



FRAUD ALERT

March 2019

GENETIC TESTING — *WHEN TO SUSPECT FRAUD*

How it works:

The AR SMP has recently received calls from insurance agents, senior organizations and senior housing communities who have been approached and offered trainings to participate in a DNA genetic cancer testing (cheek swab) screening of senior citizens, specifically Medicare, Medicaid and TriCare recipients. There is high dollar compensation for all participants (excluding the senior citizen), i.e. those performing the swabbing, laboratory representatives, signing physician, the company in question, etc.

Other SMPs nationwide are receiving similar reports that older adults at senior centers, senior housing complexes, and at health fairs are targeted by companies promoting “FREE” genetic testing, cancer screening, or DNA testing. In these settings, older adults receive a cheek swab to collect a DNA sample which will be sent to a lab for analysis. They are then told that the test will be covered completely by Medicare and that all that is needed to process the screening is their Medicare number. Sometimes they are given gift cards in return.

There are many variations of this scam. Sometimes Medicare beneficiaries are being contacted at home by phone and told they will be sent a DNA testing kit in the mail at no cost to them and ask for their Medicare number. The person receives the kit, performs the cheek swab at home and then returns the kit in the mail for DNA analysis.

The alleged scheme consists of local laboratories signing agreements with consulting companies that provide “local support services for certain laboratory tests.” In essence meaning the labs recruit and work with local clinics and medical offices to provide them with Medicare beneficiaries to be billed by the labs for genetic code testing.

<https://www.cms.gov/newsroom/press-releases/cms-finalizes-coverage-next-generation-sequencing-tests-ensuring-enhanced-access-cancer-patients>

CMS finalizes coverage of Next Generation Sequencing tests, ensuring enhanced access for cancer patients

Mar 16, 2018

A new opportunity for cancer patients as advanced diagnostic laboratory tests now have expanded Medicare coverage

Today the Centers for Medicare & Medicaid Services (CMS) took action to advance innovative personalized medicine for Medicare patients with cancer. CMS finalized a National Coverage Determination that covers diagnostic laboratory tests using Next Generation Sequencing (NGS) **for patients with advanced cancer** (i.e., recurrent, metastatic, relapsed, refractory, or stages III or IV cancer). CMS believes when these tests are **used as a companion diagnostic to identify patients with certain genetic mutations** that may benefit from U.S. Food and Drug Administration (FDA)-approved treatments, these tests can assist patients and their oncologists in making more informed treatment decisions. Additionally, when a known cancer mutation cannot be matched to a treatment then results from the diagnostic lab test using NGS can help determine a patient’s candidacy for cancer clinical trials.

CONTINUED—

What you should know:

- Medicare **DOES NOT COVER** genetic testing as part of a generic **GROUP SCREENING**.
- Medicare will only cover such a **diagnostic laboratory test for patients a diagnosis of cancer, along with the person's physician's orders** for such testing. Medicare only pays for DNA or genetic testing in rare circumstances where it is medically necessary for treatment or diagnosis of a certain medical condition.
- In January 2013 Medicare began providing coverage for genetic testing for certain specific genetic analysis procedure codes. The process uses a DNA kit from which a cheek swab is collected and sent to the laboratory.

These tests must be ordered by the patient's own physician or qualified practitioner when it is medically necessary for the diagnosis or treatment of the patient in accordance with 42 *Code of Federal Regulation* (CFR) Section 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions, which states:

"...All diagnostic x-rays tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.

SOURCE: U.S. DHHS, June 10, 2015

- The ordering physician or practitioner is to submit a copy of a signed patient consent form and/or document with the order of these tests to the laboratory and retain copies in the patient's medical record.

Best response?

- If you encounter people offering such group screenings stating that Medicare will cover it, do not give them your Medicare number or any personal information. They may be committing fraud!
- Do not agree to a DNA genetic testing (cheek swab) from someone you do not know, without first consulting your personal physician.
- If you are a senior-centered organization, i.e. senior center, wellness center, senior housing community, independent living community, etc., please:
 - ⇒ Screen individuals or groups requesting a speaking/presentation or social event for your seniors. Make sure you are aware of the topic and contents of the information to be presented.
 - ⇒ Do not allow them to collect personal information or Medicare numbers from attendees.
 - ⇒ Do not agree to a group setting involving DNA / genetic / or cancer screening.

REPORT all scams and fraud to the Arkansas SMP

—866-726-2916—