

WHAT TO EXPECT: PRENATAL TESTING

Prenatal testing gives you and your provider information about you and your baby's health. They help detect any problems such as abnormalities in development or genetic diseases. This helps you and your provider to make the best health care decisions before and after your baby is born. Discussing the tests and what they mean with your provider is important. A positive test result doesn't always mean your baby will be born with a disorder.

WHEN	TEST NAME	CPT CODE	PURPOSE
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STANDARD TESTS

NOTE: Certain tests may be repeated later in your pregnancy.

After 1st visit 4-10 weeks	Obstetrics Panel	80055	Confirms your blood type and checks for anemia and infections.
4-10 weeks	Hepatitis C Testing	86803	Confirms your Hepatitis C status.
	HIV Testing	87389	Confirms your HIV status.
	Urine Culture	87086	Checks for a urine infection.
	Gonorrhoeae Testing	87591	Checks for an infection.
	Chlamydia/Trachomatis Testing	87491	Checks for an infection.
20 weeks	Anatomy Ultrasound	76805 or 76811	View baby's body development and discover baby's sex.
24-28 weeks	Blood Sugar Screening	82950	Checks for gestational diabetes.
	RPR Screening	86592	Checks for syphilis.
36-37 weeks	Group B Strep Screen	87081 or 87150	Vaginal/rectal swab to check for infection before the baby travels through the birth canal.

SPECIAL POPULATION TESTING

After 1st visit 4-10 weeks	Ashkenazi Jewish Panel	81412 (Quest)	Checks for 11 most common illnesses found in this population.
	Hemoglobinopathy Evaluation	83021	Tests for hereditary conditions that cause abnormal red blood cells.
	Thalassemia	83020	Tests for an illness which causes lower oxygen-carrying hemoglobin and fewer red blood cells than normal.

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OPTIONAL GENETIC TESTING

You must check with your insurance to confirm they will pay for these tests.

After 1st visit 4-10 weeks	Spinal Muscular Atrophy Carrier Screen	81329	Spinal muscular atrophy is a genetic disorder that affects the nerves of the spine.
	Cystic Fibrosis	81220	Cystic fibrosis is a genetic disorder that leads to a lifelong illness that can affect all the organs of the body. It often causes problems with digestion and breathing.
11-14 weeks	First Trimester Screening (FTS) OR	84163 (Magee) 84702 (Magee) 76813	Ultrasound and blood testing to determine the chance of Down Syndrome (Trisomy 21) and Trisomy 18.
11-40 weeks	Non-Invasive Prenatal Testing (NIPT)	81507 (Magee) 81420 (Quest Test - QNatal® Advanced)	Blood test to screen for chromosomal diseases (Trisomy 13, 18, 21). People with certain risk factors for these conditions.
15-20 weeks	Maternal Serum Alpha-Feto Protein (MSAFP) OR	82105	Blood screen for developmental abnormalities of the brain, spine, or spinal cord such as spina bifida.
	Quad Screen / Multiple Marker Screen (MMS)	82105, 84702, 82677, 86336	Blood screen for genetic conditions such as Trisomy 21 (Down Syndrome) and Trisomy 18 as well as defects of the brain or spinal cord such as Spina Bifida
11-13 weeks	Chorionic Villus Sampling Must be scheduled through Medical Genetics at Magee. 1-800-454-8155	88235, 88267, 88280, 88285, 88291, 76801, 59015, 76945	A sample of the placenta is taken during an ultrasound to test for chromosomal or genetic diseases. Please confirm all 8 codes with your insurance.
16+ weeks	Amniocentesis Must be scheduled through Medical Genetics at Magee. 1-800-454-8155	88235, 88269, 88280, 88285, 88291, 76805, 59000, 76946	Amniotic fluid is taken from the inside of the womb through a small needle while looking with ultrasound. Please confirm all 8 codes with your insurance.

DIAGNOSTIC CODES

When you call your insurance to confirm coverage of testing you may be asked to provide the Diagnosis Code(s). Below are common codes as well as any additional codes the practice may provide for you to use. Only those that apply to you are checkmarked.

- 009.291-009.299** Supervision of pregnancy with other poor reproductive or obstetric history
- 009.511-009.519** Supervision of elderly primigravida
- 009.521-009.529** Supervision of elderly multigravida
- 028.0-028.9** Abnormal findings on antenatal screening of mother
- 035.1XX0** Maternal care for (suspected) chromosomal abnormality in the fetus
- Q95.0-Q95.9** Balanced translocation and insertion in a normal individual
- Z36.0** Screening for chromosomal anomalies for patients with no pre-existing risk factors

UPMC PRICE ESTIMATES

UPMC Price Estimate
Hotline: **412-432-7204**

Call UPMC Customer Service at 1-800-854-1745 to discuss setting up a payment plan or financial assistance.