

August 3, 2022

PROVIDER ALERT: COVERAGE OF ONCOTYPE DX BREAST CANCER ASSAY

The purpose of this provider alert is to notify you of an update to the Department of Health Care Finance (DHCF) Medicaid Fee Schedule.

Effective July 20, 2022, DHCF will cover Oncotype DX Breast Cancer Assay. Oncotype DX Breast Cancer Assay measures the expression of 21 genes (sixteen (16) cancer-related, five (5) reference genes) in triplicate from fixed paraffin-embedded breast cancer tissue. Coverage of this service is expected to aid providers during the clinical decision-making process for cancer patients.

The Current Procedural Terminology for this service is CPT code 81519 and prior authorization is required.

For questions concerning this Provider Alert, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 pm.

Phone: **855-798-4244, Option 2**

Email: mfcdc-providerrelations@medstar.net