

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>1-2-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100-198</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 1/15/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-11-13</i>
	<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.			
2.			
3.			
4.			

December 27, 2012

Medicaid Director
PO Box 8206
Columbia, SC 29202

RECEIVED

JAN 02 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Lorrie Orr (DOB: 05/10/1971)

Dear Medicaid Director:

I am writing to request coverage for genetic testing of *BRCA1* and *BRCA2*, the genes associated with Hereditary Breast and Ovarian Cancer ("BRCA_{Analysis}" and *BART*," tests which are performed only by Myriad Genetic Laboratories). 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 personal history of invasive breast cancer diagnosed at age 41
- a family history of the following:
 - Maternal aunt with breast cancer diagnosed at 72
 - Maternal grandmother with breast cancer diagnosed in her 70s
 - Two maternal uncles with an unknown primary cancer, both deceased in their 50s

Women who carry a *BRCA1* or *BRCA2* mutation have lifetime risks of up to 87% for breast cancer and up to 44% for ovarian cancer. Men with mutations have up to an 8% risk of breast cancer and 20% risk of prostate cancer by age 80. 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 treatment and/or surveillance.

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. Orr meets the criteria set by the NCCN for individuals to undergo genetic testing for these genes. The American Society of Clinical Oncology recommends that genetic testing be offered to individuals with suspected 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 Ms. Orr, you will allow her, along with her physicians, to make decisions regarding her appropriate care including steps to reduce her risk to develop another breast cancer or

ovarian cancer.

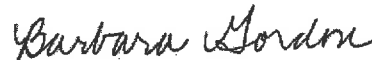
The patient has provided informed consent to pursue genetic testing, based on my discussion of the personal and/or family history, the potential test results, and the implications for medical management.

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



Barbara Gordon, MD
Medical Geneticist

Cc: Chart



**Greenwood
Genetic Center**
14 Edgewood Drive
Greenville, South Carolina 29605

RECEIVED

JAN 02 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Medicaid Director
PO Box 8206
Columbia, SC 29202

2520248206 B044



neopost

12/28/2012

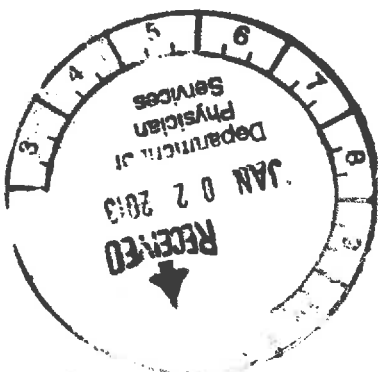
US POSTAGE

\$00.45

FIRST-CLASS MAIL



ZIP 29605
041111206026



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



ACTION REFERRAL

TO	DATE
Giese Williams / Dr. Burton	1-2-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000198	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-11-13
	<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. Val Welles	1-9-12		
2. BB Giese	1-14-13		
3.			
4.			

December 27, 2012

Medicaid Director
PO Box 8206
Columbia, SC 29202

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JAN 02 2013

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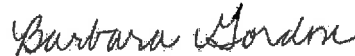
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Barbara Gordon, MD
Medical Geneticist

Cc: Chart



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Greenville, South Carolina 29605

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2920229605 B044



neopost

12/28/2012

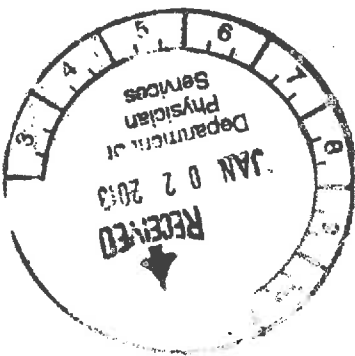
US POSTAGE

\$00.45

FIRST-CLASS MAIL



ZIP 29605
041L11206026



Valeria Williams

From: Marion Burton <Marion.Burton@uscmed.sc.edu>
Sent: Friday, January 04, 2013 12:10 PM
To: Valeria Williams
Cc: Maureen Ryan
Subject: RE: Log 198 - Due 1/11/13

Val, this is a difficult case. Since this beneficiary has had cancer and she has "major decisions" to make with the help and advice of her physician geneticist, we should support this as an exception to policy. I clearly do not want to cover this as a matter of routine just yet.

-----Original Message-----

From: Valeria Williams [<mailto:WILLVAL@scdhhs.gov>]
Sent: Wednesday, January 02, 2013 6:20 PM
To: Marion Burton
Cc: Maureen Ryan
Subject: RE: Log 198 - Due 1/11/13

Dr. Burton, review to allow coverage only for this patient. I agree I do not want to cover this test for all patients. Val

-----Original Message-----

From: Marion Burton [<mailto:Marion.Burton@uscmed.sc.edu>]
Sent: Wednesday, January 02, 2013 4:41 PM
To: Annmarie McCanne; Valeria Williams
Cc: Alissa Robinson
Subject: RE: Log 198 - Due 1/11/13

We will review this. Covering these just for genetic counseling purposes is a "slippery slope".

-----Original Message-----

From: Annmarie McCanne [<mailto:MCCANNE@scdhhs.gov>]
Sent: Wednesday, January 02, 2013 3:41 PM
To: Valeria Williams; Marion Burton
Cc: Alissa Robinson
Subject: Log 198 - Due 1/11/13
Importance: High

Please see the attached log - Not sure who this should be directed to, so I included you both.

Val - The blue sheet copy is in your box.

Thanks!

