

Close



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Gilmer / val	DATE 1/31/13
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100-235	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: Director COS SAM	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2/11/13
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Cleared 2/14/13, letter attached			Annie. Val ask me to Log - She has original.
2.			
3.			
4.			Thx, Jan

Dr. Burtcha approval
1-31-13

P) 864.250.7944
T) 1.866.478.4363
F) 864.250.9582

Greenville Office
14 Edgewood Drive
Greenville, South Carolina 29605
www.GGC.org

January 21, 2013

Medicaid Director
PO Box 8206
Columbia, SC 29202

Re: LeKeisler Sheppard
DOB: 09/24/1977
Medicaid ID # 2244637001

RECEIVED

JAN 28 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Medical Director:

I am writing to request coverage for targeted mutation testing of *BRCA1*, one of the genes associated with Hereditary Breast and Ovarian Cancer. I have determined that this test is medically necessary for the above patient due to the following history which is suggestive of this condition:

- a known mutation identified in her family (TVS19+3del13 identified in *BRCA1*)
- a personal history of breast cancer, diagnosed at the age of 31

Women who carry a *BRCA1* mutation have lifetime risks of up to 87% for breast cancer and up to 44% for ovarian cancer. In addition, mutation carriers who have already been diagnosed with cancer have a significantly increased risk of developing another primary cancer. Because medical society guidelines recommend an aggressive approach to medical management for individuals identified as having a genetic mutation, test results are necessary in choosing the most appropriate course of surveillance and consideration of risk-reducing surgeries.

The National Comprehensive Cancer Network (NCCN), the American College of Obstetricians and Gynecologists, the Society of Gynecologic Oncologists, and other professional societies have published guidelines for testing and managing patients with Hereditary Breast and Ovarian Cancer. Ms. Sheppard meets the criteria set by the NCCN for individuals to undergo genetic testing for these genes. Based on her family member with the mutation, she has a 50% risk of being positive for the mutation, and this risk is considerably higher given her personal history of early breast cancer.

The American Society of Clinical Oncology recommends that genetic testing be offered to individuals with inherited cancer risk in whom test results will aid in medical management decision-making. For this patient in particular, the genetic test results are needed in order to consider risk reducing salpingo-oophorectomy and risk reducing mastectomy. Salpingo-oophorectomy has been shown to significantly reduce the risk of both ovarian and breast cancer in women found to carry a mutation in the *BRCA1* or *BRCA2* genes and prophylactic mastectomy has been shown to significantly reduce the risk of breast cancer in these individuals who carry a mutation (Domechek, et al., JAMA, 304(9):967-75). By covering genetic testing for

Sheppard, LeKeisler
DOB: 09/24/1977
Medicaid ID # 2244637001

Page 1 of 2

Ms. Sheppard, you will allow her, along with her physicians, to make decisions regarding her appropriate care.

The patient's legal guardian has provided informed consent to pursue genetic testing, based on my discussion of the personal and family history, the potential test results, and the implications for medical management.

Please do not hesitate to contact me if I can provide you with any additional information. I may be reached at 864-512-4697 or 864-455-5898.

Sincerely,



Laura V. Barton, MA, MS, CGC
Certified Genetic Counselor



Robert A. Saul, MD, FACMG
Medical Geneticist

Cc: Chart



February 14, 2013

Robert A. Saul, MD
Greenwood Genetic Center
Greenville Office
14 Edgewood Drive
Greenville, South Carolina 29605

Re: LeKeisler Sheppard
MID: 2244637001

Dear Dr. Saul:

Thank You for your letter regarding coverage of the genetic test BRCA1 that is associated with Hereditary Breast and Ovarian Cancer. We appreciate the opportunity to be of assistance.

The South Carolina Department of Health and Human Services Medical Director, Dr. Marion Burton has reviewed and approved the request for coverage of this test for your patient, Ms. LeKeisler Sheppard. When filing the claim for this procedure, please use the correct Current Procedural Terminology (CPT) code. The claim will deny because the procedure is not covered in the claims processing system so attach this letter to the Edit Correction Form (ECF) and mail it in for processing to:

SCDHHS
P. O. Box 8206
1801 Main Street
Columbia, South Carolina 29202-8206
Attention: Nancy Sharpe

Thank you for your continued participation in the South Carolina Healthy Connections Medicaid program. If you have any additional questions or concerns please feel free to contact Ms. Valeria Williams, Program Director of Health Services, at (803) 898-3477.

Sincerely,

Melanie "BZ" Giese, RN
Deputy Director

MG/ajr

cc: Laura V. Barton, Greenwood Genetic Center
Nancy Sharpe, SCDHHS

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Gilmer / val</i>	DATE <i>1/31/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100-225</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Director COS SAM</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2/11/13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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