

national society
of genetic
counselors, inc.



April 27, 2005

Suzanne Goodwin
Secretary's Advisory Committee on Genetics, Health, and Society
NIH Office of Biotechnology Activities
6705 Rockledge Drive, Suite 750
Bethesda, MD, 20892

Dear Ms. Goodwin:

I am writing on behalf of the National Society of Genetic Counselors (NSGC) to comment on the "Draft Report on Coverage and Reimbursement of Genetic Tests and Services" that the Secretary's Advisory Committee on Genetics, Health and Society (SACGHS) has recently published.

First, NSGC would like to publicly applaud the hard work and thoughtfulness put in by the SACGHS committee to develop a comprehensive set of guidelines in this report. Overall, our organization is very satisfied with the content of the document, which we feel accurately portrays the current status of genetic counselor billing, with the exception of the discussion points included below. We are specifically pleased that the document is accurate, inclusive, and provides concrete recommendations that we feel have the potential to positively impact the billing and coverage of genetic services and testing.

We have the following specific comments regarding the document:

1. Factual corrections and clarifications to the document are as follows:
 - *On page 38 paragraph 2:* The American College of Medical Genetics, in conjunction with the National Society of Genetic Counselors, has resubmitted a proposal for discussion at the June, 2005 meeting of the CPT Editorial panel.
 - *On page 50, first two lines (end of paragraph from prior page):* While the 2004 NSGC professional status survey (PSS) did document that 9% of respondents reported billing in their own and their supervising physician's names, it seems likely that these individuals were using this mechanism for internal (departmental) tracking of workloads, and that in fact the bills were submitted only in the names of the supervising physicians. The survey did not specifically address this, however. Additionally, the PSS only asked for what respondents reported doing for billing practices, and not their actual practices (no audit was performed). Modifying the language in this section would more accurately reflect the first issue, and we also suggest that revisions clarify that these practices are "reported" rather than actual practices.

the leading voice, authority and advocate for the genetic counseling profession
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- *Regarding footnote #60 (page 51), we recently became aware that genetic counselor licensure legislation was proposed in Oklahoma earlier this year.*
2. With regards to the discussion on page 49 regarding "billing Medicare", as the committee is aware, Master's level trained genetic counselors are NOT considered statutorily eligible to bill Medicare. However, many health care providers and payors are *not aware* of this current ineligibility, and we therefore request that a statement to this effect be added to the paragraph that lists those who are considered eligible.
 3. With regards to the potential recommendations listed on page 52, we strongly believe that the workforce materials documented the qualifications and credentials of ABGC certified genetic counselors and GNCC certified genetic nurses.
 - Consistent with the statements on page 48 that there are several "non-physicians providers [who] are uniquely qualified to provide genetic counseling services because of their specialized training and certification," and with the committee's March 1, 2005 discussion, we again request that SACGHS specifically list certified or licensed genetic counselors and certified genetic nurses as those with the credentials described.
 - We ask that the committee separately clarify that other providers may also be considered qualified to provide genetic counseling services in the future, with or without direct billing abilities.
 - Lastly, our organization supports the notion of having additional studies done to consider such other providers.

Finally, NSGC also specifically wants to recognize that while neither SACGHS nor the Secretary of Health and Human Services can directly influence which providers are recognized by Medicare as billable providers, we do feel strongly that any recommendations of the SACGHS committee can be used to help influence Congress and other third party payor organizations which may have the authority to make such decisions regarding qualified providers for genetic services. In our organization's view, the statements of this committee are of utmost importance.

We again thank the SACGHS committee for its diligence in developing a comprehensive document, and for hearing the views of genetic counselors as well as other service providers as you developed this report. If we can be of additional assistance in this or any other matter, please do not hesitate to contact us.

Sincerely,



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