-----Original Message-----

From: copier@scdhhs.gov [<mailto:copier@scdhhs.gov>]
Sent: Wednesday, January 02, 2013 11:28 AM
To: Annmarie McCanne
Subject: scan from copier

9:31:04 Monday, January 07, 2013

MMDRSS02

SC DHHS - RECIPIENT INFORMATION

01/07/13

NAME: LORIE R ORR RECIP #: 9780416058 FAM #: 02266865
ADDR: SSCN (MCN/RRN):

1837 OLD PEARMAN DAIRY RD SSN: 251491030 PREFIX SSCN-MCN/RRN SUFFIX
ANDERSON SC COUNTY: 04 LIV ARR: HOME QUAL CAT: 50
ZIP: 29625 RSP IND: 1 TPL: N FACIL: HH PAY CAT: 71

PAT NO: JANEL DSSDLU: 05/27/12 VA: N RACE: 01 BIRTH: 05/10/1971
HHSID: ENBKR HHSDLU: 07/20/12 POV: U ML DEP: 0 SEX: 2 DEATH: 00/00/00

MEDICAID ELIG INELIG PAY Q LS BUYIN-B ST ELIG BUYIN-A ST ELIG

CURR: 05/01/12 00/00/00 71 CURR: 0000 00/00 00/00 CURR: 0000 00/00 00/00

PRV1: 00/00/00 00/00/00 PRV1: 0000 00/00 00/00 PRV1: 0000 00/00 00/00

PRV2: 00/00/00 00/00/00 PRV2: 0000 00/00 00/00 PRV2: 0000 00/00 00/00

PRV3: 00/00/00 00/00/00 PRV3: 0000 00/00 00/00 PRV3: 0000 00/00 00/00

PRV4: 00/00/00 00/00/00 PRV4: 0000 00/00 00/00 PRV4: 0000 00/00 00/00

PRV5: 00/00/00 00/00/00 FY13 FY12 FY11 MOTHER RECIP#

PRV6: 00/00/00 00/00/00 PR 0 0 0

PRV7: 00/00/00 00/00/00 AM 0 4 0

PRV8: 00/00/00 00/00/00 HH 0 0 0

ESRD: REV IND: CP 0 0 0

ALT RECIP ID: MH 0 0 0

** INFORMATION SUCCESSFULLY RETRIEVED **

PF3->RSP SUMMARY PF4->INQUIRY PF5->FAMILY INFO PF9->LIST SKEL CLAIMS

PF10->PREV MENU PF11->LIST FAMILY MBRS PF12->SKEL CLM INFO PF14->MCR INFO

RECIP # 9780416058
SSCN (MCN/RRN) 251491030
DATE 01/07/13

9:31*31 Monday, January 07, 2013

MMDRSS14

SC DHHS - RECIP SPECIAL PROGRAM SUMMARY

01/07/13

RECIP NO: 9780416058

NAME: ORR

LORIE

R

ANNIVERSARY DATE: 08/01/13

PCP:

ENTITY CD: SEEN BEFORE:

RECERTIFICATION DUE DATE:

HOSPICE DIAG:

PREG IND:

SEL	PGM	BEGIN	END	PROV#	BRD#	NHM#	CHC	DIS	DLU	USERID
—	MCCM	08/01/12	00/00/00	GP5717	PCM120		650		07/20/12	ENBKR
	END									

PAGE: 0001

** INFORMATION SUCCESSFULLY RETRIEVED **

PF1->HELP

PF6->RETURN

PF7->PAGE BACK

PF8->PAGE FORWARD

PF10->PREVIOUS MENU

PF11->PROV

PF13->DIAG INFO

9:31:25 Monday, January 07, 2013

MMDPRV13 SC DHHS PROVIDER INFORMATION 01/07/13 1 OF 1
MEDICAID NO GP5717 NPI# 1609163302 PROV TYPE 21 PHYSICIAN - OMP - LIP GRP
NAME ANMED HEALTH DANIEL A KEEN 1099 IND Y SORT KEY ANMEDHEALTHDANIE
OUT-ST 0 PAY E REVIEW IND 0
PROVIDER ADDRESS PAYMENT ADDRESS
ANMED HEALTH ANMED HEALTH
803 NORTH FANT ST STE B 803 NORTH FANT ST STE B
ANDERSON SC 29621-5700 ANDERSON SC 29621-5700

COUNTY 04 ANDERSON TELEPHONE 864 225-3316

FED EMP ID MEDICARE NO TYPE OWNERSHIP EC IND GROUP SPLTY
570359174 002 S 19
MGC IND 1 CURRENT RECORD NPI TYPE: T
ENROLL STAT 1 1 ACTIVE ELIGIBLE ENROLL DATE 1 03/03/11 CATG SERV
2 2 41 43
3 3
4 4
5 5

DATE OF UPDATE 08/01/11 UPDATED BY PRV97

PF6->RETURN PF7->PREVIOUS PROVIDER
PF8->NEXT PROVIDER PF10->PREVIOUS MENU PF17->PEP/HMO INFO



January 15, 2013

Barbara Gordon, MD
Greenwood Genetic Center
Greenville Office
14 Edgewood Drive
Greenville, South Carolina 29605

Re: Lorrie Orr
MID: 9780416058

Dear Dr. Gordon:

Thank You for your letter regarding coverage of the genetic test BRCA1 and BRCA2 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, reviewed and approved the request for coverage of this test for your patient, Ms. Lorrie Orr. 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/ar

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