

**OBGYN GROUP OF EASTERN CONNECTICUT, P.C.**  
**2600 TAMARACK AVENUE, SUITE 200**  
**SOUTH WINDSOR, CT 05074**  
**P 860-646-1157 • F 860-646-9877**

**PRENATAL TEST CODES**

**BELOW IS A LIST OF CODES WHICH MAY BE HELPFUL WHEN CONFIRMING INSURANCE COVERAGE.**  
**ALL PRICES ARE APPROXIMATIONS ONLY. PLEASE CHECK WITH TESTING FACILITY TO CONFIRM.**

<p><b>OBSTETRIC PANEL – 80055</b></p>	<p><b>GENETIC COUNSELING</b></p> <ul style="list-style-type: none"> <li>• CPT code 99404- (preventive medicine counseling or risk factor reduction provided to an individual for least 60 minutes by a genetic individual)</li> </ul>
<p><b>SMA TESTING (Spinal muscle atrophy)</b></p> <ul style="list-style-type: none"> <li>• Billed and performed by Integrated Genetics</li> <li>• Cost \$975</li> <li>• CPT code 81401</li> </ul> <p><b>SMA TESTING (Connecticare, Aetna, Husky patients)*</b></p> <ul style="list-style-type: none"> <li>• Billed and performed by Quest Diagnostics</li> <li>• Cost \$1,045</li> <li>• CPT code 81401</li> <li>• *Husky patients need to be preauthorized for SMA- sent to Quest.</li> </ul>	<p><b>QUAD SCREEN</b></p> <ul style="list-style-type: none"> <li>• CPT codes 82105 (AFP serum), 82677 (Estriol), and 86336 (Inhibin A) or 81511</li> </ul> <p><b>INTEGRATED SCREEN</b></p> <ul style="list-style-type: none"> <li>• CPT code 82105</li> </ul> <p><b>AFP ONLY</b></p> <ul style="list-style-type: none"> <li>• CPT code 82105</li> </ul> <p><b>LEVEL II ULTRASOUND</b></p> <ul style="list-style-type: none"> <li>• CPT code 76811</li> </ul>
<p><b>CYSTIC FIBROSIS *</b></p> <ul style="list-style-type: none"> <li>• Billed through ECHN (Manchester Memorial Hospital) performed by ARUP Reference Lab</li> <li>• Cost \$3,700</li> <li>• CPT code 81220</li> <li>• *Cystic Fibrosis test is covered, sent through ECHN for Husky patients.</li> </ul>	<p><b>CHRONIC VILLI SAMPLI (CVS)</b></p> <ul style="list-style-type: none"> <li>• Performed and billed by Hartford Hospital</li> <li>• CPT code 59015</li> </ul> <p><b>AMNIOCENTESIS</b></p> <ul style="list-style-type: none"> <li>• CPT codes 59000 (diagnostic amnio), 76946 (ultrasound guidance)</li> </ul>
<p><b>FRAGILE X</b></p> <ul style="list-style-type: none"> <li>• Billed through ECHN (Manchester Memorial Hospital), performed by Integrated Genetics</li> <li>• Cost \$545</li> <li>• CPT Code 81243</li> </ul>	<p><b>CELL FREE DNA</b></p> <ul style="list-style-type: none"> <li>• Performed at Hartford Hospital</li> <li>• This is an out of pocket expense.</li> </ul>
<p><b>FIRST TRIMESTER SCREEING</b></p> <ul style="list-style-type: none"> <li>• Performed at Hartford Hospital</li> <li>• CPT codes 76813 – ultrasound</li> <li>• 99242- MD consult</li> <li>• 36415- venipuncture</li> <li>• Performed at UCONN</li> <li>• CPT codes 76813 – ultrasound</li> <li>• 99242- MD consult</li> <li>• 84163- Plasma protein-A</li> <li>• 84702- hCG quantitative</li> </ul>	<p><b>POSSIBLE DIAGNOSIS CODE (ICD-10)</b></p> <ul style="list-style-type: none"> <li>• Z34.00- supervision of normal first pregnancy</li> <li>• Z34.80- supervision of other normal pregnancy</li> <li>• O09.511- AMA primigravida</li> <li>• O09.521- AMA multigravida</li> <li>• Z36.9- unspecified antenatal screening of mother</li> <li>• Z34.89- family history of other conditions</li> <li>• O09.52- other advanced maternal age, antepartum condition</li> <li>• R93.8- abnormal ultrasound</li> </ul>