NEW YORK state department of HEALTH

Oncotype DX

Effective October 1, 2014

Purpose

- The results Obtained from the Oncotype DX® (Genomic Health, Inc. GHI) test allow the clinician and patient to make an informed decision regarding effective and appropriate use of chemotherapy in female (ICD-9-CM code 174.0 – 174.9) or male (ICD-9-CM code 175.0 or 175.9) for patients with invasive breast cancer.

Oncotype DX Test

S3854 is used to identify a gene expression profiling panel for use in the management of breast cancer treatment

- Specimens will be taken during an ambulatory surgery encounter or during an inpatient stay.
- The Oncotype DX test requires the use of formalin-fixed, paraffin-embedded tissue from the tumor (unstained slides are acceptable).
- The requesting provider must obtain specimen transportation kit boxes, requisition form and pathology guidelines for sample preparation from Genomic Health, Inc. (GHI).

Clinical Policy Recommendation

Determination of effective and appropriate use of chemotherapy in female (ICD-9-CM code 174.0 – 174.9) or male (ICD-9-CM code 175.0 or 175.9) patients with recently diagnosed breast tumors, where all of the following criteria are met:

- Tumor is Stage 1 or Stage 2; AND
- Node-negative (nonmetastatic); AND
- Estrogen receptor positive (ER+), alone, or in combination with progesterone receptor positive (PR+); AND
- Human epidermal growth factor receptor 2 (HER2) negative; AND
- Tumor size is equal to or greater than 0.6 cm; AND
- The tumor is unilateral and non-fixed; AND
- Test is ordered within 6 months of diagnosis; AND
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option and is not precluded due to any other factor); AND
- Patient will be treated with adjuvant endocrine therapy.

Billing

- Lab tests are carved out of the ambulatory surgery APG payment. The facility should not report the S3854 procedure code on their ambulatory surgery APG claim. Genomic Health, Inc. will be billing Medicaid fee-for-service.
- Specimens tested by Genomic Health, Inc. within two weeks of discharge from hospital inpatient status are included in the APR-DRG payment to the hospital facility.
- The requisition form must be completed in its entirety, including Medicare-specific entries.
- Retrospective reviews may also be conducted periodically through a Medicaid-funded utilization management contractor. Medical records must be maintained by providers for a period of not less than six years from the date of payment.

Resources

- Questions regarding MMC and FHPlus reimbursement and/or documentation requirements should be directed to the enrollee's MMC or FHPlus plan.

- Medicaid FFS Policy questions may be directed to OHIP Division of Program Development and Management at (518) 473-2160.

- Claiming questions should be directed to Computer Sciences Corporation at 1-800-343-9000.