



UniPath™

NIPT Testing through UniPath

MaterniT21® PLUS is a noninvasive prenatal test for detection of fetal chromosomal abnormalities including Down syndrome.

The MaterniT21 PLUS analyzes the relative amount of trisomy 21, 18, 13, as well as X and Y chromosomal material in cell-free DNA in single or multifetal gestations in a pregnancy. The test is intended for use in pregnant women at increased risk for fetal aneuploidy and can be used as early as 10 weeks' gestation.

Below is a brief outline of the process UniPath uses to determine your amount due for the test. Most insurance companies have an established reimbursement rate for this test. The CPT code for MaterniT21® PLUS is 81420.

- + If your test is applied towards your deductible, you will have to pay the amount your insurance company says is due. That means this test is "covered" by your insurance provider. We cannot tell you the exact amount you may owe as this is dependent on your particular insurance coverage and your deductible, which vary from plan to plan. We encourage you to check with your insurance provider to determine what your payment responsibility will be for this test.
- + If this test is not covered by your insurance or you do not have insurance, you can call 855.307.5899 to discuss payment options.

Contact:

6116 East Warren Avenue
Denver, Colorado 80222

(866) 864.7284 Toll Free
(303) 512.0888 Main
(303) 512.2288 Fax

The Power of Partnership » AP2.com



To Learn Insurance Benefits for MaterniT21 Plus Test

1. Please contact your insurance company by calling the customer service number usually found on the back of your card. You will need to find out if you have **BENEFITS** for genetic testing by giving them the CPT code 81420 and to find out if UniPath (the Lab doing the billing for this test) is **IN NETWORK**, their tax id is 26-3575135. If your insurance asks for a diagnosis code, pick the code(s) that apply to your situation from the list below:
 - O09.52x - advanced maternal age, not first pregnancy
 - O09.51x - advanced maternal age, first pregnancy
 - O28.3 - - abnormal ultrasound finding
 - O28.1 - - abnormal screening test (Quad or First Trimester Screen)
 - O35.2xx0 - family history of a chromosome abnormalityYou need to be aware if you have a deductible and how much you need to pay to meet your deductible. Does the cost of the test go towards your deductible? If you meet your deductible, what percentage of the contracted rate is then covered by insurance?
2. If your insurance requires a **PREAUTHORIZATION** for this test, please call Sherri, the UniPath representative at (615) 815-2503 and she can obtain a preauthorization for you. If your insurance is through Poudre School District or Poudre Valley Hospital, please contact RMP and we will take care of the preauthorization as these plans require that the preauthorization be initiated by the provider.
3. Please print the form stating you understand your benefits and financial responsibility for this test, sign and date it and bring to your appointment.



I understand that I may or may not have benefits for MaterniT21 Plus and/or Cystic Fibrosis screening through my insurance plan. I understand that my cost for the test may be a result of a contracted agreement between the laboratory and my insurance company and I will be responsible for any amount not covered by my insurance company. If I have questions about my insurance coverage for this test, I will contact my insurance company directly and not Rocky Mountain Perinatology. If I have additional questions about the cost or insurance coverage, or if my insurance requires a pre-authorization, I will contact UniPath at (855) 307-5899.

Patient Signature

Date