

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*).

** We can only call for pre-authorizations if you have a risk factor**

SEQUENTIAL SCREEN

BEAUMONT HEALTH SYSTEM

HAP Insurance only covers ultrasounds and blood work from William Beaumont Hospital

~ or ~

QUEST DIAGNOSTIC

If not covered, patient cost is

BLOOD TEST \$350.00

Diagnostic Code: Z34.90

Procedure Code: 82105, 82677,
84163, 84702,
86336

ULTRASOUND \$500.00

Diagnostic Code: Z36.0

Procedure Code: 76801

Diagnostic Code: Z36.82

Procedure Code: 76813

Ultrasound and first blood draw
Between 12 wks / 12 wks 5 days

Second blood draw at 16-18 wks

PANORAMA

Natera.com

ANEUPLOIDY SCREENING FOR TWINS

CPT Code: 81420

CAN NOT use

Beaumont lab services

Pick up kit and requisition at
Generations Office

For coverage, cost or questions call

**Gluseppe Cusumano
(248) 918-7430**

Natera representative

Call mobile phlebotomy
(Free of charge) (888) 476-5661

Must be at least 12 wks pregnant

SEQUENOM

laboratories.sequenom.com/patients

TESTING FOR CHROMOSOMAL ABNORMALITIES

MaternIT21 PLUS

This test will only be performed if
risk factor is present

CPT Code: 81420
81422

81479

Atena and Blue Cross: .. 81507

By appointment only

No Friday appointments

Must be at least 10 wks pregnant

For cost and billing information
please contact

Integratedgenetics.com/transparency
or call

(844) 799-3243

AMNIOCENTESIS

INOFFICE

~ or ~

BEAUMONT HEALTH SYSTEM

If not covered, please call

WBH, 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

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 on 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