

# 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

#### **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

#### **PANORAMA**

Natera.com

#### **TESTING FOR CHROMOSOMAL ABNORMALITIES**

##### **Panorama Aneuploidy Test**

CPT Code: .....81420

81422

81479

Aetna 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**

-OR-

Text 'COMPASSION' to 636363

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

#### **HORIZON**

Natera.com

#### **CARRIER SCREENING**

Blood Test or Saliva Kit

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

An additional \$100 cost if done with  
Panorama test.

#### **MYRIAD**

Foresight Carrier Screen  
myriadwomenshealth.com

#### **CARRIER SCREENING**

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

Salvia Kit

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