

INSURANCE INFORMATION

Please contact your insurance company to verify coverage on the following genetic tests. When you reach a representative ask the following questions:

1. What percentage of the genetic screening is covered?
2. Are the tests subject to a deductible or co-insurance?
3. Is a prior authorization required?

TEST	CPT CODE
Ashkenazi Jewish Panel (If you are Jewish or French Canadian)	LAB CORP: 81200, 81209, 81220, 81242, 81251, 81260, 81290, 81330, 83080
Cystic Fibrosis (If this is your first pregnancy or this test was not performed with your first)	81220
Spinal Muscular Atrophy (SMA)	81329
Non-Invasive Prenatal Testing (NIPT)	81420
U/S with Nuchal Translucency	76801 76813

**If your insurance does not cover these tests, then we do offer self-pay options.
Please contact our billing office at 267-946-5200, option # 3**