



**PRENATAL GENETIC
COUNSELING
Provider Guide**

April 1, 2016

Washington State
Health Care Authority

About this guide*

This publication takes effect April 1, 2016, and supersedes earlier guides to this program.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
<u>Important Changes to Apple Health Effective April 1, 2016</u>	Effective April 1, 2016 , important changes are taking place that all providers need to know. Information has been added regarding a new policy for early enrollment into managed care, the implementation of fully integrated managed care in the SW WA region, Apple Health Core Connections for foster children, Behavioral Health Organizations (formerly RSNs), and contact information for Southwest Washington.	Program changes

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's [Provider Publications](#) website.

* This publication is a billing instruction.

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Important Changes to Apple Health Effective April 1, 2016

**These changes are important to all providers
because they may affect who will pay for services.**

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. A Provider FAQ is available [online](#).

New MCO enrollment policy – earlier enrollment

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO **the same month** they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

- **New clients** are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.
- **Renewing clients** are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs will replace the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the [Mental Health Provider](#) guide. BHOs use the [Access to Care Standards \(ACS\)](#) for mental health conditions and [American Society of Addiction Medicine \(ASAM\)](#) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also

responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health fee-for-service managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women
- Individuals in Institutions for Mental Diseases (IMD)
- Long-term care residents who are currently in fee-for-service
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid fee-for-service clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A [BHSO fact sheet](#) is available online.

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will **not** be auto-enrolled, but may opt into CCW. All other eligible clients will be auto-enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who **live in** Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards

to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.

AHCC clients who **live outside** Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.


Contact Information for Southwest Washington

Beginning on April 1, 2016, there will not be an RSN/BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can be located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

 MOLINA[®] HEALTHCARE	Molina Healthcare of Washington, Inc. 1-800-869-7165
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 COMMUNITY HEALTH PLAN of Washington	Community Health Plan of Washington 1-866-418-1009
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Beacon Health Options	Beacon Health Options 1-855-228-6502
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Resources Available

Topic	Resource
Who do I contact for information regarding genetic counseling?	Debra Lochner Doyle, MS, LCGC Department of Health Screening and Genetics Unit 253-395-6742
Regional genetic clinics	See DOH's Genetic Clinics web page
Genetic services regulations	See DOH's Laws and Regulations web page
Genetic services	See DOH's Genetic Services web page
Washington Apple Health	See the agency's Resources Available web page
Where is the fee schedule?	Prenatal Diagnosis Genetic Counseling Fee Schedule

Program Overview

(Chapters [246-680](#) and [246-825](#) WAC)

What is the purpose of the prenatal genetic counseling program?

The prenatal genetic counseling program was established to ensure that Washington Apple Health clients have access to comprehensive, high-quality prenatal genetic counseling services from licensed, nationally certified health care professionals.

What are the provider requirements?

Eligible providers

(Chapter [246-825](#) WAC)

Only genetic counselors who meet the requirements in chapter 246-825 WAC are eligible to enroll with the agency to provide and receive payment for providing prenatal genetic counseling services. Genetic counselors must be approved by the Department of Health (DOH) Screening and Genetics Unit and be supervised by a practicing licensed physician.

Prenatal genetic counseling provider responsibilities

(Chapters [246-680](#) and [246-825](#) WAC)

The agency requires that prenatal genetic counselors:

- Provide prenatal genetic counseling services according to policies and guidelines provided in this provider guide and in the agency's [Core Provider Agreement](#).
- Be able to elicit and interpret individual and family health histories.
- Understand genetic disorders and their consequences.
- Know genetic and scientific principles necessary to understand the limitations, significance, and interpretations of specialized laboratory and clinical procedures, and to transmit and interpret genetic information to patients and families as well as referring clinicians when applicable.

Applying to the agency to become a prenatal genetic counseling provider

(WAC [182-502-0010](#))

- To apply to provide services, a genetic counselor must:
 - ✓ Complete a Core Provider Agreement (CPA) with the agency. A blank agency [Core Provider Agreement](#) may be obtained from agency.
 - ✓ Send all the following to the DOH Screening and Genetics Unit at the address listed below:
 - The completed CPA
 - A DOH [ABMG/ABGC certification](#) or a letter verifying the genetic counselor's eligibility to sit for the upcoming examination
 - Each qualified genetic counselor's National Provider Identification (NPI) number
 - A photocopy of the supervising physician's license

Send to:

Debra Lochner Doyle, MS, LCGC
Department of Health
Screening and Genetics Unit
20425 72nd Ave. S. Suite 310
Kent, WA 98032
253-395-6742
Email: debra.lochnerdoyle@doh.wa.gov

- The DOH Screening and Genetics Unit staff will send copies of the approved forms to the agency. This will serve as a written request to the agency to authorize the facility and provider to bill for genetic counseling.
- After receiving the approval for acceptance as a genetic counseling provider, providers may bill for services provided in accordance with agency policies for clients under WAC [182-502-0150](#).

Client Eligibility

How can I verify a patient's eligibility?

All pregnant clients are eligible for prenatal genetic counseling during pregnancy and through the end of the month containing the 90th day after the pregnancy ends.

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's [Health Care Coverage—Program Benefit Packages and Scope of Service Categories](#) web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Are clients enrolled with an agency-contracted managed care organization (MCO) eligible?

(WAC [182-538-060](#))

YES! Clients enrolled in an agency-contracted managed care organization (MCO) are eligible for prenatal genetic counseling. When verifying eligibility under ProviderOne, if the client is enrolled in an MCO, managed care enrollment will be displayed on the Client Benefit Inquiry screen. Prenatal genetic counseling is covered outside the client's plan under the agency's fee-for-service program. MCO clients may self-refer or be referred by any provider.

Are Primary Care Case Management (PCCM) clients eligible?

YES! For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the client benefit enquiry screen in ProviderOne. PCCM clients may self-refer.

Coverage

What is covered?

The agency covers:

- Face-to-face encounters only; telephonic and email encounters are not covered.
- One initial prenatal genetic counseling encounter. This encounter must be billed in 30-minute increments and cannot exceed 90 minutes.
- Two follow-up prenatal genetic counseling encounters per pregnancy. The encounters must occur no later than 11 months after conception. These encounters must be billed in 30-minute increments and cannot exceed 90 minutes.

Prenatal procedures other than genetic counseling, such as laboratory or diagnostic testing, must be requested directly through the client's primary care provider (PCP) or PCCM .

Note: The agency pays providers through the fee-for-service system. Prior authorization is not required.

Billing and Claim Forms

What are the general billing requirements?

Providers must follow the billing requirements listed in the agency's [ProviderOne Billing and Resource Guide](#). The guide explains how to complete the CMS-1500 Claim Form.

Note: Prenatal genetic clinics are asked to submit billings within 120 days of the date of service to facilitate reconciliation of Department of Health's accounts.

What is the program-specific material for the CMS-1500 claim form?

In field	Enter
24B	The appropriate place-of-service code, which must be either: 11 (office), 21 (inpatient hospital), or 22 (outpatient hospital)
24J	The taxonomy for prenatal genetic counseling: 170300000X
24J	The genetic counselor's NPI number
33a	The approved agency's billing NPI
33b	The approved agency's billing taxonomy code, which cannot be 170300000X

Note: CPT code 96040 must be billed using taxonomy 170300000X for both the initial visit and the two follow-up visits. When billing the agency, providers must use ICD-9-CM diagnosis code V26.33 (genetic counseling) to receive payment for prenatal genetic counseling services. CPT code 96040 is a time-based code and each visit is limited to no more than 3 x 96040 (i.e., no more than 90 minutes per session).

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