



**PRENATAL GENETIC
COUNSELING
Provider Guide**

April 1, 2014

Washington State
Health Care Authority

About this guide*

This publication takes effect April 1, 2014, 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
Definitions	Removed unnecessary definitions	PN 14-24
<u>Coverage</u>	Updated coverage table	PN 14-24
<u>Billing</u>	Updated CMS-1500 claim-form table	PN 14-24
All	Revised to improve readability.	PN 14-24

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.

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* This publication is a billing instruction.

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Alert! The page numbers in this table of contents are now “clickable”—simply hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks  on the left side of the document. (If you don’t immediately see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)

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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