

GENERATIONS

OB + GYN

GENETIC SCREENING INSURANCE INFORMATION

IMPORTANT

If you choose to have any of the following genetic screening tests, it is your responsibility to check with your insurance to be sure genetic screening is a covered benefit under your plan (*often it is NOT*).

NUCHAL TRANSLUCENCY ASSESSMENT

ULTRASOUND \$500.00
Diagnostic Code: Z36.0
Procedure Code: 76801

Diagnostic Code: Z36.82
Procedure Code: 76813

Ultrasound
Between 12 wks / 12 wks 5 days

AFP blood draw at 16-18 wks

PANORAMA Natera.com

TESTING FOR CHROMOSOMAL ABNORMALITIES

Panorama Aneuploidy Test

CPT Code: 81420
81422
81479
Atena and Blue Cross: ..81507

You can use
Corewell Health lab services
Pick up kit and requisition at
Generations Office

By appointment only
No Friday appointments

Must be at least 10 wks pregnant

For cost and billing information
please contact

Giuseppe Cusujano
(248)-918-7430

Text 'DRAW' to 636363
(mobile phlebotomy is free of charge)

Ability to add H14
pan-ethnic standard

MYRIAD

Foresight Carrier Screen
myriadwomenshealth.com

TESTING FOR GENETIC CARRIER

This can be done on both
males or females
(*Pregnant or non-pregnant*)

Patient has no upfront fees and will
need to call their insurance for
questions regarding out-of-pocket
costs such as co-pay, deductible and
co-insurance, if any, as determined
by their health plan.

Pick up kit and requisition at
Generations Office

For information contact

MYRIAD
(888) 268-6795

Diagnosis Code:
Z31.430 female
Z31.440 male

CPT Codes: 81220
81223
81400

AMNIOCENTESIS

COREWELL HEALTH SYSTEM

If not covered, please call
Corewell Beaumont, Royal Oak
(248) 898-5000
ask for billing to obtain patient cost

Diagnostic Code: Z34
Procedure Code:
Labs - 88235, 88267
88280, 88291
Ultrasound - 59000, 76946
76805