Genetic Testing

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for Telligen on behalf of Wyoming Medicaid

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House Keeping

- **Questions**
  - Please enter all questions into the chat
  - Time at the end of the training will be used for answering chat questions
  - Any questions that were not answered from the chat will be posted to the website
- **Content availability**
  - Presentation will be recorded and available to view at https://wymedicaid.telligen.com as well as the slides
- **Survey**
  - Email from Microsoft Forms
  - Constructive feedback
  - Any additional training you would like to see presented in the future

Purpose

- Discuss Covered and non-covered services
- Discuss specific guidelines for certain CPT codes
- Common Errors
- Questions

Non Covered Services

- Tests performed for screening purposes only, in the absence of signs, symptoms, or personal history of disease or injury.
- **Tests that are done solely to diagnose a patient and will not impact medical decision-making for the patient or the patient's treatment plan**.
- Tests for conditions and diseases which are symptomatically treated.
- Tests done for informational purposes only.
- Tests on people other than the participant.
- Tests for paternity.
- Tests for legal reasons.
- Tests performed for the purposes of genetic counseling or family planning.

Tests that require prior authorization. Requests may start date of draw, but test cannot be completed prior to obtain authorization. RC will deny due to late submission of invalid retro requests.

Covered Services

- There is reasonable expectation based on family history, risk factors, or symptomology that a genetically inherited condition exists.
- Test results will influence decisions concerning disease treatment or prevention
- Genetic testing of children might confirm current symptomology or predict adult onset diseases and findings might result in medical benefit to the child or as the child reaches adulthood.
- Referral is made by a genetic specialist (codes 81223 and 81224) or a specialist in the field of the condition to be tested
- All other methods of testing and diagnosis have met without success to determine the Member's condition such that medically appropriate treatment cannot be determined and rendered without the genetic testing.
- Counseling is provided by healthcare professional with education and training in genetic issues relevant to the genetic tests under consideration
- Counselor is free of commercial bias and discloses all (potential and real) financial and intellectual conflicts of interest.

Covered Services Continued

- Process involves individual or family and is comprised of ALL of the following:
  - Calculation and communication of genetic risks after obtaining 3-generation family history
  - Discussion of natural history of condition in question, including role of heredity
  - Discussion of possible impacts of testing (such as psychological, social, or limitations of nondiscrimination statutes)
  - Discussion of possible test outcomes (such as positive, negative, or variant of uncertain significance)
  - Explanation of potential benefits, risks and limitations of testing
  - Explanation of purpose of evaluation (such as to confirm, diagnose, or exclude genetic condition)
  - Identification of medical management issues, including available prevention, surveillance and treatment options and their implications
  - Obtaining informed consent for genetic test
  - Be appropriate and effective treatment for the participant's current medical needs.
  - Meet all federal and state regulations.

Code Specific Guidelines

- **Code 81519**: All of the following conditions must be met and documented in the prior authorization request.
  - The test will be performed within 6 months of the diagnosis
  - Node negative (micrometastases less than 2mm in size are considered node negative)
  - Hormone receptor positive (ER-positive or PR-positive)
  - Tumor size 0.6-1.0cm with moderate/poor differentiation or unfavorable features (such as angiolymphatic invasion, high nuclear grade, or high histologic grade) OR tumor size >1cm
  - Unilateral disease
  - Her-2 negative
  - Patient will be treated with adjuvant endocrine therapy
  - The test will help the patient make decisions about chemotherapy when chemotherapy is a therapeutic option
- **Code 81599:** All of the following conditions must be met and documented in the prior authorization request.
  - Patient must be post-menopausal
  - Pathology reveals invasive carcinoma of the breast that is estrogen receptive (ER) positive, Her2-negative
  - Lymph node-negative or has 1-3 positive lymph nodes
  - Patient has no evidence of distant metastasis
  - Test result will be used to determine treatment choice between endocrine therapy alone, vs. endocrine therapy plus chemotherapy

BRCA Testing

- BRCA testing and Counseling: Medicaid covers BRCA testing (81211 – 81217 and 81162 – 81167) when the following criteria are met:
  - Personal and/or family history of breast cancer, especially if associated with young age of onset, OR
  - Multiple tumors, OR
  - Triple-negative (i.e., estrogen receptor, progesterone receptor, and human epidermal growth factor receptor 2-negative) or medullary histology, OR
  - history of ovarian cancer, AND
  - 18 years or older
  - Documentation indicates a genetic counseling visit pre or post testing
- Physician specialties that may bill for BRCA genetic counseling are:
  - Clinical Genetics
  - Family Practice
  - OB/GYN
  - Internal Medicine/Medical Oncology
  - General Surgery

Common Errors

- Plan of care not mentioning the requested testing at all.
- Plan of care mentioning the requested testing but NOT providing details how it will affect the treatment plan or discussion of genetic counseling
- Make sure appropriate labs are provided with requests (i.e. iron studies with hemochromatosis requests)
- For 81479 (unlisted molecular pathology procedure), and really any molecular pathology procedure, make sure to be specific on what is being requested.

Helpful tips and links

- CMS 1500 Provider Manual | Serving Wyoming Medicaid Providers and Members
- Wyoming-Provider-Manual_TelligenV101.26.2023.pdf
- Institutional / UB Manual and Bulletins | Serving Wyoming Medicaid Providers and Members

- Create a template
  - How testing affects treatment plan:
  - Genetic counseling provided: Y/N
  - Family history includes:
  - Clinical presentation (Phenotype related to testing; pertinent labs and imaging):
  - **Test Specification (Name of specific genetic test or panel being requested):**

Questions

