300 are considered increased.	Complete '*GHC-SCW NIPT (verifi®) ORDER FORM*'and '*NTD Labs (verifi®) Prenatal Screening Requisition' Form.* Patient should go to GHC **Capitol Clinic** for blood draw. See '*GHC-SCW NIPT (verifi®) ORDER FORM*' for additional instructions.

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QUAD Screen	No	No special criteria. Blood to be drawn at GHC laboratory.	Order quad screen in EMR, print order and have patient present to *any* GHC lab with printed lab order.
DIAGNOSTIC			
Chorionic Villus Sampling (CVS)	Yes	Testing may be authorized for patients with: • Abnormal fetal ultrasound findings • Abnormal maternal serum screening (e.g. 1st Trimester Screen, NIPT) • Chromosome analysis for advanced maternal age ≥ 35 yrs at time of delivery • Prenatal testing for familial genetic disorder	Prior to appointment, the patient will need a referral to UnityPoint Health/Meriter Center for Perinatal Care. No special preauthorization is needed if CVS is deemed necessary at the time of the appointment.
Amniocentesis	Yes	Testing may be authorized for patients with: • Abnormal fetal ultrasound findings • Abnormal maternal serum screening (e.g 1st Trimester Screen, quad, NIPT) • Chromosome analysis for advanced maternal age ≥ 35 yrs at time of delivery • Prenatal testing for familial genetic disorder	Prior to appointment, the patient will need a referral to UnityPoint Health/Meriter Center for Perinatal Care. No special preauthorization is needed if amnio is deemed necessary at the time of the appointment.
CARRIER SCREENING			
Ashkenazi Jewish Carrier Screening	Yes	Patient with ¼ or more Ashkenazi Jewish ancestry	Complete the standard GHC 'Genetic Testing Laboratory Request Form' and fax to GHC-SCW Genetic Counselor at 608-661-7221. GHC Genetic Counselor will coordinate testing for patient.
Cystic Fibrosis (CF) Carrier Screen-32 Mutation Panel	No	No special criteria. Blood to be drawn at GHC laboratory.	Order CF carrier screen in EMR, print order and have patient present to *any* GHC lab with printed lab order. Testing will be sent to Quest.
Cystic Fibrosis (CF) Carrier Screen-600 Mutation Panel	Yes	Testing may be performed for high risk patients: • Partner is CF gene mutation carrier • Family history of CF • Abn ultrasound findings (e.g. echogenic bowel).	Complete the standard GHC 'Genetic Testing Laboratory Request Form' and fax to GHC-SCW Genetic Counselor at 608-661-7221. GHC Genetic Counselor will coordinate testing for patient.

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Hemoglobinopathy/ Thalassemia Screening	No	No special criteria. Blood to be drawn at GHC laboratory.	Order hemoglobin electrophoresis in EMR, print order and have patient present to *any* GHC lab with printed lab order. Testing will be sent to Quest.
Pan Ethnic Carrier Screen Panel	Yes	May be considered for certain indications. Testing would be sent to GoodStart for the PanEthnic Carrier Screen (CF, FXS, SMA) Panel.	Complete the standard GHC 'Genetic Testing Laboratory Request Form' and fax to GHC-SCW Genetic Counselor at 608-661-7221. GHC Genetic Counselor will coordinate testing for patient.
ADVANCED DIAGNOSTICS			
Chromosomal Microarray (Prenatal)	Yes	Testing may be authorized for patients with a fetus with one or more *major* structural abnormalities identified on ultrasonographic examination.	Complete the standard GHC 'Genetic Testing Laboratory Request Form' and fax to GHC-SCW Genetic Counselor at 608-661-7221; indicate that testing is URGENT. You may also call GHC Genetic Counselor directly at 608-661-7200.
Whole Exome Sequencing (WES) (Prenatal)	Yes	In select cases, this testing may be considered in cases of significant fetal ultrasound abnormalities.	Complete the standard GHC 'Genetic Testing Laboratory Request Form' and fax to GHC-SCW Genetic Counselor at 608-661-7221. You may also call GHC Genetic Counselor directly at 608-661-7200.
ULTRASOUND			
Dating Ultrasound	No	No special criteria. Ultrasound to be performed at GHC radiology department. If patient has certain dating (eg known LMP), and plans 1st Trimester Screening, then dating can be confirmed at the time of nuchal ultrasound.	Order dating ultrasound in EMR, print order and fax to GHC Radiology (fax # 608-661-7205); instruct patient to call GHC radiology (phone# 608-661-7200) to schedule ultrasound.

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ULTRASOUND			
Targeted ultrasound	Yes	**Maternal Indications** • Congenital cardiovascular disease • Diabetes Mellitus • Maternal Disease complicating pregnancy • Isoimmunization • Multiple Gestation • Pregnancy resulting from Assisted Reproductive Technology (ART) • Unspecified obstetrical trauma **Fetal Indications** • Abnormal fetal heart rate (suspected) • Amniotic band syndrome • Central nervous system abnormality • Chromosome abnormality • Hereditary disease in family possibly affecting fetus • Hydrocephalus or other abnormality causing fetal disproportion • Increased 1st Trimester nuchal translucency (3.5mm or greater) • Oligohydramnios/Polyhydramnios • Others known or suspected fetal abnormality • Poor fetal growth • Suspected damage to fetus from drugs, radiation, maternal viral disease or other maternal disease • Umbilical cord complication	Prior to appointment, the patient will need a referral for a Targeted Ultrasound at UnityPoint Health/Meriter Center for Perinatal Care. Please note: GHC-SCW does NOT cover targeted ultrasounds for indication of advanced maternal age (AMA) for patients who have had advanced screening (e.g. NIPT) or diagnostic testing.

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