

# Physicians and Midwives Collaborative Practice

## Genetic Testing Options

**Important Note:** Many insurance companies don't pay for genetic screening tests and individual policies vary. Please be sure to verify this coverage with your insurance carrier.

<b>*Screening Test:</b>	<b><u>Accept</u></b>	<b><u>Decline</u></b>	<b><u>Timing</u></b>
<b>Ashkenazi Jewish Panel</b>	_____	_____	<b>Early Pregnancy</b>
<b>Cystic Fibrosis</b> All of the above are genetic conditions which can be detected by blood tests done ideally before pregnancy	_____	_____	
<b>Nuchal Translucency</b> An ultrasound measuring the thickness of the neck of the fetus in combination with a blood test from the mother. This gives an estimate of the risk of Down's Syndrome, Trisomy 13/18. Has 90% detection rate with 5% false positive	_____	_____	<b>11.0-13.6 weeks</b>
<b>Quadruple Screen (AFP)</b> A screening test done by taking the mother's blood. Reports the risk of Down's syndrome, Trisomy 13/18 and Spina Bifida. It is done later in pregnancy and is an alternative to the earlier Nuchal Translucency test. Has 85% detection rate with 5% false positive.	_____	_____	<b>16-21 weeks</b>
<b>Genetic Ultrasound</b> A targeted ultrasound looking for markers associated with Down's syndrome and other genetic conditions. An ultrasound may also detect birth defects.	_____	_____	<b>18-20 weeks</b>
<b>*Diagnostic Testing:</b>			
<b>Chorionic Villi Sampling (CVS)</b> A diagnostic test done by inserting a needle into the placenta. This is the earliest diagnostic test. This test will detect chromosomal abnormalities. There is a 1-2% risk of miscarriage from this procedure.	_____	_____	<b>10-13 weeks</b>
<b>Amniocentesis</b> An invasive diagnostic test done by inserting a needle into the amniotic fluid. This test will detect chromosomal abnormalities. The risk of miscarriage is 1 in 400-700.	_____	_____	<b>16-23 weeks</b>

**I understand the risks, benefits, and alternatives to the genetic tests described above.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**(CPT CODES OVER)**

These are lab tests that may be ordered for you. You may be asked for CPT codes that correspond to each test.

**Please ask your insurance company if the following are covered and if so, at what percentage and if they need to be pre-certified:**

**\*\*Ashkenazi Jewish Panel ICD-9 Codes:** V83.89 & V26.32  
**Ashkenazi Jewish Panel CPT Codes:** 83891, 83892, 83893, 83894, 83896, 83898, 83901 & 83912

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Tay Sachs Screening ICD-9 Code:** V83.89  
**Tay Sachs Screening CPT Codes:** 83891, 83892, 83893, 83894, 83896, 83901 & 83912

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Cystic Fibrosis Screening ICD-9 Code:** V83.89  
**Cystic Fibrosis Screening CPT Codes:** 83890, 83891, 83893, 83894, 83896, 83901 & 83912

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Nuchal Translucency CPT Codes:**  
a. **Lab CPT Codes:** 84163, 84704 & 80500  
b. **Ultrasound CPT Codes for Single Gest.:** 76801, 76813 & 76817  
c. **Ultrasound CPT Codes for Twin Gest.:** 76802, 76814 & 76817

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Quad Screen Test CPT Codes:** 82105, 82677, 84702 & 86336

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Chorionic Villi Sampling (CVS) CPT Codes:** 59015, 88267

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_

**\*\*Amniocentesis CPT Codes:** 59000, 88267, 88268, 88269

Pre-Cert: \_\_\_\_\_ Coverage: \_\_\_\_\_