

Amniocentesis

Description	An outpatient prenatal procedure where a small amount of amniotic fluid is withdrawn by a needle inserted through the mother’s abdomen into the amniotic sac/womb. The fluid is tested for birth defects and genetic disorders in the fetus.				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Genetic Testing - General Approach to Genetic Testing – Genetic testing provides information about a person’s genes and chromosomes.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.20.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.20.24	Refreshed due to age.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).				
Dean (DHP, Prevea360)	Not covered.				
Mayo Medical Plan (MMP)	Quote office visit or outpatient hospital benefits. • Tip: Look for plan language: <i>Prenatal services that are not preventive.</i>				
Medica (including MHPS)	Quote office visit or outpatient hospital benefits. • Tip: Look for plan language: <i>Prenatal services that are not preventive.</i>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.20.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	6.20.24	Refreshed due to age.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote prenatal benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none">• Medica is the only payer.				
Cost (Prime)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote prenatal benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	Quote prenatal benefits.				
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.				
Dean (DHP, Medica formerly WellFirst, Prevea360)	Not covered.				
Medica	Quote prenatal care services that are not preventive.				
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