

Department of Health Care Policy & Financing

Benefits Collaborative Listening Log

Policy Name

Genetic Testing

Comment Number	Date Received	Name	Comment	Department's Response	Will Policy be Revised?
1	10/9/2013	Mary Gillman, Pathology Practice and Laboratory Services	Fragile X testing is currently on the Medicaid Fee Schedule as "not a covered benefit" -- do you know if this type of testing will be affected by the proposed policy and move from "not a covered benefit" to "requires prior authorization?"		
2	10/12/2013	David B. Smith, MD, North Colorado Family Medicine Residency Program	I strongly recommend that Colorado Medicaid not require that patients see a certified cancer genetic counselor in order to undergo cancer genetic testing.		
3	10/12/2013	David B. Smith, MD	[Continued from above] Requiring that they do has limitations; especially in Northern Colorado where there is not a cancer genetic counselor available; therefore these patients would have to travel to Denver, which they will not do...		
4	10/12/2013	David B. Smith, MD	[Continued from above] It could prohibit many deserving and appropriate patients the right to know this life-saving information that is totally within their provider's scope of care to identify, test, and counsel.		
5	10/12/2013	David B. Smith, MD	[Continued from above] All providers at my clinic are receiving extensive training in the appropriate utilization of cancer genetic screening.		

6	10/13/2013	Donald W Aptekar, MD, Partners in Women's Health	I have been made aware that Medicaid is looking at certain criteria for genetic testing for hereditary cancer syndromes....Please do not require referrals to only genetic counselors to make this test available. It costs lives and valuable time....		
7	10/13/2013	Donald W Aptekar, MD	[Continued from above] I lost one specific patient (and friend) to advanced ovarian cancer because she refused to go through the inconvenience of counseling.		
8	10/13/2013	Donald W Aptekar, MD	[Continued from above] I have several other patients who had refused counseling but were tested through my office. When they were identified as BRCA + they underwent risk reduction bilateral salpingo oophorectomies (RRBSO) and are alive and well today....		
9	10/13/2013	Donald W Aptekar, MD	[Continued from above] Genetic counseling is what OBGYNs do everyday. We order tests for Down Syndrome and cystic fibrosis everyday without genetic referrals and when we find positive tests that require some action we seek help if we need it.		
10	10/13/2013	Paul Hiratzka, M.D., Banner Health	I am an obstetrician-gynecologist in private practice in Greeley, Colorado.... I believe that a knowledgeable clinician is able to determine if the individual patient meets current NCCN criteria...		
11	10/13/2013	Paul Hiratzka, M.D., Banner Health	[Continued from above] In addition, there are a limited number of trained genetic counselors, with many of them being concentrated in larger urban areas – timely access is an issue currently.		

12	10/13/2013	Paul Hiratzka, M.D., Banner Health	[Continued from above] We (clinicians) are also able to discuss the potential impact of being positive or negative for genetic predisposition on the individual patient and their family members.... I am able to coordinate possible increased surveillance or risk reduction... and am also able to perform or coordinate appropriate risk-reducing surgery.		
13	10/13/2013	Paul Hiratzka, M.D., Banner Health	[Continued from above] As an obstetrician-gynecologist, these are patients I often have long-term relationships with and a level of familiarity and comfort that makes these sometimes difficult conversations go more smoothly....		
14	10/14/2013	Paul Hiratzka, M.D., Banner Health	[Continued from above] A requirement that all patients see a genetic counselor will overload the system and delay evaluation with no significant benefit.		
15	10/14/2013	Kurt Dallow, MD, FACSM	We are embarking on genetic cancer screening in our office. We have a large number of uninsured and Medicaid patients in our office. To require the Medicaid patients to see a genetic counselor would require a trip outside of Greeley. This would be a significant barrier to them obtaining the test in my professional opinion.		

