



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.

| | Timing (weeks) | Pre-Cert | Coverage | Max Cost |
|---|------------------------|----------|----------|-------------------|
| <u>Noninvasive Screening</u> | | | | |
| <u>Cell Free Fetal DNA</u> | | | | |
| CPT Code 81420 | 10 | _____ | _____ | \$2,762.00 |
| 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 | | | | |
| <u>Nuchal Translucency</u> | 11 3/7 - 13 6/7 | _____ | _____ | \$365.58 |
| 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 | | | | |
| <u>Penta Screen</u> | 15 - 22 6/7 | _____ | _____ | \$929.14 |
| 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% | | | | |
| <u>Invasive Diagnostic Tests</u> | | | | |
| Performed by specialist | | | | |
| <u>Chorionic Villus Sampling</u> | 10 - 13 6/7 | _____ | _____ | |
| CPT code 59015, 88267 Full chromosome analysis of placenta Cells. 1:300 risk pregnancy loss | | | | |
| <u>Amniocentesis</u> | 16 on up | _____ | _____ | |
| CPT codes 59000, 88267, 88268, 88269 Full chromosome analysis of fetal cells from Amniotic fluid. 1:300 risk pregnancy loss | | | | |

Miscellaneous Testing Options

| | Timing (weeks) | Pre-cert | Coverage | Max Cost |
|---|-----------------------------|----------|----------|------------|
| <u>Cystic Fibrosis Carrier Screening</u> | | | | |
| CPT code : 81220 | 1 st visit ideal | _____ | _____ | \$1,279.20 |
| ICD 10 code Z31.430 | | | | |
| Screens for most common, but not all, Mutations. Partner needs testing if + | | | | |
| <u>Ashkenazi Jewish Panel/ Tay Sachs Screening</u> | | | | |
| | 1 st visit ideal | _____ | _____ | \$5,390.59 |
| ICD-10 code: Z14.8 | | | | |
| CPT codes: 81220, 81200, 81251, 81242, 81209, 81255 | | | | |
| <u>SMA (Spinal Muscular Atrophy)</u> | | | | |
| CPT code 81401 | 1st visit ideal | _____ | _____ | \$1,027.52 |
| 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 | | | | |
| <u>AFP (alpha fetoprotein)</u> | | | | |
| CPT code 82105 | 15 – 22 6/7 | _____ | _____ | \$165.36 |
| Measures risk of open neural tube defects | | | | |
| Detects 71 – 90% of ONTD | | | | |
| 1 – 3% false positive rate | | | | |

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