WELLESLEY WOMEN'S CARE

UNDERSTANDING YOUR INSURANCE COVERAGE FOR GENETIC TESTING

Our practice follows and recommends the Guidelines set forth by The American College of Obstetrics and Gynecology (ACOG) which recommends genetic testing for newly expecting parents. Your insurance may or may not cover this, and it is the patient's responsibility to contact their insurance. In addition, the following website can provide you this information. www.mytestingoptions.com *>: Resources*

WHY DO I NEED THE CODES BELOW AND WHY DO I NEED TO CALL MY INSURANCE COMPANY?

Not all insurance plans are alike; some have a low deductible, some have a high deductible, and some do not require the patient to meet any deductible. What is a deductible? A deductible is a contribution made by the employee, and is a cost to the employee in addition to their premium (monthly payment). A deductible is a certain amount that an employee should meet before their insurance will cover other charges in full, and or with just a co-pay. Gone also are the days where most maternity patients can say "everything is covered". In addition, not all plans cover the same tests, and your specific coverage is dependent upon what your employer negotiated in your plan (that big booklet they gave you). If you are planning on having any of these tests, it is necessary to contact your insurance company to determine what will be covered

CODES AND CHARGES YOUR INSURANCE COMPANY MAY REQUEST

Cystic Fibrosis diagnosis code=Z13.228, Testing for genetic disease carrier status=Z31.430
Familial Dysautonomia diagnosis code=Z31.430, Ashkenazi Jewish Panel=Z31.430

Cystic Fibrosis (97 mutation test)	81220	$800.00
Tay Sachs Enzymes and DNA	83080	$614.00
Tay Sachs DNA	81255	
Familial Dysautonomia Mutation Analysis	81260	$334.00
SMA	81401	$400.00
Ashkenazi Jewish Carrier Testing (Above)		$2160.00

I understand that I have been advised on the importance of genetic testing. I also understand and agree that if my insurance carrier does not cover any or all my testing, I agree to pay for this testing out of pocket.

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 Name   Date

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 Signature