16	10/14/2013	<p>Wendy Berenbaum M.D. Mile High Ob-Gyn Associates Assistant Clinical Professor University of Colorado Health Sciences Center</p>	<p>I have been made aware that Medicaid is looking into requiring patients to see a genetic counsellor prior to doing certain genetic tests such as for the BRCA mutation and Lynch Syndrome. As a practicing Ob-Gyn, who sees and screens many Medicaid patients everyday, and one who has been doing genetic test like this for several years in office, I feel that this requirement would be very detrimental to the patients best interests.</p> <p>As practitioners we are fully capable of doing these tests in office, as we screen daily for a multitude of other things like Down's syndrome. Patients will frequently not take an extra step and be seen by a genetic counsellor, and this extra step put in a patients path could cause numerous extra deaths and also incur a lot of increased costs to the government, as patients will be diagnosed with breast, ovary, colon cancer, etc. at a much later date than they would have been.</p>		
17	10/15/2013	<p>Karon Montgomery, MS, Rocky Mountain Perinatology Women's Clinic of Northern Colorado</p>	<p>I am a certified genetic counselor in Fort Collins. I work at the largest OB/GYN private practice in northern Colorado. We have been doing hereditary cancer genetic testing at our practice for several years. I recently learned that Medicaid is considering requiring that its patients undergo formal genetic counseling prior to coverage of BRCA and Lynch syndrome testing. I do not think that this would be a good policy for the following reasons:</p>		

18	10/15/2013	Karon Montgomery, MS	<p>[Continued from above]</p> <p>(1) Lack of resources: I am the only clinical genetic counselor practicing in northern Colorado. Since 10% of patients have a concerning family history, it is not possible for me to see all of the patients that would need to see a genetic counselor....</p>		
19	10/15/2013	Karon Montgomery, MS	<p>[Continued from above]</p> <p>2) Lack of compliance: I personally have seen that when patients are referred to an outside party, even when referred from their Women's Clinic provider to myself, they often do not make the appointment or no-show for it....</p> <p>Healthcare providers counsel patients daily regarding cancer risk and this is definitely within their scope of practice. NCCN guidelines are an excellent resource.</p>		
20	10/15/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	<p>Myriad Genetic Laboratories Provided a 30 page summary of recommendations for consideration and inclusion in the Genetic Testing Benefit Coverage Standard.</p> <p>This document can be accessed by copying and pasting the link below into your browser.</p> <p>[Insert link]</p>		
21	10/16/2013	Kate Crow, Genetic Counselor, Southern Colorado Centura	<p>I hope that reviewers of future Medicaid genetic test requests will include genetics professionals, in addition to nurses, physicians, other clinicians, etc.</p>		

22	10/17/2013	Kate Crow, Genetic Counselor, Southern Colorado Centura	Some labs charge more than others for the same tests. Is there a way to assure that Medicaid uses cost-effective lab services when paying for genetic tests?		
23	10/16/2013	Kelli Swan and Autumn Tansky, Colorado Cancer Coalition Genetics Task Force Co-Chairs	<p>The Colorado Cancer Coalition Genetics Task Force provided genetic testing guideline recommendations for consideration and inclusion in the Genetic Testing Benefit coverage Standard.</p> <p>This document can be accessed by copying and pasting the link below into your browser.</p> <p>[Insert Link]</p>		
24	10/17/2013	Kathy Taylor, Colorado Genetics Laboratory Department of Pathology	Will the final benefit coverage standard for genetic testing specifically list the CPT codes covered by the policy?		
25	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	With respect to the 10% threshold for genetic testing [proposed in first draft of standard], as mentioned by numerous genetic specialists during the meeting, it is not recommended to apply any specific numeric threshold when evaluating the appropriateness of a genetic test for a variety of reasons including (but not limited to):		

26	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	[Continued from above] i. Most hereditary conditions are quite rare in the general population, therefore an absolute risk of less than 10% to carry a particular mutation would likely still be significantly increased in terms of relative risk to carry the mutation compared to an individual without risk factors for that condition.		
27	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	[Continued from above] ii. For the vast majority of hereditary conditions, there simply are no models in existence that would predict the likelihood of an individual carrying a particular mutation based on personal and/or family history risk factors.		
28	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	[Continued from above] iii. Even when models do exist for predicting the likelihood that an individual carries a specific gene mutation for a specific condition based on personal and/or family history risk factors, all available models are flawed and no model predicts the possibility of carrying a disease-causing mutation with a high degree of accuracy across all patient populations and all possible risk factors.		

