

# **WPS Government Health Administrators Contractor Advisory Committee (CAC) Meeting**

**Moderator: Kettler, Dr. Robert**

**June 17, 2021**

**4:00 PM CT**

Operator: This is Conference # 3152975

Operator: Thank you for standing by and welcome to the "J5 Advisory Committee Meeting."

At this time, all participants are in a listen-only mode. After the speakers' presentation there will be a question-and-answer session. To ask a question during this session you will need to press star one on your telephone. Please be advised that today's conference may be recorded. Should you require any further assistance please press star zero.

I would now like to hand the conference over to your chair, your co-chair Dr. Robert Kettler.

Dr. Robert Kettler: Thank you, Lateef. The first order of business will be going through the draft LCDs and taking any comments from the CAC on them, so I am going to go ahead and do that.

The first one then is DL34635, Botulinum Toxin Type A & Type B. This draft LCD came about as a result of our prior authorization process. We do have an LCD in place at this time, but we became aware during the prior authorization process that we needed to make some updates to this LCD to bring it more in line with current practice and that is what has been done and with that Lateef, I would open the lines, any comments on this LCD.

Operator: Thank you. If there are any questions or comments at this time please press star one on your touchtone telephone. Again, that's star one on your touchtone telephone. We have a question from Timothy Hanson, Dermatology. Your line is open.

Dr. Robert Kettler: Okay.

Timothy Hanson: Hi. The question is just one of clarification. I in my practice use Botox and dermatologist use Botox for treatment of severe axillary hyperhidrosis. I am just not aware if there is a separate LCD for that or if that would be something that would need to be included under this LCD?

Dr. Robert Kettler: Do you think that it should be included and typically we would develop an LCD when we think if there is a need to clarify guidelines for its use? What are your thoughts?

Timothy Hanson: Yes. So, I think that it is probably less common that I run into elderly individuals with axillary hyperhidrosis, so it might not run up as much in the Medicare population but it is a clearly indicated medical reason for use of medication when, especially when they failed other treatments, so I think it would be wise to include that for those cases in which an elderly and/or somebody in Medicare is experiencing that.

Dr. Robert Kettler: Okay. I tell you what, do you mind submitting that to [policycomments@wpsic.com](mailto:policycomments@wpsic.com) and the reason is the public testimony part of this is important but also that way we have that in writing so we can know exactly what you had asked for and can respond to it appropriately and also CMS does want us to get comments in writing on the LCD, so if you could as I say submit that to that email address as well as any evidence that would support that request. I would appreciate that.

Timothy Hanson: I can do that. Thank you.

Dr. Robert Kettler: Okay. Well, thank you. Lateef, any more comments?

Operator: Sir, I show no further comments or questions in queue at this time.

Dr. Robert Kettler: Okay. The next LCD then is DL39051 Cosmetic and Reconstructive Surgery. Again, like with the previous LCD, this was one that contains a number of services that are part of prior authorization and because of feedback that we received during that process, we felt that we had to update this LCD to again bring it into line with current Specialty Society Guidelines and with that, Lateef, could you open things up for comment?

Operator: Yes, Sir. Again, to ask a question or make a comment please press star one at this time. That is star one on your touchtone telephone. I show no questions on the queue at this time.

Dr. Robert Kettler: Okay. Thank you. The next draft LCD is DL39054. Epidural procedures for pain management. And this LCD is the result of a collaborative effort among the MACs or Medicare Administrative Contractors. If adopted, this will replace the current epidural steroid LCD that WPS has in effect. This LCD establishes coverage criteria for epidural steroid injections and Lateef we can take any comments on this LCD.

Operator: Thank you. Again, to ask a question or make a comment, please press star one on your touchtone telephone. That is star one on your touchtone telephone. I have a question from Erin Kennedy. Your line is open.

Erin Kennedy: This actually is in reference to the previous cosmetic. If comments were submitted through the policy comments at WPSIC, is that take care of comments?

Dr. Robert Kettler: Yes. I remember years coming through and I do not remember the specifics of it but if you said what you have to say in that that would suffice.

Erin Kennedy: Perfect. Thank you.

Dr. Robert Kettler: You're welcome.

Operator: Thank you. Our next question comes from Ramis Gheith. Your line is open.

Ramis Gheith: Hello. This is Ramis Gheith, Interventional Pain Management State of Missouri. Just wanted to make a few comments about the LCD for epidural steroid injections and do general comments. I know that the epidurals that we utilize in our patient population in Missouri, and I am sure throughout the country help us improve function and reduce disability but also prevent us from or reduce the amount of opioid that we would prescribe otherwise for these particular patients who suffer from disabling radicular nerve pain that we noticed.

Besides that we also utilize these epidurals to not only treat the patients but it helps us as well with the diagnostic portions of the treatment plan, so that the patients are adequately treated but also diagnosed and it also helps to identify other treatment options for the patients who are in need of the procedures, particularly those who are considering surgical procedures or those who are considering other treatments such as physical therapy and chiropractic and it helps us identify and localize the

area of pain. The epidurals have been pointed out as being used as off label to our patients as you indicated in the LCD which is that accurate but at the same time off label use of medications is common practice in medicine. Just wanted to make that comment. Thank you.

Dr. Robert Kettler: Okay. Thank you. Lateef, do we have any more?

Operator: Sir, I show no questions in queue at this time.

Dr. Robert Kettler: Okay. Thank you. The next – LCD is 39042 MoIDX Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer. This LCD establishes coverage criteria for our prostate biomarker diagnostic tests which are intended to identify men who may benefit from a biopsy of the prostate gland.

And Lateef, we can take any comments on this LCD.

Operator: Thank you. Again that's star one on your touchtone telephone for a comment or question. Please press star one at this time. We are holding for questions or comments, that is star one and we do have a question or comment from Joseph Muscato. Your line is open.

Joseph Muscato: Hi. I just want to let you know I read this fairly clearly it looks like it is very well written and I think it is good and I do not have any particular concerns about it. I just want to let you know.

Dr. Robert Kettler: Okay. Well, thank you.

Operator: Thank you. Once again that's star one on your touchtone telephone. And I show no further questions in queue at this time.

Dr. Robert Kettler: okay. Thank you. Our last LCD is DL39040 MoIDX Next-Generation Sequencing Lab-Developed Tests for Inherited Cancer Syndromes. And this LCD is, provides clarification of MAC discretion with respect to NCD 90.2 and how this discretion would be applied in the case of Next-Generation Sequencing for Hereditary Cancer Syndromes. And Lateef, we can take any comments on this draft LCD.

Operator: Again that's star one to queue up. We are holding for comments or questions. That is star one on your touchtone telephone. And Sir, I show no questions in queue at this time.

Dr. Robert Kettler: Okay. Thank you. I wanted to thank again for providing the comments on the LCDs and Lateef, at this point we can disconnect the listen-only line and we will proceed to the non-public business and I am going to at this point turn things over to Dr. Brady.

Operator: Ladies and gentlemen, this concludes today's conference call for the listen line and/or the public observation line. Thank you for joining. You may now disconnect.