

**Dear SMP:**

A local community center was hosting a senior meet & greet that included a luncheon sponsored by local healthcare providers. One of the booths was for a company offering genetic testing services. Their brochure described various diseases and conditions they claimed that their tests can accurately predict the probability of an individual developing over one's lifetime. Many were said to have late life onset such as cardiovascular disease, which is why they said older individuals should consider genetic testing as part of routine disease preventative screenings. While the brochure did not state in writing that Medicare covers genetic testing, the representative said Medicare will cover when the test is medically necessary. Somehow, I felt that I was being badgered to commit to the testing, and that it is not exactly on the up and up. Was I wrong?



Margaret

Dear Margaret,

No, you were smart to question Medicare's position on genetic testing and other diagnostic tools that are limited under Medicare to the definition of **medically necessary**. Medicare defines medical necessity as "health care services or supplies that are needed to diagnose or treat an illness, injury, condition, or disease and that meet acceptable standards of medical practice". Under that definition, Medicare considers genetic testing as necessary for the diagnosis and treatment of a medical condition; clinically appropriate and effective in accordance with generally accepted medical practice; not primarily for the convenience of the patient or health care provider; nor more costly than an alternative service that is at least as effective.

According to the CDC, genetic testing is a series of tests that can provide a diagnosis for a genetic condition or information about your risk to develop certain diseases such as cancer, neurological conditions such as MS/ALS, and similar life-threatening chronic diseases. There are many different kinds of genetic tests, and they are done by using a cheek swab, blood sample or spit sample. As with any service or supplies that Medicare will consider for payment, genetic testing must be ordered by a physician who is managing your health and has deemed the test **medically necessary**. Denied claims for genetic testing can easily run over \$10,000 and the beneficiary can be held responsible if the claim is denied by Medicare.

One of the fastest growing genetic testing fraud trends focuses on cardiovascular genetic testing. There are several ways cardiovascular genetic testing is advertised: cardio/cardiac genetic test, cardiovascular genetic screening/test, comprehensive cardiovascular panel, comprehensive cardiomyopathy screening, cardiovascular disease genetic kit & hereditary cardiovascular profile, etc. Besides for cardiovascular genetic screening, other genetic screenings are promoted for various types of cancer screening, DNA profiling, hereditary cancer, dementia/Alzheimer's screening/test, Parkinson's screening/test and drug gene testing or testing to show how your body responds to medications.

Genetic testing fraud occurs when Medicare is billed for a test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician. This may happen when a company is offering "free" testing without a treating physician's order and then bills Medicare or the lab bills Medicare for screening services that are not covered or for screenings that do not apply to you.



Be wary of “free” or “at no cost to you” testing without a treating physician’s order. Be suspicious of phone calls that offer testing to you over the phone and arranging for an unrelated physician or “teledoc” to order the tests. Or a company calling you stating that your doctor or cardiologist has requested that you have the testing done, offering to send you a testing kit. This could result in Medicare billings (usually thousands of dollars) for a broad range of cardiovascular or other genetic tests that you did not request or possibly didn’t even receive.

The genetic testing scam often starts with a recruiter (may also be called a marketer or telemarketer), who targets the Medicare beneficiary to take a genetic test in person or by mail. That initiative is followed by a doctor (usually not your attending physician), who orders the test for the beneficiary even if it’s not medically necessary. The doctor will receive a kickback from the recruiter for ordering the test. And finally, there’s the lab that runs the test and receives the reimbursement payment from Medicare. The lab then shares the proceeds of that payment with the recruiter.

If you received a cheek swab or screening that was not ordered by your doctor, report the incident to Senior Medicare Patrol (SMP). Review your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for words like “gene analysis”, “molecular pathology” or “laboratory”. This may indicate that questionable genetic testing has been billed to your Medicare, especially if the billing amount was denied.

To avoid becoming a victim of the genetic testing scam, please keep these tips in mind: Decline the offer. If cancer runs in your family and you feel that you could benefit from genetic testing, schedule an appointment to see your physician to address your concerns. Never give out your personal information or accept screening services from someone at a community event, health fair, over the phone or over the internet.

And finally, genetic testing is only one type of Medicare fraud scams. There are many that include hospice fraud, ambulance fraud, and phone scams. Scammers often try to trick people into sharing personal information, which can lead to identity theft. Seniors report near daily contacts from scammers trying to get personal information from them to use in a variety of illegal scams. Be aware and report any suspicious contacts to SMP at 877-272-8720.

**Lynn Rosenblatt, RN (retired) & SMP Volunteer**



**Do you have a Medicare fraud or scam question for SMP?**  
If so, please email **ASK SMP** to [smp@advisewell.org](mailto:smp@advisewell.org)



Senior Medicare Patrols (SMPs) are grant funded projects of the US Department of Health & Human Services and the Administration for Community Living (ACL). Every state has an SMP program. In Georgia, Louisiana, Mississippi, and Vermont, SMP is sponsored by AdviseWell, Inc.

Our mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

## Webinar Wednesdays w/ SMP:

**April 30th at 10:30CT/11:30ET - Genetic Testing Scams**

**May 28th 10:30CT/11:30ET - Virtual Healthcare Scams**

**June 25th 10:30CT/11:30ET - Volunteering for SMP**

Click on links above to register.