29	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	<p>[Continued from above]</p> <p>iv. Per our group discussion on October 16th, the “10%” threshold to be considered “high risk” of a genetic condition is likely derived from a 1996 policy statement issued from the American Society of Clinical Oncologists (ASCO). This statement is attached (ASCO 1996) and the reference to 10% risk of a mutation constituting a “high risk” of carrying a gene mutation is in Table 3 on the 4th page of the document. As we discussed during our meeting, subsequent updated policy statements on genetic testing issued by ASCO have clearly discouraged using ANY numeric threshold as a determining factor for offering genetic testing, but instead outline 3 factors to consider prior to offering genetic testing to a patient (see quotes below taken from the ASCO policy statement published in 2003). All three policy statements from 1996, 2003 and 20010 are attached.</p>		
30	10/18/2013	Serenedy Smith, MS, CGC, Myriad Genetic Laboratories	With respect to Informed Consent for Genetic Testing References/Resources, see table 2 in the ASCO 2010 Policy Statement (similar steps are also outlined in the 1996 and 2003 policy statements)		
31	10/23/2013	Christine K. Barth, MA, CGC, St. Mary’s Hospital - The Regional Medical Center	<p>In the Genetic Testing Benefits Review Draft meeting, the recommendation was made regarding adding MTHFR genetic testing to the list of non-covered services.</p> <p>In ACMG Practice Guideline: lack of evidence for MTHFR polymorphism testing. Hickey et al. Genetics in Medicine 2013 Feb;15(2):153-6. doi: 10.1038/gim.2012.165. Epub 2013 Jan 3m, ACMG recommend the following:</p>		

32	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • MTHFR polymorphism genotyping should not be ordered as part of the clinical evaluation for thrombophilia or recurrent pregnancy loss		
33	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • MTHFR polymorphism genotyping should not be ordered for at-risk family members		
34	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • A clinical geneticist who serves as a consultant for a patient in whom an MTHFR polymorphism(s) is found should ensure that the patient has received a thorough and appropriate evaluation for his or her symptoms		
35	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • If the patient is homozygous for the “thermolabile” variant c.665C→T, the geneticist may order a fasting total plasma homocysteine, if not previously ordered, to provide more accurate counseling		
36	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • MTHFR status does not change the recommendation that women of childbearing age should take the standard dose of folic acid supplementation to reduce the		
37	10/23/2013	Christine K. Barth, MA, CGC	[Continued from above] • risk of neural tube defects as per the general population guidelines		

38	10/23/2013	Kate Crow, MS, CGC Genetic Counselor	<p>The Centura Cancer Genetics workgroup wanted to share our system’s position statement on cancer genetic counseling / testing.</p> <p>The end of this document refers to two national standards on cancer genetic counseling. I’ve attached those documents as well. See titles of documents to find the pages specific to genetic services.</p> <p>[Insert Link]</p>		
39	10/23/2013	Kate Crow, MS, CGC Genetic Counselor	<p>[Continued from above]</p> <p>A separate but related point: The policies and standards I’m sharing with you were written before the recent availability of new, more complex testing options.</p> <p>Earlier this year we were testing for single gene changes in cancer genetics. In the past few months several labs have started to offer multi-gene panels. These test for 6 – 40 some genes at once, checking for predispositions to colon, breast, ovarian, and endocrine cancers, among others. Similar panels are in place or being developed for cardiovascular disease and neurologic disorders.</p> <p>Selection of a lab and test is now much more complex. We have to consider number and types of genes tested, best price, turn-around times, lab support to interpret abnormal or unknown results, etc for each of the various lab options.</p>		
40	10/23/2013	Christine K. Barth, MA, CGC	I am writing in support of the current language for eligible providers. I highlight below key points:		

