

**WISCONSIN PHYSICIANS SERVICE HEALTH INSURANCE CORP.  
WPS GHA  
Draft LCD Open Meeting**

**Moderator: Ella Noel  
February 19, 2019  
2:00 pm ET**

OPERATOR: This is Conference # 1141948

Operator: Good afternoon, my name is (Ron) and I'll be your conference operator today. At this time, I would like to welcome everyone to the Winter Draft LCD Open Meeting.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time simply press star then the number on your telephone keypad. If you would like to cancel your question press the pound key. Thank you.

Dr. Noel, you may begin your conference.

Ella Noel: All right, thank you, (Ron). I would like to welcome everybody here today in Madison and those attending in person in Omaha, as well as those that are on the telephone. This is the WPS Government Health Administrators Draft LCD Open Meeting for J5 and for J8.

I am Ella Noel and I'm the contractor medical director for J8.

I have a couple of announcements to make. I want to remind the guest that we need to be accompanied by one of our staff while in the building at all times. If you need to leave the room to exit the building or use the facility, please congregate (about) the door at the back so that somebody can escort you.

If you do make a comment, please identify yourself clearly so that we have that information. And please note that this meeting is being recorded and will be posted on the WPS website as mandated by CR10901.

We will be accepting comments on one Draft LCD today. This draft is available on our website. I remind you that there are no other topics to be discussed during the meeting today. We will not be responding to any of the comments during the open meeting. All comments will be compiled and reviewed after the comment period has ended for each draft. In the interest of allowing time for others to comment, please do not repeat information that has already been given by another presenter.

The draft today is DL38018. It's MoIDX LCD Draft Decision Diagnosis-Melanoma. I am the lead CMD on that policy. (Beth Gamlan) is the lead nurse on this.

I would like to hit on several talking points about this LCD. This draft gives limited coverage for this test. It is used in patients that have – our clinical stage sentinel lymph node biopsy eligible, T1b and T2 cutaneous melanoma tumors would clinically negative sentinel node base in who are being considered for sentinel lymph node biopsy, it determine eligibility for adjunct therapy. It also contains definition of a T1a, a T1b and a T2 tumor in the policy.

Part of the reason that this is important is because the incidents in melanoma is increasing in United States. This test is a 31-gene expression profile that determines the patient's risk for metastatic diseases. Results are classified as low Class 1 or high Class 2 risk for developing metastatic disease within five years of diagnosis.

The results can be use as a guide on the use of the sentinel lymph node biopsy and that should improve health outcomes by accurately identifying patient who are at risk of developing metastatic disease, and would otherwise go undetected as well as patients with a low likelihood of having a positive sentinel lymph node biopsy. Low risk patients can consider avoiding these sentinel lymph node biopsy along with the risk of anesthesia and surgery, as well as avoiding intensive follow-up in radiation from imaging procedures.

Points that I would like to bring up about sentinel lymph node biopsies, positive results demonstrate increase risk for distant (mets), as well as death. It gets prognostic information only. It provides no survival benefits.

Procedures can result in complication such as pain, trauma, nerve damage and edema. The prognostic value seems to be limited in elderly patients.

National guidelines currently recommend the sentinel lymph node biopsy in all patients with stage T1b and above and those with stage T1a whether there is a significant uncertainty about the adequacy of microstaging.

This policy also goes on to talk about the clinical validity of the test. This test has been showing accurately predict risk for local and regional recurrence distant (mets) and melanoma related mortality and all-cause mortality independent of staging.

Do we have anybody in the room in Madison that would like to make a comment?

Dr. Kettler, do you have any comments in Omaha?

Robert Kettler: No.

Ella Noel: OK. And then (Ron), do we have anybody who wishes to make a comment on the phone?

Operator: There are no questions at this time. Please continue.

Ella Noel: All right. Well, the meeting is done basically. And it took us five minutes. So, if anybody does want to make a comment, please send it to Medicare policy comments at WPSIC.com. We will have the standard 45-day comment period before a – response the comment document is compiled. And then at that time, we'll see if we need to make any changes to the draft LCD.

With the new changes if the draft is not go final within a year, if the draft basically (dies) in committee.

At that, we will conclude today's meeting. Bye (Ron).

Operator: This concludes today's conference call. You may now disconnect.