

Genetic Counseling

by Cindy Parman, CPC, CPC-H, RCC

The United States is currently experiencing a surge in patient-requested personalized medicine, especially in the field of oncology. Personalized medicine involves the systematic use of information about each individual patient to select or optimize the patient's preventive and therapeutic care. Traditionally, medical practitioners have taken into account each patient's family history, social circumstances, and behaviors when tailoring individual care, usually through personal observation and experience. Personalized medicine is frequently defined as "the right treatment for the right person at the right time." A broader definition includes products and services that leverage the science of genomics and proteomics (the study of proteins expressed by a genome) to enable tailored approaches to prevention and care.

In addition, more patients are requesting genetic testing, which results in a need for patient-specific genetic counseling. As defined by the American Medical Association (AMA), genetic counseling is a communication process that deals with the human problems associated with the occurrence, or the risk of an occurrence, of a genetic disorder in the family.

The Codes

There are two different codes for genetic counseling:

1. **96040:** Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient and/or family.
2. **S0265:** Genetic counseling, under physician supervision, each 15 minutes.

The decision regarding which code to bill will be determined by the insurance payer.

AMA guidelines state that services coded to **96040** must be provided

by a trained genetic counselor (not a physician) and involve the analysis of family risk factors and extensive research data. There are two primary organizations that certify and train medical genetic counselors: the American College of Medical Genetics (ACMG) and the American Board of Medical Genetics (ABMG). Further, the services may include:

- Obtaining a structured family genetic history
- Constructing a multiple generation genetic pedigree
- Performing an analysis of available medical information for genetic risk assessment, psychosocial assessment, and counseling of the patient and family.

Through genetic counseling, the patient can then be educated about the risks, available testing, and treatment and/or intervention options, including the benefits and limitations of each. Code **96040** is a time-based code and only face-to-face time between the genetic counselor and the patient may be counted when reporting units.

While the HCPCS Level II **S0265** code may be accepted by Blue Cross Blue Shield organizations and certain other payers, it is not a code recognized by Medicare contractors. The qualifications of the genetic counselor and the specific services included in this code will be defined by payer policy as well. Procedure code **S0265** is also a time-based code, although billed with one unit for each 15 minutes of face-to-face counseling services.

Physician Genetic Counseling Services

The *CPT® Manual* states: "For genetic counseling and education performed by a physician to an individual, see the appropriate Evaluation and Management codes." This statement means that the physician

would report a new patient visit (codes **99201-99205**) or an established patient visit (codes **99211-99215**), depending on the patient's status to the physician specialty in the individual practice.

In addition, this reference adds: "For genetic counseling and/or risk factor reduction intervention provided by a physician to patient(s) without symptoms or established disease, see **99401-99412**." These risk factor reduction codes are used to report services provided face-to-face by a physician or other qualified healthcare professional for the purpose of promoting health and preventing illness or injury. Risk factor reduction services are used for patients that do not have a specific illness, but require services such as genetic counseling performed by the physician.

Diagnosis Codes

As indicated above, many of the patients that qualify for genetic counseling are asymptomatic, so the appropriate diagnosis codes reported may consist entirely of V codes (codes for circumstances other than a disease or injury). For example, the primary diagnosis code for genetic counseling is **V26.33** (genetic counseling). If the patient requires genetic testing, these diagnosis codes include:

- **V26.31:** Testing of female for genetic disease carrier status
- **V26.32:** Other genetic testing of female
- **V26.34:** Testing of male for genetic disease carrier status
- **V26.39:** Other genetic testing of male.

Last, the following diagnosis codes report the positive results of genetic testing for susceptibility to malignant neoplasms:

- **V84.01:** Genetic susceptibility to malignant neoplasm of the breast
- **V84.02:** Genetic susceptibility to



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malignant neoplasm of the ovary

- **V84.03:** Genetic susceptibility to malignant neoplasm of the prostate
- **V84.04:** Genetic susceptibility to malignant neoplasm of the endometrium
- **V84.09:** Genetic susceptibility to other malignant neoplasm.

Reimbursement

Medicare does not provide separate payment for genetic counseling; procedure code 96040 is listed as status “B” (not separately paid) for both hospitals and freestanding centers. However, other insurers may allow separate reimbursement when genetic counseling meets their specific payment requirements.

For example, the CIGNA Medical Coverage Policy #0297 includes reimbursement criteria for genetic counseling. This insurer will cover pre- and post-test genetic counseling with a physician or a licensed or certified genetic counselor, as medically necessary, for all individuals recommended for covered inherited genetic conditions. In addition, CIGNA has unique specifications for services that must be included in both the pre- and post-test evaluations.

Aetna also publishes a Clinical Policy Bulletin (#0189) on Genetic Counseling, which includes the following: “Aetna considers appropriate genetic counseling unrelated to pregnancy medically necessary when provided in conjunction with medically necessary genetic testing, and in accordance with the guidelines of the


American College of Medical Genetics (ACMG). Aetna considers genetic counseling experimental and investigational for all other indications.”

The PriorityHealth Medical Policy No. 91540-R4 defines a genetic counselor as: “Genetic counselors are defined by the plan as American Board of Medical Genetics or American Board of Genetic Counseling certified physicians or masters or doctorate level-trained genetic counseling professionals who have received formal training in genetics and genetic counseling from an accredited institution.”

Coverage is provided for genetic testing under this insurance plan, providing that 1) the patient receives counseling before and after testing, 2) there is a documented informed consent prior to testing, 3) and there is documented reasonable expectation that a genetically inherited or acquired condition exists and the member displays clinical features or is at direct risk of inheriting the mutation. In addition, knowledge of the presence or absence of the condition must directly affect medical care, the testing must be ordered by an appropriate provider, and the testing must be FDA approved. This plan limits predictive genetic testing to those situations where early diagnosis allows interventions which reduce morbidity or mortality, including BRCA1/BRCA2, hereditary nonpolyposis colorectal cancer (HNPCC), and multiple endocrine neoplasia (MEN). Preauthorization is required for these conditions

and requires documentation such as medical necessity, informed consent, and test results.

Do Your Homework

Genetic counselors provide services that are often requested by the patient, but may not be separately reimbursed in the oncology setting. It is important that freestanding centers, hospitals, and cancer programs review the educational requirements, licensing and/or certification requirements for the genetic counselor, covered medical conditions, and potential reimbursement when planning to include these services. 

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