41	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>1) Assessing genetic risk: Comparison between the referring obstetrician and genetic counselor. Koscica, et al. Am J Obst Gynecol 2001; 185:1032-4.</p> <ul style="list-style-type: none"> • Among patients evaluated, 38% had additional genetic risk factors detected by the genetic counselor. • The practice of referring to a genetic counselor improves the detection of genetic risk factors. 		
42	10/23/2013	Christine K. Barth,MA, CGC	<p>[Continued from above]</p> <p>2) Patterns of Cancer Genetic Testing: A Randomized Survey of Oregon Clinicians. Cox, et al. J of Cancer Epid 2012, Article ID 294730, doi:10.1155/2012/294730.</p> <ul style="list-style-type: none"> • Clinicians reported low confidence in their knowledge of medical genetics. OBGYNs and specialists were most confident. • Clinicians were more likely to have ordered/recommended BRCA and MMR (Mismatch Repair) than other tests. OBGYNs were twice as likely to have ordered/recommended BRCA testing than primary care providers. • Use of appropriate, evidence based testing can help reduce the incidence and mortality of certain cancers, but these tests need to be better integrated into clinical practice. 		

43	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>3) Errors in Delivery of Cancer Genetics Services: Implications for Practice. Brierley et al. Connecticut Medicine 2010; 74:413-423.</p> <ul style="list-style-type: none"> • There are potential negative outcomes from cancer genetic testing without counseling by a certified genetic counselor. • Analysis of reported cases reveals three patterns: 1) wrong genetic test ordered, 2) genetic testing results misinterpreted, and 3) inadequate genetic counseling. • With the complexities of cancer genetic counseling and testing, it may be unrealistic to expect all clinicians to provide these services. 		
44	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>4) Value of Genetic Counselors in the Laboratory. ARUP Laboratories. March 2011.</p> <ul style="list-style-type: none"> • Genetic counselors at ARUP Laboratories save ordering institutions more than \$30,000 per month by modifying test orders to improve utilization. • Errors in ordering genetic testing delays medical decision-making and increases diagnostic costs. • Approximately 30% of orders for complex genetic tests contained mistakes in handling by clinicians. 		

45	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>5) The Value of Genetic Counselors: How to Collect Cost Effectiveness Data and Improve Access to Care. National Society of Genetic Counselors Webinar. Available at www.nsgc.org.</p> <ul style="list-style-type: none">• Physicians lack knowledge and confidence in ordering molecular tests.• BRCA pre-test genetic counseling improves outcomes and reduces spending.• The percentage of inappropriate tests is significantly decreased when genetic counseling by a trained genetics professional is required.• Genetic counselors are the ideal professional to review genetic test orders.• Reviewing orders for genetic tests results in significant cost-savings.• Genetic counselors improve outcomes for BRCA1/2 positive patients.		
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46	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>6) Cigna Demands Counseling for Breast Test in Myriad Threat. Langreth, RL. August 19, 2013. Available at www.bloomberg.com/news/2013-08-19/cigna-demands-counseling-for-breast-test-in-myriad-threat.html</p> <ul style="list-style-type: none">• Cigna became the first US health insurer to require genetic counseling prior to certain genetic testing.• Financial analysts predict that this may cut sales growth for Myriad Laboratories if other insurers do the same.• There is a lack of training and understanding about complex genetic tests creating the potential for catastrophic errors.• Cigna's stated goal is to make sure tests are being ordered using national guidelines, assure quality care and not pay for unneeded genetic tests.		
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47	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>7) Adverse Events in Cancer Genetic Testing: Medical, Ethical, Legal, and Financial Implications. Brierley, et al. The Cancer Journal 2012; 18: 303-309.</p> <ul style="list-style-type: none"> • Article presents a series of national cases illustrating major patterns of error in cancer genetic counseling. • Article discusses potential factors contributing to errors in cancer genetic testing. • Article discusses the impact of these errors on medical liability, health care costs and patients and their families 		
48	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>8) The Relative Accuracy of a Questionnaire Compared With Pedigree Analysis in Genetic Risk Assessment for Infertility. Kaplan, et al. The Journal of Urology 2008; 179: 1499-1505.</p> <ul style="list-style-type: none"> • The pedigree analysis is the standard evaluation tool for family history assessment. • Studies using pedigree analysis observe that additional previously unidentified genetic risk factors can be revealed in up to 40% of patients. • A formal pedigree analysis by a genetics professional is superior to a self-administered questionnaire. 		

