GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Genetic counseling is the education and direction provided by a genetics expert to assist individuals and families who have a genetic disease or who are at risk for such a disease to make informed decisions based on familial and medical histories. A genetics consultation involves evaluation of an individual or family for one or more of the following: confirming, diagnosing or ruling out a heritable genetic condition identifying medical management issues calculating and communicating genetic risks and providing or arranging for psychosocial support. Trained genetic practitioners include medical geneticists, genetic counselors and genetic nurses.

POLICY

Genetic counseling (96040) provided by an appropriate health care professional (as listed below) does not require a prior authorization for all product lines.

Code S0265 is non-covered for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
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 for EITHER of the following:
- an individual undergoing genetic testing
- an individual who is a potential candidate for genetic testing

by ANY of the following:
- an independent Board-Certified or Board-Eligible Medical Geneticist
- 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).
- a genetic nurse credentialed as either a Genetic Clinical Nurse (GCN) or an Advanced Practice Nurse in Genetics (APGN) by either the Genetic Nursing Credentialing Commission (GNCC) or the American Nurses Credentialing Center (ANCC) who is not employed by a commercial genetic testing laboratory (Genetic nurses 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 nonphysician 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.

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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>96040</td>
<td>Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</td>
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</table>

**HCPCS CODE**

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<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>S0265</td>
<td>Genetic counseling, under physician supervision, each 15 minutes</td>
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**ICD-10 CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>Z80.3</td>
<td>Family history of malignant neoplasm of breast</td>
<td></td>
</tr>
<tr>
<td>Z80.41</td>
<td>Family history of malignant neoplasm of ovary</td>
<td></td>
</tr>
<tr>
<td>Z85.3</td>
<td>Personal history of malignant neoplasm of breast</td>
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</tr>
<tr>
<td>Z85.43</td>
<td>Personal history of malignant neoplasm of ovary</td>
<td></td>
</tr>
<tr>
<td>Z15.01</td>
<td>Genetic susceptibility to malignant neoplasm of breast</td>
<td></td>
</tr>
<tr>
<td>Z15.02</td>
<td>Genetic susceptibility to malignant neoplasm of ovary</td>
<td></td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 03/25/16, 09/22/2017

**REVISION HISTORY EXPLANATION**

03/25/16: Policy created to reflect most current clinical evidence per TAWG.

09/22/17: 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).

**REFERENCES/RESOURCES**

- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Industry Standard Review
- Hayes, Inc.