

**Payment Information for testing at the Shiley Eye Center's
Ophthalmic Molecular Diagnostic Lab
9415 Campus Point Drive
La Jolla, CA 92037
CLIA ID # (05D1098271)**

We will not bill insurance, Medicare, or patient directly. All samples must be accompanied by payment in full for testing. No analysis will be initiated without payment.

We accept:

Check/Money Order: Make check or money order payable to *University of California-Regents*.

Institution Direct Billing: Referring institutions and physicians may establish institutional accounts.

Contact: eyednatest@ucsd.edu

You may wish to talk to your insurance company about seeking reimbursement for the testing. When you speak to your insurance company, they may want to know:

1. Name of test being ordered:

Molecular Diagnostic Testing for:

Stargardt's Macular Degeneration (ABCA4 gene)
Sorsby's fundus dystrophy (TIMP3 gene)
Dominant Stargardt's-like macular degeneration (ELOVL4 gene)
Malattia Leventinese/Doyne honeycomb dystrophy (EFEMP1 gene)
Best's macular degeneration (Bestrophin gene)
Pattern dystrophy (RDS gene)
Butterfly macular dystrophy (RDS gene)
Adult-onset foveomacular dystrophy (RDS gene)
Bull's eye maculopathy (RDS gene)
Adult-onset Best's disease (RDS gene)
Late-onset dominant macular degeneration (RDS gene)
Other RHO, CRX, RPE65, CTRP5, CRB1

2. Cost:

\$2500/sample for testing for Stargardt Disease (ABCA4 gene)

\$2500/sample for CEP290 screening

\$850/sample all other disease gene testing

\$350/sample for testing familial mutation in siblings

There is no charge for screening parental samples.

3. CPT codes:

83894 (separation by gel electrophoresis)

83898 (PCR amplification of DNA, each primer paired)

83891 (extraction of highly purified nucleic acid)

83904 (mutation identification by sequencing)

83912 (interpretation and report)

Please contact the Ophthalmic Molecular Diagnostic Lab if you have any questions at (858) 534-5362.