49	10/23/2013	Christine K. Barth, MA, CGC	<p>[Continued from above]</p> <p>9) Cigna Hoping Required Counseling Will Reduce Unnecessary Genetic Tests, Help Clients Understand Coverage Decisions. Ashford, M. July 31, 2013. Available at www.genomeweb.com/clinical-genomics/cigna-hoping-required-counseling-will-reduce-unnecessary-genetic-tests-help-clie</p> <ul style="list-style-type: none"> • Cigna is requiring genetic counseling for breast cancer, colorectal cancer, and Long QT genetic testing as test cases for a broader genetic testing reimbursement policy. • Other insurers have adopted policies strongly encouraging genetic counseling. • A small regional company in Michigan also requires genetic counseling. • Cigna spokesperson believes that coverage programs that don't require genetic counseling have had very little impact in decreasing unnecessary testing. 		
50	10/23/2013	Christine K. Barth, MA, CGC	Thank you for your consideration of my support for genetic test counseling being provided by enrolled genetic counseling providers.		
51	10/29/2013	Kami Scheider, Genetic Counselor	I just wanted to voice that I am aware that Christine Barth has sent you an e-mail with references regarding who should be involved when genetic testing is ordered, and that I am also in support of keeping the current language as it is in the draft protocol.		

52	11/8/2013	Paul Seesman, Progenity Inc.	<p>A concern is that the State of Colorado provides coverage of the genetic screening as a covered service, ordered by the OBGYN provider in accordance with the ACOG guidelines. Primarily used in evaluating prenatal patients, the physician is able to more accurately provide the best care possible and potentially avoid complications during the pregnancy utilizing these laboratory services.</p> <p>Based on the Benefits Collaborative Policy Statement it would appear that Colorado Medicaid would have paid for the tests in the past and would have paid for them in 2013. In multiple discussions with laboratory affiliates we can find no notice by Colorado stating that these tests would no longer be reimbursed in 2013. I realize that AMA has done away with the “stacked codes” however the tests are still the same.</p>		
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53	12/10/2013	Christine Barth, MA, CGC	<p>I am writing with specific concerns regarding Medicaid laboratory contracting for cancer genetic testing.</p> <p>My understanding is that currently Colorado Medicaid is only contracted with one laboratory for cancer genetic testing – Myriad Genetic Laboratory (MGL). As you may be aware, there has been an enormous expansion of the number of predictive and diagnostic molecular tests for hereditary cancer syndromes over the last two decades. Currently, MGL has a very limited test option menu available for high risk patients. Historically, MGL was the only laboratory offering BRCA1/BRCA2 genetic testing. This has changed with the Supreme Court decision issued in June 2013 regarding gene patents.</p> <p>I have numerous concerns regarding the continued practice of sole contracting for cancer genetic testing:</p>		
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54	12/10/2013	Christine Barth, MA, CGC	<p>[Continued from above]</p> <p>1. Due to the limited number of tests available at MGL, many patients are not able to receive the appropriate testing indicated by their personal and family histories. For example, a patient diagnosed with invasive ductal carcinoma of the breast under age 30 is appropriate for BRCA1 and 2 testing with large rearrangement testing. National Comprehensive Cancer Network guidelines recommend that she be tested for TP53. If the patient has lobular breast cancer, and a family history of gastric cancer, she should be tested for the CDH1 gene. Neither of the gens tests is available at MGL.</p>		
55	12/10/2013	Christine Barth, MA, CGC	<p>[Continued from above]</p> <p>2. Due to the cost effectiveness of next generation sequencing testing (running multiple tests at the same time), many laboratories offer cancer gene panels. The cost of the gene panels are often the same price that MGL charges for BRCA1/2 alone. The current list price for BRCA1/2 is \$4040. Numerous laboratories offer gene panels which include BRCA genes for about the same cost. Some of the panels include up to 16 genes. One laboratory offers a 6 gene panel which includes BRCA genes, the TP53 and CDH1 genes for \$3300. For the patient illustrated above, she could actually receive all the tests appropriate for her for a cost lower than for just the BRCA genes. However, since Colorado Medicaid is only contracted with one laboratory (MGL), the only test available for her is the BRCA genes.</p>		

