

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Genetic Counseling

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>8/1/2012</b>	<b>Policy Last Updated:</b>	<b>11/15/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Descriptions:

Genetic counselors are health care providers who have graduate training in genetics and counseling. Genetic counselors work as a member of a healthcare team to provide information and support to people with possible genetic disorders. The goal of genetic counseling is to educate people about the chances of passing on or having a genetic disorder.

### Medical Criteria:

Not applicable

### Policy:

Genetic counseling is a covered service. See the Preventive Services for Commercial policy for services related to BRCA testing for breast cancer.

### Coverage:

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, Benefit Booklet, or RIte Care Contract for applicable specialist office visit or clinic visit coverage/benefits.

### Codes:

**96040**  
**S0265**

(For genetic counseling and education provided by a physician to an individual, see the appropriate Evaluation and Management codes)

### Published:

Provider Update, July 2012

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide

services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.