

NONINVASIVE CHROMOSOMAL TESTING OPTIONS

A list of your testing options for pregnancy and pre-pregnancy planning.

Patients: Our physicians will review the testing below during your genetic counseling visit.

Please contact your insurance plan after selecting a test to understand your coverage and benefits. If your insurance tells you a precertification is required, notify our billing staff **immediately** so that we can begin the process. Failure to do so could result in delayed testing.

Cell Free Fetal DNA – Cannot be done earlier than 10 weeks gestation

Common Test Names: **QNatal, InformaSeq, Prequel**

CPT CODE: 81420

- Offered to those 35 years or older, precertification may be required
- Screens for Trisomy 21 (>99% accurate), Trisomy 18 (97% accurate), and Trisomy 13 (91% accurate)
- Screens for sex chromosome anomalies (91% accurate)
- For patients under the age of 35, without any risk factors, this test may result in a poor positive predictive value

Yes **No** **Undecided**

Nuchal Translucency (NT) – Done between 11^{3/7} and 13^{6/7} gestational weeks

CPT CODE (sonogram): 76813

CPT CODE (lab): 84163, 82397

- Appropriate for low risk patients and commonly covered by insurance
- Combines an ultrasound with a blood test to detect fetal markers, by measuring the fluid collection at the back of the baby's neck. (90% detection rate of Trisomy 18 & 21 (5% false positive))
- Applicable to twin pregnancy

Yes **No** **Undecided**

MISCELLANEOUS TESTING OPTIONS

Carrier Screen – Can be done at any time

Common Test Names: **ForeSight, InheriTest**

CPT CODE: United Healthcare patients – 81243, 81329, and 81443

NON-United Healthcare patients: refer to Myriad Lab (<http://myriad.com>)

- Screen for any inherited health conditions that you might carry and pass onto your child

Yes **No** **Undecided**

I understand I am financially responsible for my health insurance deductible, coinsurance, or non-covered services. If my health plan determines a test to be “not payable”, I will be responsible for the complete charge and agree to pay the cost of all testing I have accepted. I understand it is my responsibility to contact my insurance plan to review my benefits with a Member Services Representative.

Patient Signature

Date

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

Physician Signature

Date