

Prenatal Genetic Testing Options

Initial and check the tests you want performed.

It is your responsibility to contact your insurance company to ensure the test is covered.

- **Initial First Trimester Screening (11-13w6d):** This test gives an estimated risk for Down Syndrome (Trisomy 21), Trisomy 13 and 18 (severe chromosomal abnormalities). This has a 90-95% detection rate with a 5% false positive rate. This test includes the following:
 - a. Nuchal Translucency (NT): Specialized ultrasound to measure thickness of back of fetal neck
CPT 76813
 - b. Maternal blood test that includes biochemical markers **CPT 84163, 84702, 86336**

- **Initial Quad Screen (15-21w6d):** **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).

- **Initial Single AFP (15-21w6d):** **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.

- **Initial 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.

- **Initial 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.

- **Initial 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:
 - a. Advanced maternal age (>35)
 - b. Previous pregnancy affected by chromosomal abnormality
 - c. Abnormal genetic screening test or sonogram findings during this pregnancy
 - d. Maternal chromosomal abnormality (e.g. balanced Robertsonian Translocation)

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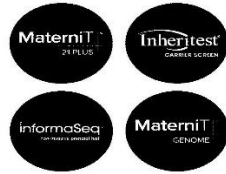
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- **Initial Inheritest Panel (SMA, CF and Fragile X): CPT 81401, 81220, 81244 SMA** - Carrier testing for patients in the general population, patients with a family history of SMA, patients planning a pregnancy or are already pregnant. Prenatal diagnosis for at-risk pregnancies, when both parents are carriers 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. Genetic counseling and CF molecular testing are recommended for the reproductive partners and at-risk family members of CF carriers. **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.

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.

Let us help you understand your cost options



Contact us to get your personalized estimate

We work directly with you to make sure our testing services are accessible and your out-of-pocket costs are understood

integratedgenetics.com/transparency
844.799.3243

Our new *Patient Engagement* program is designed to support your needs. Our *Every Mom Pledge* team is ready to answer questions about your insurance and cost options. We offer flexible programs designed to meet your individual financial needs, including participation in our *Moms Helping Moms of Tomorrow* initiative.

Required Prenatal Screenings

As these screenings are required, per ACOG guidelines, you can check with your insurance company to see what your out of pocket may be. Required for your 1st pregnancy or 1st pregnancy with us, unless you have documentation from a previous screening.

- **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."
- **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 and initial the tests you are having done. By doing this you acknowledge that you are responsible for any copay, coinsurance and/or deductible left by your insurance company.

My signature below represents that I have been informed of the above genetic testing options and potential risks, benefits, and alternatives. I am also aware that I am responsible for any copay, coinsurance and /or deductibles left by my insurance company.

Name (print): _____ Date: _____

Signature: _____

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