

Medical Policy



Genetic Counseling

Policy Number: PG0358
Last Review: 04/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Members must have genetic counseling by a medical geneticist, a genetic counselor, or a provider with recognized expertise before testing can occur for all genetic testing, unless otherwise specified for certain conditions. Genetic counseling is a service provided by trained, qualified professionals involving assessment and education of an individual about the presence or absence of an inherited genetic disease. Appropriate genetic counseling occurs before and after testing.

According to the National Society of Genetic Counselors (NSGC), genetic counselors have advanced training in medical genetics and counseling to interpret genetic test results and to guide and support patients seeking more information about such things as:

- How inherited diseases and conditions might affect them or their families.
- How family and medical histories impact the chance of disease occurrence or recurrence.
- Which genetic tests may or may not be right for them, and what those tests may or may not tell.
- How to make the most informed choices about healthcare conditions.

Appropriate genetic counseling is medically necessary for consideration of, or provided in conjunction with, medically necessary genetic testing, and in accordance with the guidelines of the American College of Medical Genetics and Genomics (ACMG). The individual providing the genetic counseling must be free of commercial bias and disclose all potential and/or real financial and intellectual conflicts of interest.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Genetic counseling (96040) provided by a medical geneticist, a genetic counselor, or a provider with recognized expertise in the area being assessed does not require a prior authorization, when the coverage criteria below are met.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Coverage for genetic counseling is dependent on benefit plan language. Many benefit plans limit coverage of genetic counseling to two (2) visits per year for both pre and post genetic testing. Please refer to the applicable benefit plan language to determine benefit availability and terms, conditions, and limitations of coverage.

If coverage is available for genetic counseling, the following conditions of coverage apply:

Paramount covers pre- and post-test genetic counseling as medically necessary by a medical geneticist, a genetic counselor, or a provider with recognized expertise not employed by a commercial genetic testing laboratory (Medical geneticist or genetic counselors are not excluded if they are employed by or contracted with a laboratory that is part of an Integrated Health System which routinely delivers health care services beyond just the laboratory test itself) for EITHER of the following:

- an individual undergoing genetic testing
- an individual who is a potential candidate for genetic testing

Genetic Counseling is a communication process, involving an individual and/or family, to help understand the testing and is comprised of the following:

- Explanation of potential benefits, risks, and limitations of testing
- Comprehend the medical facts, including the diagnosis, the probable course of the disorder, and the available management
- Discussion the way heredity contributes to the disorder, and the risk of recurrence in specified relatives
- Discussion of impacts of testing (e.g., psychological, social, limitations of nondiscrimination statutes)
- Discussion of possible test outcomes (i.e., positive, negative, variant of uncertain significance)
- Explanation of purpose of evaluation (e.g., to confirm, diagnose, or exclude genetic condition)
- Identification of medical management issues, including available prevention, surveillance, and treatment options and their implications
- Obtaining informed consent for genetic test

Paramount will not reimburse genetic counseling (96040) when reported by a Physician, because this code is intended for use by non-physician health care professionals. Physicians who provide genetic counseling should report these services using evaluation and management codes.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
HCPCS CODE	
S0265	Genetic counseling, under physician supervision, each 15 minutes

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 03/25/2016

Date	Explanation & Changes
03/25/2016	<ul style="list-style-type: none">• Policy created to reflect most current clinical evidence per TAWG
09/22/2017	<ul style="list-style-type: none">• Coverage of genetic counseling changed from three (3) visits to two (2) visits• Added ICD-10 diagnosis codes that are considered under the preventive benefit per CMS requirements• Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
08/23/2018	<ul style="list-style-type: none">• Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)

07/09/2019	<ul style="list-style-type: none"> Updated description section to reflect definition of what a genetic counselor does by NSGC Changed policy to reflect that CPT code 96040 is genetic counselor specific Add more applicable dx codes
12/22/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
02/24/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
04/01/2024	<ul style="list-style-type: none"> Medical policy reviewed and updated to reflect the most current clinical evidence Effective 04/01/2024, for all product lines, Paramount will no longer accept S-codes. Paramount follows CMS correct coding guidelines. Removed non-covered code S0265 Removed ICD-10 diagnosis codes

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

Centers for Disease Control and Prevention. (June, 2022). *Genetic Counseling*. Retrieved from: https://www.cdc.gov/genomics/gtesting/genetic_counseling.htm.

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments., <https://www.hayesinc.com/>

Industry Standard Review

Medical Policy prior to 04/01/2024:

DESCRIPTION

According to the National Society of Genetic Counselors (NSGC), “genetic counselors have advanced training in medical genetics and counseling to interpret genetic test results and to guide and support patients seeking more information about such things as:

- How inherited diseases and conditions might affect them or their families.
- How family and medical histories impact the chance of disease occurrence or recurrence.
- Which genetic tests may or may not be right for them, and what those tests may or may not tell.
- How to make the most informed choices about healthcare conditions.”

POLICY

Paramount Commercial Plans, Medicare Advantage Plans and Paramount Medicaid Advantage
Genetic counseling (96040) provided by a trained genetic counselor does not require a prior authorization for all product lines.

Code S0265 is non-covered for all product lines.

COVERAGE CRITERIA

Paramount Commercial Plans, Medicare Advantage Plans and Paramount Medicaid Advantage

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Paramount covers pre- and post-test genetic counseling as medically necessary for EITHER of the following:

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by an American Board of Medical Genetics or American Board of Genetic Counseling-certified Genetic Counselor not employed by a commercial genetic testing laboratory (Genetic counselors are not excluded if they are employed by or contracted with a laboratory that is part of an Integrated Health System which routinely delivers health care services beyond just the laboratory test itself).

Paramount will not reimburse genetic counseling (96040) when reported by a Physician, because this code is intended for use by non-physician health care professionals. Physicians who provide genetic counseling should report these services using evaluation and management codes.

ICD-10 diagnosis codes listed below are considered under the preventive benefit per CMS requirements.