

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Reimbursement of Genetic Counseling Services
POLICY NUMBER	NR- 30.022

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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[DESCRIPTION/BACKGROUND](#)
[EXCLUSIONS- YES](#)

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I. DESCRIPTION/BACKGROUND

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This policy addresses the reporting requirements-for eligible genetic counseling services performed by Licensed Genetic Counselors (LGC).

DEFINITIONS

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American Medical Association (AMA) - An organization whose mission is to promote the Art and Science of Medicine and the Betterment of Public Health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Current Procedural Terminology (CPT) - The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

Licensed Genetic Counselor - An individual who is licensed to practice genetic counseling by the Board or the State Board of Osteopathic Medicine

II. POLICY

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Licensed Genetic Counselors who perform genetic counseling services should report Current Procedural Terminology (CPT) code 96040 (Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family).

Eligible genetic counseling services performed by LGCs will be reimbursed at 100% of the Plan allowance. All other services performed and/or reported by a LGC are not eligible for reimbursement consideration.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

Please refer to the following Professional Network Reimbursement Policies for additional information:

- NR-30.020 *Payment Policy Indicators*
- NR-30.001 *General Coding Guidelines*

III. EXCLUSIONS

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Physicians and health care providers other than Licensed Genetic Counselors who perform genetic counseling services **should not** report CPT code 96040.

IV. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

V. REFERENCES

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Current and historical versions of the RVU File can be located by accessing the CMS website.

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Specific information pertaining to requirements (i.e. licensure, certification) of Genetic Counselors can be located by accessing the Pennsylvania Code on the Commonwealth of Pennsylvania website.

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