

Physicians and Midwives Collaborative Practice

Testing Options

Important Note: Please be sure to verify this coverage with your insurance carrier.

<u>Non-Invasive Tests:</u>	<u>Accept</u>	<u>Decline</u>	<u>Timing</u>
Ashkenazi Jewish Panel	_____	_____	Early Pregnancy
Cystic Fibrosis <i>Ideally done before pregnancy, this tests screens for most common (but not all) mutations</i>	_____	_____	Anytime
Early Glucola Test <i>BMI >30, Past Gestational Diabetes, PCOS, Baby 9 lbs or more in past</i>	_____	_____	After 16 weeks
AFP (alpha fetoprotein) <i>Measures risk of open neural tube defects. 65 - >95% detection. Can do with twins</i>	_____	_____	15 - 22 6/7 wks

Non Invasive Screening Tests for Chromosome Abnormalities:

Fetal DNA blood test(HIGH RISK PATIENTS ONLY) <i>>99% accuracy for detecting Trisomies 21, 18 and 13 and sex chromosome abnormalities. Baby's sex if desired, but this may not be covered by insurance. Some insurances will not cover if not >35 yrs old False + 0.1%</i>	_____	_____	10 weeks & Up
Nuchal Translucency <i>Combines ultrasound of fetus' neck skin thickness and blood test of certain markers in mother. This gives an estimate of the risk of Trisomies 21 and 18. Has 90% detection rate with 5% false positive. Only certain labs will also screen for Trisomy 13 Can do with twins.</i>	_____	_____	11 3/7-13 6/7wk
Penta Screen <i>Blood test measuring certain maternal marker combinations. Detects 83% of Tri 21 ,65 - >95% of neural tube defects and 73% of trisomy 18 (false + 3 - 5%) Can do with twins.</i>	_____	_____	15 - 22 6/7 wks
Genetic Ultrasound <i>A targeted ultrasound looking for markers associated with Down's syndrome and other genetic conditions. An ultrasound may also detect birth defects.</i>	_____	_____	20 wks

Invasive Diagnostic Tests for Chromosome Abnormalities:

Chorionic Villus Sampling (CVS) <i>Full chromosome analysis of cells from the placenta. Risk of pregnancy loss 1: 300 - 500</i>	_____	_____	10 - 13 6/7 wks
Amniocentesis <i>Full chromosome analysis of cells from amniotic fluid Risk of pregnancy loss 1: 300 - 500</i>	_____	_____	16 weeks & UP

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

Print Name /Sign Name

Date of Birth

Date

Here are codes your insurance company might ask for when inquiring about your coverage.

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:** Z14.8 (Genetic Disorder Carrier)
Ashkenazi Jewish Panel CPT Codes: 81220, 81200, 81251, 81242, 81209, 81255, 81260, 81290, 81250, 81205

Pre-Cert: _____ Coverage: _____

****Tay Sachs Screening ICD-9 Code:** Z14.8 (Genetic Disorder Carrier)
Tay Sachs Screening CPT Codes: 81255

Pre-Cert: _____ Coverage: _____

****Cystic Fibrosis Screening ICD-9 Code:** Z31.430 (CF Screening)
Cystic Fibrosis Screening CPT Codes: 81220

Pre-Cert: _____ Coverage: _____

****Nuchal Translucency CPT Codes:** 84163, 82397, 76813

Pre-Cert: _____ Coverage: _____

**** Cell Free Fetal DNA CPT Codes:** 81420

Pre-Cert: _____ Coverage: _____

****MSAFP ONLY CPT Code:** 82105

Pre-Cert: _____ Coverage: _____

****Penta Screen CPT Codes:** 82105, 82397, 82677, 84702, 86336, 81512

Pre-Cert: _____ Coverage: _____

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

Pre-Cert: _____ Coverage: _____

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

Pre-Cert: _____ Coverage: _____

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