



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 March 16, 2018**

Services affected	Additional information
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD to cover Next Generation Sequencing (NGS)</p>	<p>The Centers for Medicare & Medicaid Services (CMS) reviewed the evidence for laboratory diagnostic tests using NGS in patients with cancer. They determined that some tests could improve health outcomes for Medicare beneficiaries with advanced cancer. Testing will be covered for beneficiaries with:</p> <ul style="list-style-type: none"> • recurrent, relapsed, refractory or metastatic cancer • advanced stages III or IV cancer if the beneficiary either: <ol style="list-style-type: none"> 1) has not been previously tested using the same NGS test for the same primary diagnosis of cancer or 2) will get repeat testing using the same NGS test only when the treating physician gives a new primary cancer diagnosis and there will be further cancer treatment (e.g., therapeutic chemotherapy) <p>The test must be ordered by the treating physician, performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory, and have all of the following requirements met:</p> <ul style="list-style-type: none"> • Food & Drug Administration (FDA) approval or clearance as a companion in vitro diagnostic; and, • an FDA-approved or -cleared indication for use in that patient’s cancer; and, • results provided to the treating physician for management of the patient using a report template to specify treatment options.

We’re here to help you

Mercy Care Advantage (HMO SNP) is a Coordinated Care Plan 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).