

Bulletin Number: HASA 22-06

Distribution: Practitioners, Hospitals, Medicaid Health Plans, Integrated Care Organizations, Clinical Laboratories, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Issued: March 2, 2022

Subject: Enrollment of Genetic Counselors

Effective: April 1, 2022

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

This policy applies to the Medicaid Fee-for-Service (FFS) program. Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for applicable coding, billing, and authorization instructions.

To increase access to genetic testing counseling services, the Michigan Department of Health and Human Services (MDHHS) will enroll genetic counselors as Medicaid providers and reimburse for their services. The information in this bulletin is effective for dates of service on and after April 1, 2022.

Provider Requirements

Effective April 1, 2022, licensed genetic counselors, as defined in §17092 of Public Act 368 of 1978, will be eligible to enroll as Medicaid providers. Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs (LARA) and certified by the American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG). Out-of-state providers must be currently licensed by the appropriate standard-setting authority in the state where they are practicing and must comply with Michigan Medicaid policy requirements regarding the provision of out-of-state services.

Tribal Health Centers Only – To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed and in good standing in at least one state, but do not need to be licensed in the state where they are practicing.

Licensed genetic counselors may not be employed by or contracted with a commercial genetic testing laboratory. Genetic counselors working within an integrated, comprehensive health care delivery system that operates a laboratory but also routinely delivers health care services beyond laboratory testing are not excluded.

Provider Enrollment

Genetic counselors who provide counseling services to Medicaid beneficiaries are required to be enrolled providers in the Medicaid program and uniquely identified on claims to be eligible for reimbursement. To enroll as a Medicaid provider, the genetic counselor must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and enroll with an Individual (Type 1) National Provider Identifier (NPI). Refer to the General Information for Providers chapter of the MDHHS [Medicaid Provider Manual](#) for information about provider enrollment procedures and regulations. Additional information regarding provider enrollment is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Provider Enrollment, or by contacting Provider Support at 800-292-2550.

Individuals holding temporary genetic counselor licenses are not eligible to enroll as providers or be directly reimbursed by Medicaid. Services performed by these individuals must be performed under the supervision of a fully licensed, qualified genetic counselor as defined in §16109 (Act 368 of 1978). Services must be billed to Medicaid under the NPI of the supervising genetic counselor.

Genetic counselors who wish to provide services to MHP enrollees should contact the individual MHP for additional enrollment, credentialing, and contract requirements.

Services Provided by the Genetic Counselor

The Medicaid program covers medically necessary genetic counseling services when referred/ordered by a Medicaid-enrolled physician, physician assistant (PA), or advanced practice registered nurse (APRN) and:

- provided in consideration of, or in conjunction with, genetic testing, or
- provided in relation to a genetic or congenital condition.

Services are considered medically necessary when there is an expectation that a genetically inherited or acquired condition exists, and the beneficiary displays clinical features or is at risk of inheriting the disease/condition based upon factors including, but not limited to, personal history, family history, documentation of a genetic mutation, and/or ethnic background.

Genetic counseling services are defined in §17001 of Public Act 368 of 1978 as a provision of any of the following services:

- Obtaining and evaluating individual, family, and medical histories to determine the genetic risk for genetic or medical conditions or diseases in a beneficiary, the beneficiary's descendants, or other family members of the beneficiary.
- Discussing with a beneficiary the features, natural history, means of diagnosis, genetic and environmental factors, and management of the genetic risks of genetic or medical conditions or diseases.
- Identifying and coordinating appropriate genetic laboratory tests and other diagnostic studies for genetic assessment of a beneficiary.
- Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate a beneficiary's risk factors for genetic or medical conditions or diseases.
- Explaining to a beneficiary the clinical implications of genetic laboratory tests and other diagnostic studies and their results.
- Evaluating the responses of a beneficiary and the beneficiary's family to a genetic or medical condition or disease or to the risk of recurrence of that condition or disease and providing beneficiary-centered counseling and anticipatory guidance.
- Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy to a beneficiary.
- Providing written documentation of medical, genetic, and counseling information for families of, and health care professionals of, a beneficiary.

Genetic counseling services may be delivered via telemedicine in accordance with current Medicaid telemedicine policy. (Refer to the Practitioner chapter of the [Medicaid Provider Manual](#) and applicable policy bulletins for additional information regarding telemedicine.)

Coverage of genetic tests recommended or ordered as a result of genetic counseling may be covered when ordered by an enrolled physician, PA, or APRN. Testing coverage is limited to those provided in accordance with Medicaid's Genetic and Molecular Testing policy.

Billing and Reimbursement

Effective for dates of service on and after April 1, 2022, enrolled genetic counselors can be directly reimbursed for medically necessary genetic counseling services provided to eligible Medicaid beneficiaries. Genetic counseling services must be billed on the professional claim format except when performed by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Tribal Health Center (THC). FQHC, RHC, and THC counselors should bill genetic counseling utilizing the institutional clinic format. Counseling services should be reported using current procedural terminology (CPT) procedure code 96040 (Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family).

Services are only covered when the genetic counselor has personally performed the genetic counseling and no other provider or entity has billed or been paid for the service. Genetic

counseling services provided jointly by the genetic counselor and a collaborating physician or qualified non-physician medical practitioner (e.g., Nurse Practitioner [NP], PA, Clinical Nurse Specialist [CNS], Certified Nurse Midwife [CNM]) are covered for a single practitioner only. Professional claims must include the NPI of the genetic counselor in the Rendering Provider field/ loop and the name and individual NPI of the Referring/Ordering Provider in the applicable field/loop. (Refer to the Billing & Reimbursement for Professionals chapter of the [Medicaid Provider Manual](#) for additional billing information.)

Reimbursement rates for genetic counseling services are published at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information.

MHPs are responsible for reimbursing contracted providers or subcontractors for their services according to the conditions stated in the subcontract established between the practitioner and the MHP. Non-contracted providers must comply with all applicable authorization requirements of the MHP and uniform billing requirements.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Kate Massey, Director
Health and Aging Services Administration