blue of california

Payment Policy

Genetic and Molecular Testing	
Original effect date:	Revision date:
09/01/2021	01/01/2023

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms, and when specified, to those billed on UB04 forms or their electronic equivalent. This payment policy is intended to serve as a general overview and does not address every aspect of the claims reimbursement methodology. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions, and limitation of an individual member's programs benefits.

Application

The following policy addresses Blue Shield of California's (Blue Shield) general guide for coding genetic and molecular testing services billed to Blue Shield.

This policy applies to codes billed from the following sections in the CPT/HCPCS Manual:

- Molecular Pathology
- Genomic Sequencing Procedures and Other Molecular Multianalyte Assays
- Multianalyte Assays with Algorithmic Analyses

Policy

Effective 09/01/2021 Blue Shield requires that all providers billing for genetic and molecular testing services bill according to the following requirements:

1. Providers must bill for the test performed as indicated on the test requisition form.
2. Tests qualifying for panel code(s) must be billed with the appropriate panel code(s). Individual components of panels tests may only be billed in the event a panel code is not appropriate.

3. Individual components of a panel will not be reimbursed when the panel is not covered per policy.
4. CPT codes should be selected based on the attributes of the test performed, not based on the clinical indication of the member.
5. When billing an unlisted or non-specific code (e.g., 81479), a procedure description is required, with use of the **Concert Genetic Test Unit (GTU).**
   Example: "6V98G" or "GTU-6V98G".
6. For all other codes impacted by this policy, including the Concert GTU in the procedure description is recommended.
7. Providers are required to bill according to the CPT coding established in the Concert Genetics portal.

GTU Basics:
Every genetic test in Concert Genetics' platform has been assigned a unique identifier, called a GTU (genetic testing unit). The Concert GTU is a five-digit alphanumeric character string, structured as represented below:

Position	1	2	3	4	5
Format	Numeric	Alphanumeric	Alphanumeric	Alphanumeric	G/C/A/T
Example	**5**	**T**	**9**	**U**	**G**

Every uniquely orderable test on the Concert Platform has a unique GTU. GTUs can be looked up by anyone on the Concert Platform using the "Search" feature.

GTU Use on Healthcare Claims:
Given the different claim forms and transactions, see below on where to put the GTU on each respective form/transaction.

Claim Type	Field or Segment	GTU Format
837P Transaction [Professional Claims]	Loop 2400 segment SV101-7	Insert the exact GTU or the GTU preceded by "GTU-." For example, insert either: • 6V98G • GTU-6V98G
HCFA/CMS 1500 Form [Professional Claims]	Item/box 19	
837I Transaction [Institutional Claims]	Loop 2400 segment SV202-7	
UB-04 Form [Institutional Claims)	Item/block 80	

Concert Genetics maintains detailed information on genetic/molecular tests and provides a standardized methodology for the use of CPT codes consistent with this payment policy. Laboratories can register for the Concert Genetics portal at the following URL: http://join.concertgenetics.com/bsca

Noncompliance with this policy may result in a written notification from Blue Shield reminding provider of the requirement of this policy. Continued noncompliance may result in a denied payment or in termination of the provider's contract per the terms of the Provider Services Agreement.

Genetic Counseling:
Separate reimbursement is allowed for genetic counseling only when performed by a provider who is NOT an employee or contractor of the rendering lab. Genetic counseling should be independent of the laboratory rendering the testing to prevent conflict of interest. Genetic counseling documentation consists of written documentation of the counseling elements provided to the member (may include family history, risks, benefits, care guidance, and follow-up plans).

Rationale

A lab panel is a collection of individual tests performed on the same date for a specific purpose. The panel test typically is represented by a single CPT® or HCPCS® code. The individual tests within a panel typically have their own specific assigned CPT® or HCPCS® code. Therefore, when multiple components of a lab panel are reported on the same date of service, the payment for the individual components should not exceed the payment amount of the panel itself.

In the event, that multiple panel specific units are identified on a claim(s) from the same provider on the same date of service, the individual genetic testing codes may be re-bundled, and reimbursement will be made based on the panel code of CPT® Code which is similar to and more accurately reflects the services provided.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) and MUE (Medically Unlikely Edits) rules, Place of Service rules, and American Medical Association's (AMA) CPT guidelines as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, Blue Shield of California may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Blue Shield of California requires that all providers billing for genetic and molecular testing services also bill according to the coding recommendation in the Concert Genetics portal.

Resources:

- **American Medical Association**
  https://www.ama-assn.org/
- **Concert**
  https://www.concertgenetics.com/join-blue-shield-california/
- **Centers for Medicare & Medicaid Services- Place of Service Code Set**
  https://www.cms.gov/Medicare/Coding/place-of-servicecodes/Place_of_Service_Code_Set.html

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
09/01/2021	New Policy Adoption	Payment Policy Committee
01/01/2023	Added GTU requirement and guidance	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.

These Policies are subject to change as new information becomes available.