56	12/10/2013	Christine Barth, MA, CGC	<p>[Continued from above]</p> <p>3. Laboratories other than MGL are offering panels that are specific for certain cancers, such as a panel for breast, ovarian, colon, pancreatic, or renal cancer. These are panels that include the many genes associated with each of these cancers, for costs around \$5000 for up to 24 genes. For many patients with complex personal and families histories, it is sometimes more appropriate and particularly more cost effective to offer the patient a panel rather than a single gene test.</p>		
57	12/10/2013	Christine Barth, MA, CGC	<p>I am concerned not only that all the appropriate tests cannot be completed for a patient at high risk for hereditary cancer syndromes, but also that the testing ordered is costing Colorado Medicaid funds more because the contract only permits tests performed at one laboratory.</p> <p>Recently, I have had two Colorado Medicaid patients for which two tests were indicated, BRCA gene testing and testing for Lynch syndrome genes. These genes were ordered individually for the patient at a list price of \$4040 and \$4480, respectively. These tests could have been ordered as part of a gene panel for \$3900.</p> <p>I have a new referral for a Colorado Medicaid patient with significant family history of pancreatic cancer. MGL offers genetic testing for only the PALB2 and BRCA2 genes for this situation and Lynch syndrome genes can be ordered separately, costing \$4480 for the Lynch alone, plus the cost of the PALB2 and BRCA2 genes. Additional appropriate testing may include the APC, ATM, CDKN2A, STK11, and TP53. A panel including all these genes can be ordered from laboratories other than MGL for \$3900.</p>		

58	12/11/2013	Christine Barth, MA, CGC	<p>[In response to line item 54]</p> <p>You state that non-prenatal testing is not a current benefit. However, I have numerous patients in the recent last few months for which cancer genetic testing was submitted to Myriad. Per Myriad, they state they received authorization for testing from Colorado Medicaid for these tests to be completed. Is the laboratory running tests without billing Colorado Medicaid? I don't think so.</p> <p>A Montana genetic counselor shared with me that Myriad will not accept Montana Medicaid samples as the lab does not accept Montana's level of payment for the tests. It is also my understanding that newborns, infants and children who require genetic testing such as chromosomal karyotyping have these genetic tests covered by Colorado Medicaid?</p> <p>My experience has been different that your statement that "Genetic testing (non-prenatal) is currently not a benefit, therefore we are not reimbursing any laboratory for these genetic tests."</p>		
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59	12/11/2013	Christine Barth, MA, CGC	<p>[In response to line item 55]</p> <p>2. Several CLIA-certified labs that I submit genetic testing to state that they have been unable to get a contract with Colorado Medicaid. This has included prenatal testing labs, not just cancer genetic testing labs (i.e., labs providing prenatal carrier screening panels, multiple marker maternal serum screening, prenatal non-invasive testing, and prenatal microarray testing.)</p> <p>While MGL consistently states they are contracted with Colorado Medicaid, no other cancer genetic testing labs are not contracted with Colorado Medicaid and will not accept specimens from Colorado Medicaid patients.</p> <p>You state that any contracted lab can submit claims. When and how will this contracted status expand beyond the current contracts? Please expand on the intent of Colorado Medicaid to expand genetic testing lab options for Medicaid patients.</p>		
60	12/11/2013	Christine Barth, MA, CGC	<p>[In response to line item 56]</p> <p>3. Please define "independent" laboratories. What labs are these? The Colorado Medicaid fee schedule does not include CPT codes specific to cancer genetic tests performed at MGL as per the attached Myriad price list. However, Myriad states they are getting reimbursed for these tests by Colorado Medicaid as the only contracted lab for these tests.</p>		

61	12/11/2013	Christine Barth, MA, CGC	4. I presume that Colorado Medicaid will be following ACA guidelines for coverage of genetic counseling and genetic testing for at-risk patients. However, the flaw in this policy is that coverage is only for at-risk FEMALE patients. I have many at-risk MALE patients having testing for the BRCA genes. Also, the ACA was written BEFORE additional genes for breast cancer were standard practice to order for high-risk patients and families. Colorado Medicaid needs to keep in mind the BRCA counseling and testing is appropriate for men and women AND that BRCA counseling and testing includes counseling about genes beyond just BRCA1 and BRCA2.		
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