pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
May 6, 2014	April 28, 2014	01-14-16, 08-14-12, 09-14-11, 28-14-01, 31-14-14

SUBJECT	BY
Addition to the Medical Assistance Program Fee Schedule – Oncotype DX	Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to announce the addition of a laboratory test, defined as “Gene expression profiling panel for use in the management of breast cancer treatment” (Healthcare Common Procedure Coding System (HCPCS) procedure code S3854) to the Medical Assistance (MA) Program Fee Schedule, effective with dates of service on and after April 28, 2014.

SCOPE:

This bulletin applies to all inpatient hospitals, clinics, certified registered nurse practitioners (CRNPs), laboratories, and physicians enrolled in the MA Program. Inpatient hospitals, clinics, CRNPs, laboratories and physicians that render services to MA beneficiaries in the managed care delivery system are to address any payment related questions to the appropriate managed care organization.

BACKGROUND:

Genetic testing is used to determine mutations or variances in genes that may be responsible for certain conditions or diseases. As a tool to predict the baseline risk of the recurrence of breast cancer after hormonal therapy, surgery, and/or radiation therapy, several laboratory panels of gene expression markers, known as "signatures", have been developed. These panels are used to aid in the determination of recurrence risk and can help in the decision-making process for patients who prefer to avoid chemotherapy.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm

DISCUSSION:

The Department of Public Welfare (Department) is adding HCPCS procedure code S3854 to the MA Program Fee Schedule with a fee of $2,865 and a limit of one unit of service per day. As authorized by the Public Welfare Code at 62 P.S. § 443.6(b)(7) relating to payment for certain medical assistance items and services, the Department will require prior authorization for this laboratory test.

REMINDER: All laboratories enrolled in the MA Program must meet the requirements set forth in MA Bulletin 28-01-12, et al, titled "Clinical Laboratory Improvement Amendments Requirements", issued December 28, 2012, and effective January 1, 2013.

PROCEDURE:

Effective with dates of service on and after April 28, 2014, laboratory test "Gene expression profiling panel for use in the management of breast cancer treatment" (S3854) is being added to the MA Program Fee Schedule, with a fee of $2,865 and a limit of one unit per day. The MA Program Fee Schedule has been updated to reflect this addition and may be viewed by accessing the following website link: http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm.

Prescribers of this laboratory test must secure prior authorization from the Department prior to the performance of this laboratory test, by submitting a completed MA-97 Form (per the instructions on the MA-97 Form) and supporting medical information that explains the medical necessity for the service.

In order for the Department to make a determination regarding the medical necessity for the service, the Department is requiring submission of the following information with the MA-97 Form:

- Whether the breast tumor is stage 1 or stage 2
- Whether the individual is axillary- node negative or has axillary-node micrometastasis no greater than 2.0 millimeters
- Whether there is any evidence of distant metastatic breast cancer
- Whether the breast tumor is estrogen-receptor positive
- Whether the breast tumor is HER2-receptor negative
- Whether the individual is a candidate for adjuvant chemotherapy (i.e., chemotherapy is not precluded due to the other factors). If so, the laboratory test results will assist MA beneficiaries in making decisions as to whether or not they will undergo adjuvant chemotherapy treatment
- Any additional medical documentation that explains the medical necessity for the laboratory test.

The Department updated Section 7.7 of the MA Program Provider Handbook to address the prior authorization requirements for the laboratory test Oncotype DX and the supporting medical information that must be submitted in order for the Department to make a determination regarding the medical necessity for the service.

MA Program Provider Handbooks may be viewed by accessing the following website link: http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm.