Prenatal Genetic Testing Options

***Please be advised that About Women ob-gyn will not complete a prior authorization for any genetic testing. It is your responsibility to contact your insurance company to ensure the test is covered.**

☐ **MaterniT 21 Plus (10+ weeks): CPT 81420** This is a **NON-INVASIVE** maternal blood test that detects fetal DNA fragments that can determine specific chromosomal abnormalities (Trisomy 21,18, and 13). Candidates for this test include: advanced maternal age (>35), previous pregnancy affected by chromosomal abnormality, abnormal genetic screening test or sonogram findings during this pregnancy, maternal chromosomal abnormality (e.g. balanced Robertsonian Translocation), also can determine fetal sex/gender.

☐ **Single AFP (16-21w6d): CPT 82105** Single maternal blood test to check risk for **Spina Bifida** alone. This test is only performed for patients who elect the first trimester screening or only want to screen for this single condition.

☐ **Quad Screen (16-21w6d): CPT 82105, 82677, 84702, 86336** This is a maternal blood test to check four biochemical markers that reports the risk of Down Syndrome (Trisomy 21), Trisomy 13, Trisomy 18 and Spina Bifida (Neural Tube Defect).

— CARRIER SCREENING OPTIONS —

☐ **Hemoglobin electrophoresis: CPT 83020:** A blood test that measures different types of a protein called hemoglobin in your red blood cells. It's sometimes called "hemoglobin evaluation" or "sickle cell screen."

☐ **Inheritest Panel (SMA, CF and Fragile X): CPT 81401, 81220, 81244** **SMA** - Carrier testing for patients in the general population, patients with a family history of SMA, patients planning a pregnancy or are already pregnant, or when severe joint contractures are found on fetal ultrasound. **CF** - is inherited in a recessive manner, which means that both parents must be carriers to have an affected child. When both parents are carriers, there is a 25% chance with each pregnancy that the child will be affected. **Fragile X** - syndrome (FXS) is a genetic condition that causes intellectual disability, behavioral and learning challenges, and various physical characteristics.

PLEASE CHECK ☑ BOXES WITH DESIRED TESTING, PRINT NAME, SIGN, AND DATE

Patient Name Signature Date Chart #

By signing above, you acknowledge that genetic testing is an optional, recommended screening and not a medically required test; therefore, you understand and accept that our office will not initiate or complete any prior authorization on your behalf.

** additional genetic testing options on back

Visit the LabCorp website below and they will check your insurance out of pocket cost for the Inheritest Panel and compare to their PEP program which can cost as little as $299.

☐ **Fragile X: CPT 81244** Fragile X syndrome (FXS) is a genetic condition that causes intellectual disability, behavioral and learning challenges, and various physical characteristics. Though FXS occurs in both genders, males are more frequently affected than females, and generally with greater severity.

☐ **Spinal Muscular Atrophy Carrier Testing (SMA): CPT 81401** Carrier testing for patients in the general population, patients with a family history of SMA, patients planning a pregnancy or are already pregnant. Prenatal diagnosis for at-risk pregnancies, when both parents are carriers or when severe joint contractures are found on fetal ultrasound.

☐ **Cystic Fibrosis (CF 97): CPT 81220** ACOG recommended - CF is inherited in a recessive manner, which means that both parents must be carriers to have an affected child. When both parents are carriers, there is a 25% chance with each pregnancy that the child will be affected. Genetic counseling and CF molecular testing are recommended for the reproductive partners and at-risk family members of CF carriers.

PLEASE CHECK ☑ BOXES WITH DESIRED TESTING, PRINT NAME, SIGN, AND DATE

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Patient Name Signature Date Chart #

Declination of Prenatal Genetic Testing

I have been offered prenatal genetic testing and counseling during my pregnancy. After receiving this information and having the opportunity to ask questions, I have decided to **decline.** I understand that: (1) prenatal genetic testing is optional and my choice to decline testing is voluntary, (2) declining testing means I will not receive information about certain genetic conditions that could affect my baby, (3) I may reconsider my decision and request testing at a later time if still appropriate for my gestational age.

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Patient Name Signature Date Chart #