

**WPS Government Health Administrators J8 Contractor Advisory Committee
Meeting Transcript**

Moderator: Dr. Ella Noel

Monday, February 14, 2021

6:00 PM ET

Dr. Ella Noel:

Hi, I like to welcome everyone to the J8 Medicare Administrative Contractor Advisory Committee meeting. It's 6:05 so we'll go ahead and get started with this meeting. If you stay on the call, you are implied consent to be recorded during this CAC meeting. If you do not want to be recorded, please drop off the call.

We're going to start tonight with the draft local coverage determinations.

We have two drafts today. Dr. Kettler is the lead position on both drafts. We will start with DL38839: Non-Invasive Fractional Flow Reserve for Stable Ischemic Heart Disease.

Now this is a reconsideration, and this is a contractor's reconsideration where we made changes. There have been changes to the coverage indications, limitations and/or medical necessity, sources of information and basis for decision. There were changes in guidelines in 2021,

These were the guidelines for the evaluation and diagnosis of chest pain, and, uh, the use of fractional flow reserve CT was expanded as an alternative to stress testing. They also expanded the intermediate stenosis range to 40 to 90% on CCTA.

This, uh, sorry folks, I can't read my own handwriting. This includes use of technology for intermediate risk patients with acute chest pain and no known coronary artery disease, with coronary artery disease, 40 to 90% and proximal or middle coronary arteries on CCTA. It should not be performed until the base study has been completed and interpreted. FFR CT will not be covered in conjunction with stress test in most circumstances. Additionally severe obesity has been removed as a limitation.

Do we have any comments or questions about this draft LCD?

Okay. Hearing none, you can read the draft and I do believe everyone got a copy of it. We will be taking written comments at Medicarepolicycomments@wpsic.com, until March 12. After that there'll be a response to comment document made up and posted on the website as well.

Moving to the next draft. This is DL35490. This is on Category III Codes. This is a reconsideration to allow coverage for MRI guided high intensity focused ultrasound with

stereotactic ablation of a lesion, intracranial, for movement disorders, including stereotactic, navigation and frame replacement when performed for tremor-dominant Parkinson's disease. This HCPCS code is 0398T. Remember, these are temporary codes that the CPT has developed. Some of these codes go on to be changed to Level I codes, and others just disappear.

So, in this draft, there were changes made in the coverage indications, limitations and/or medical necessity, sources of information and the basis for decision.

This service can be used for unilateral thalamotomy, and is considerably -considered- medically reasonable and necessary in patients with essential tremor, and the new indication of tremor-dominant Parkinson's disease with refractory or intolerant to levodopa or levodopa-equivalents of greater than or equal to 900 milligrams per day, and on-medication unified Parkinson's disease rating scale, has a ratio of over or equal to 1.5, and moderate to severe postural or intention tremor of dominant hand with disabling tremor and not a surgical candidate for deep brain stimulation. There are multiple exclusions for this policy. Do we have any comments or questions about this policy?

Dr. Chris Wilson:

Hey, Dr Noel. It's Chris Wilson, Indiana Neurology. Um, this is awesome. I'm so happy to see that this is being considered and hopefully approved. I've had one patient get it done and we have it in Indianapolis now and it's a really good thing. So, um, and the limitations makes sense, the warnings make sense, but the Indiana Neurological Society is all behind this one as well, it's a big step forward for our patients.

Dr. Ella Noel:

That's great to hear Chris and if you could send that in writing, I would really appreciate it.

Dr. Chris Wilson:

Sure, yeah.

Dr. Ella Noel:

Just check on the other draft, we are taking comments at Medicarepolicycomments@wpsic.com until March 12, on this policy. Anybody else have any?

Dr. Jean-Pierre Mobasser:

Yeah, this is Jean-Pierre Mobasser, can you hear me?

Dr. Ella Noel:

Yes, I can.

Dr. Jean-Pierre Mobasser:

I'm a neurosurgeon here in Indianapolis, and I would agree with Chris; I think that, you know, Parkinson's is an evolving field and the technology we use in surgical procedures is going to continue to evolve and improve over the years and having additional tools to take care of these patients is, is good.

Dr. Ella Noel:

Thank you very much.

Do we have any other comments?

Well, this concludes the open portion of the meeting we will have everyone who's not a CAC member or a WPS employee drop off and then we will finish the educational portion of tonight's meetings.

Richard, let me know when I can start again.