

**UCDHS COMPLIANCE OFFICE
CODING AND BILLING NOTICE**

Topic: Genetic Counseling Revision

Date issued: August 28, 2007

The following guidelines have been revised to assist the Health System staff in determining how to submit charges for services provided by Genetic Counselors.

A Genetic Counselor is an individual who provides services in the medical genetics specialty of genetic counseling. Currently there is not licensure in the State of California. Accreditation and certification comes through the American Board of Genetic Counselors or the American College of Medical Genetics.

Submission of claims for services provided by genetic counselors, at the University Of California, Davis Health System is contingent upon a variety of factors. Each of those will be identified and addressed in this document.

❑ **Federal Government “Incident To” Professional Services**

Medicare, Medicare risk, CHAMPUS covered services provided by a non-physician provider are subject to the “Incident to” provision in the law. Hospital-based clinics are subject to those provisions and applicability. Genetic counselors are not recognized as “providers” under current CMS statute. **The genetic counselor cannot provide a service to the patient covered under these plans and submit a professional fee under his/her provider ID or the physician’s provider ID.**

A professional fee can only be submitted if the service to the patient is provided by the licensed physician (MD). If the MD provides this service to a patient, the charge submitted should fall within the Evaluation and Management section of the current CPT book. The patient’s medical record documentation should support the charge submitted.

❑ **Federal Government Facility Charges**

Facility fees for services provided by a genetic counselor should be abstracted and based on the usual and customary process in place within the clinic.

❑ **State Government (Medi-cal, Medi-Cal GMC) Professional Services**

Genetic counseling provided by Certified Genetic Counselors under the supervision of a physician that has been assigned a “genetic category of service provider number” by Medi-Cal may be billed under that supervising physician’s name and PI number. HCPCS code S0265¹ should be used to reflect the service. CPT code 96040² is not a covered service per Medi-Cal.

❑ **State Government(Medi-cal, Medi-cal GMC) Facility Charges**

Facility fees for services provided by a genetic counselor should be abstracted and based on the usual and customary process in place within the clinic.

□ **Commercial Insurance and Self-Pay Professional Services**

Commercial Insurance Carriers will provide guidance to providers for coverage of genetic counseling services performed by Genetic Counselors. Certified Genetic Counselors may be able to bill for their services submitting charges with themselves as the performing provider and the attending physician as the billing physician using CPT code 96040 or HCPCS code S0265. Per CPT guidelines, “For genetic counseling and education provided by a physician to an individual, see the appropriate Evaluation and Management codes”.

□ **Commercial Insurance and Self –Pay Facility Charges**

Facility fees for services provided by a genetic counselor should be abstracted based on the usual and customary process in place within the clinic.

Resources:

- September 2006 Medi-Cal Update; Medical Services/General Medicine
- 06/14/2007 M. Ehinger, M.D. Senior Medical Consultant; Medi-Cal Policy Division (e-mail)
- CPT 2007 Manual
- HealthNet National Medical Policy #06-04-133 Updated April 2006
- Blue Cross of California Clinical UM Guideline # CG-BEH-01, Last review date 12/07/06

¹ S0265 – Genetic counseling, under physician supervision, each 15 minutes

² 96040 – Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family

This coding information is being provided based on coding guidelines as of this date. Please note that the codes and coding guidelines are subject to change as updates and revisions are published on a monthly, quarterly or yearly basis depending on the specific type of code (HCPCS, CPT-4, ICD-9-CM, APC). This advice should not be construed as providing clinical advice, dictating reimbursement policy, or a substitution for the judgment of a practitioner. This information is provided for individual reference only. Any reprint or distribution of all or part of this correspondence without the express consent of the Compliance Office is strictly prohibited.