

Change to National Coverage Determination may affect your Medicare coverage

The Centers for Medicare & Medicaid Services (CMS) sometimes change the coverage rules that apply to an item or service under Medicare. When this happens, CMS issues a National Coverage Determination, or NCD.

NCDs tell us:

- What benefits and services are covered
- What benefits and services are changing
- What Medicare will pay for an item or service

CMS recently issued an update to the NCD that applies to the following service:

Next Generation Sequencing (NGS)

Here is a description of the change to the NCD. This affects services given **on or after January 27, 2020**

Services affected	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to update Next Generation Sequencing (NGS)</p>	<p>Effective for services performed on or after January 27, 2020, CMS has determined that NGS as a diagnostic laboratory test is reasonable and necessary and covered nationally for patients with germline (inherited) cancer, when performed in a Clinical Laboratory Improvement.</p> <p>1. Patient has the following conditions:</p> <ul style="list-style-type: none"> • ovarian or breast cancer • a clinical indication for germline (inherited) testing for hereditary breast or ovarian cancer • a risk factor for germline (inherited) breast or ovarian cancer • not been previously tested with the same germline test using NGS for the same germline genetic content <p>2. The diagnostic laboratory test using NGS must have the following:</p> <ul style="list-style-type: none"> • the Food and Drug Administration (FDA)-approval or clearance • results provided to the treating physician for management of the patient using a report • template to specify treatment options <p>The test needs to be performed in a CLIA-certified laboratory, and ordered by a treating physician. Results are provided to the treating physician for management of the patient and when the patient has the following:</p> <ul style="list-style-type: none"> • any cancer diagnosis • a clinical indication for germline (inherited) testing of hereditary cancers • a risk factor for germline (inherited) cancer • not been previously tested with the same germline test using NGS for the same germline genetic content

We're here to help you

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. If you have questions, Mercy Care Advantage Member Services representatives are available to help you 8:00 a.m. - 8:00 p.m., 7 days a week. Please call 602-586-1730 or 1-877-436-5288 (TTY 711).