

Insurance Coverage for Prenatal Genetic Testing

Your healthcare provider has decided to order prenatal genetic testing from Quest Diagnostics. While prenatal testing is frequently covered by insurance, you should contact your health insurance plan to obtain specific details about your individual plan benefit and coverage for this laboratory testing, as well as your out of pocket financial responsibility (such as your responsibility for co-pays and deductibles or any non-covered portion).

Your health insurance plan may ask for the name of the performing laboratory or service provider. The tests being ordered by your healthcare provider may be billed under **Quest Diagnostics** and our Tax ID numbers: **95-2701802 (Quest Diagnostics Nichols Institute)**, **46-1491586 (Quest Diagnostics Massachusetts LLC)** and **54-0854787 (Quest Diagnostics Nichols Institute)**.

Contacting Your Health Insurance Plan

You can contact your health insurance plan by calling the member services' number located on the back of your insurance card. When calling your health insurance plan, you will likely want to ask questions concerning your level of coverage, such as the commonly asked questions provided below.

1. Are the test(s) listed below a covered benefit under my policy?
2. Are there any medical criteria that have to be met in order for the tests to be covered?
3. Are there any special requirements that have to be met prior to drawing the specimen for the testing requested; e.g., does my policy require preauthorization of services?
4. What is my out of pocket financial responsibility for the test(s), including any unmet deductibles or co-pays?

What Else You Might Need

When researching your specific benefits and coverage, your health insurance plan may need to know the name/type of test(s) being ordered, and the CPT code(s) that will be used to bill the service (see the table below).

Test Being Ordered	Test Name	CPT Code*	Diagnosis Codes / Reason for Test
<input type="checkbox"/>	QNatal™ Advanced Noninvasive Prenatal Screening	81420	
<input type="checkbox"/>	CFvantage® Cystic Fibrosis Expanded Screen	81220	
<input type="checkbox"/>	XSense® Fragile X with Reflex	81243	
<input type="checkbox"/>	SMA Carrier Screen	81401	

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

To be supplied by your healthcare provider for informational purposes only. This is not a test order form.

We're Here to Help!

If you have any questions, please visit [QuestDiagnostics.com/home/contact](https://www.questdiagnostics.com/home/contact) to find answers to common insurance questions as well as phone or email contacts for patient billing.

Health Insurance Coverage Checklist

You may use this checklist as a guide when you verify coverage with your insurance company.

Reason for Test(s)

Discuss testing options with your healthcare provider.

No Family History (screening) Known Carrier Follow-up Test(s)

Family History (please explain) _____

Other (please explain) _____

Your Health Insurance Information

See membership materials, e.g., member card, handbook, etc.

At the time of the test or tests, will you have health insurance coverage? Yes No
(If no, please discuss with your healthcare provider.)

Name of Insured Person _____
(For carrier testing, both mother and father should complete a health insurance coverage checklist.)

Member ID Number _____ Group Number _____

Employer Name _____

Health Insurance Coverage Type

HMO PPO Medicaid Medicare EPO POS HSA

Other _____

Health Insurance Program Name _____

Health Insurance Member Services Telephone Number _____

Prepare for Your Call

1. Gather any information provided by your healthcare provider (e.g., family history, initial test results).
2. Call your insurance company and ask for Member Services or Customer Service (see your membership materials for the appropriate department).

Telephone Call Details

Health Insurance Member Services Representative's Name _____
(Who you talked to)

Date of Call _____ Call Confirmation Number _____

Notes from the Call _____
