

## **PROVIDER NOTICE**

Provider Relations Department: 888-895-4998 (Option 4)

## **Prior Authorization Requirement Change for Specific Prenatal Screening**

Implementation Date: Feb. 12, 2024

Health Plan(s) Affected: US Family Health Plan (USFHP)

Type of Change: Process

## **Explanation of Change:**

TRICARE® approved the following changes to codes for USFHP.

No prior authorization (NPA) required for the Noninvasive Prenatal Screening for Trisomies, implementation date Feb. 12, 2024:

- Per TOM Change 133, Noninvasive Prenatal Screening for Trisomies 13, 18, 21, X & Y is covered in accordance with the most current ACOG guidelines\*.
- Codes 81420 and 81520 change to NPA.

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