Chromosome Abnormality Testing Options

A list of your testing options during pregnancy.

Patients: The costs listed below are for self-pay patients. Please contact your insurance carrier before selecting a test to understand coverage and cost. Afterwards, notify your provider in reference to which test you’ve selected.

<table>
<thead>
<tr>
<th>Timing (weeks)</th>
<th>Pre-Cert</th>
<th>Coverage</th>
<th>Max Cost</th>
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**Noninvasive Screening**

**Cell Free Fetal DNA**

CPT Code 81420

- 35 + yo, sono markers, other positive testing, previous affected child, parent with translocation.
- Screens for Trisomy 21 (>99% accurate)
- Trisomy 18 (97% accurate)
- Trisomy 13 (91% accurate)
- Sex chromosome anomalies (91% accurate)
- For patients less than 35 poor Positive Predictive value

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<tbody>
<tr>
<td>10</td>
<td></td>
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<td>$2,762.00</td>
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**Nuchal Translucency**

CPT codes 84163, 82397, 76813

- Appropriate for low risk patients
- Combines ultrasound of fetal neck skin thickness with blood test for levels of certain markers
- 90% detection rate of Trisomies 21 & 18
- 5% false positive
- Some labs will also include Trisomy 13
- Can do with twins

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<tbody>
<tr>
<td>11 3/7 – 13 6/7</td>
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<td>$365.58</td>
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**Penta Screen**

CPT codes 82105, 82397, 82677, 84702, 86336, 81512

- Blood test for certain markers
- 83% detection Trisomy 21
- 73% Trisomy 18
- up to 95% neural tube defects
- False positive 3 – 5%

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<th>Coverage</th>
<th>Max Cost</th>
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<tbody>
<tr>
<td>15 – 22 6/7</td>
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<td>$929.14</td>
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**Invasive Diagnostic Tests**

Performed by specialist

**Chorionic Villus Sampling**

CPT code 59015, 88267

- Full chromosome analysis of placenta Cells. 1:300 risk pregnancy loss

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**Amniocentesis**

CPT codes 59000, 88267, 88268, 88269

- Full chromosome analysis of fetal cells from Amniotic fluid. 1:300 risk pregnancy loss

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<td>16 on up</td>
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# Miscellaneous Testing Options

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<th>Max Cost</th>
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</table>

**Cystic Fibrosis Carrier Screening**
- **CPT code**: 81220
- **1st visit ideal**
- **ICD 10 code**: Z31.430
- Screens for most common, but not all, Mutations. Partner needs testing if +

- **Max Cost**: $1,279.20

**Ashkenazi Jewish Panel/ Tay Sachs Screening**
- **1st visit ideal**
- **ICD-10 code**: Z14.8
- **CPT codes**: 81220, 81200, 81251, 81242, 81209, 81255

- **Max Cost**: $5,390.59

**SMA (Spinal Muscular Atrophy)**
- **CPT code**: 81401
- **1st visit ideal**
- **1:35-117 carrier rate**
- Affects 1:6000-10,000 babies annually
- Respiratory failure and respiratory infection are causes of death
- Muscles degenerate and atrophy due to death of nerve cells in spinal cord

- **Max Cost**: $1,027.52

**AFP (alpha fetoprotein)**
- **CPT code**: 82105
- **15 – 22 6/7**
- Measures risk of open neural tube defects
- Detects 71 – 90% of ONTD
- 1 – 3% false positive rate

- **Max Cost**: $165.36

I have personally explained the above testing options to the patient or the patient’s designated decision maker.

______________________________________________________________  ________________________________________
Physician Signature Date

I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered service. In the event that my health plan determines a test to be “not payable”, I will be responsible for the complete charge and agree to pay the costs of all testing I have accepted. I understand that it is my responsibility to contact my insurance and become familiar with my benefits.

All pre-authorizations should be completed prior to your appointment. If you determine preauthorization is needed, please leave a message for our Triage Department at 703-370-4300, option 4.

______________________________________________________________  ________________________________________
Patient Signature Date

Revised 2/16/18