

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 at 12-13½ wks
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

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

Natera representative

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

Must be at least 10 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

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*

COUNSYL

counsyl.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

COUNSYL
(888) 268-6795

Diagnosis Code:
Z31.430 female
Z31.440 male

CPT Codes: 81220
81223
81400