

WPS Government Health Administrators Combined J5/J8 Contractor Advisory Committee Meeting Transcript

Co-Chairs: Dr. Robert Kettler / Dr. Shayan Sheybani

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5:00 PM CT (6:00 PM ET)

Richard Staley: Good afternoon and welcome to the combined J5 and J8 Contractor Advisory Committee. My name is Richard Staley, I'm the policy administrative assistant. This meeting is being recorded and transcribed. To aid in transcription, please introduce yourself before you speak. I will now turn the meeting over to our co-chair, doctor Shayan Sheybani.

Dr. Shayan Sheybani: Good afternoon, everyone. My name is Shayan Sheybani, and I am the co-chair for the J5 Contractor Advisory Committee from Iowa, and I'd like to welcome you to the combined J5/J8 Medicare Contractor Advisory Committee meeting today. I'm going to go ahead and call the meeting to order, and I would like to first begin, to start with introductions; I'm Shayan Sheybani, I'm a CAC member from Iowa and, my organization is Iowa Chiropractic Society, and I have served for - a co-chair, for a little bit over 5 years now. So again, I'd like to welcome you to the meeting and also, I would like to ask that the WPS individuals to go ahead and introduce themselves. Dr. Kettler we'll start with you.

Dr. Robert Kettler: Okay, thank you, Shayan. I'm Bob. Kettler, I'm one of the Contractor Medical Directors with WPS. My primary responsibility is jurisdiction 5. For those of you who don't know me yet, I am an anesthesiologist, and I've been with WPS about 10 years now. Um, and I guess I would ask my other CMD colleagues to introduce themselves at this time.

Dr. Whites: This is Barry Whites. Can you hear me okay Bob?

Dr. Kettler: Yes, I can.

Dr. Whites: Okay, okay, great. I'm, as I said, another CMD, I received my MD degree from University of Mississippi where I did medical training, residency in pulmonary fellowship. I have a master's degree in health care administration from the University of Alabama, Birmingham. I'm boarded internal medicine, pulmonary medicine and additional boards in quality assurance and utilization review positions. I was in private practice for pulmonary and critical care and sleep consultation for 37 years in the Jackson, Mississippi area, with 11 of those being in conjunction

as a Part A CMD Contractor. I retired private practice seven years ago to become a full time AB MAC CMD, I authored numerous LCDs and articles over the years. Thank you.

Dr. Denise Nachodsky: Hey everyone, I'm Denise Nachodsky, I'm a CMD also, for WPS as a J8 CMD. I joined WPS since August 2020. I attended the Medical College of Wisconsin for medical school, and an internal medicine residency program, and subsequently Dartmouth for my cardiology fellowship training. My clinical experience has been in both academic and private practice with specialty training in invasive cardiology, nuclear cardiology, cardiac CT and advanced training in echocardiography. My health care industry experience is approximately ten years. Prior to joining WPS as a medical director, also as a director of appeals at the administrative law judge level, from the beneficiary-provider side, before I joined WPS in 2020. thank you.

Dr. Kettler: Dr. Sheybani, if you don't mind, maybe what we could do now is proceed to the LCDs and we'll introduce the rest of the WPS staff after that, just out of respect to the public's time so that we can get to their part of the meeting.

Dr. Sheybani: Absolutely, but just, I also - I'd like to let everybody know that the attendance is being taken electronically. So there's no need for that process. I'd like to next move to Draft Local Coverage Determination for evidence of discussion for LCD development. I want to turn the meeting to Dr. Kettler.

Dr. Kettler: Thank you. We have eight LCDs to take comment on this evening. All of the LCDs that are up for comment are the responsibility of Dr. Whites, who, as you heard is on the call, and the comment periods for all of these LCDs are open until July 9th.

Now, just a couple of things, and by way of background to the LCDs; the MoIDX group has decided to develop basically foundation LCDs, and then take LCDs that have information relevant to that, and fold those into the foundation LCDs. As a consequence, we're retiring a number of our MoIDX LCDs. So basically, the foundational LCD is kind of like a framework and then different components are added on to it; and that would be some of the current LCDs that we have. We do have four LCDs that fit into that category. They are DL36793, DL36813, DL37224 and DL37005, and I'll go into those individually.

Now, we have received clarification from CMS that LCDs that are being retired have to go through the same process, same comment process, as new LCDs and reconsidered LCDs. And so, those four LCDs that I just mentioned will be in the comment process and there are two more LCDs, DL37013 and DL37770, that are being retired. And so, these six LCDs are then before the CAC for comment. I'm going to proceed in a little different order than what they are on the agenda, just because I'm going to try and group them into this category that I have mentioned. And then after we do the retired LCDs, there is one new LCD, DL39356 and then one LCD that is up for reconsideration DL34641.

So, uh, proceeding to the first one, DL36793, this is MoIDX: Genetic Testing for Lynch Syndrome. This LCD established coverage criteria and the step wise procedure to follow in providing genetic testing for Lynch syndrome. The information in this LCD has been moved into LCD L39040. So, WPS would like to retire this LCD. And at this point, then we would take comment on LCD – Draft LCD DL36793.

Mr. Staley: Any CAC members who would like to make a comment on this draft, just take yourself off mute.

Dr. Joseph Muscato: I just want to say that I read through that; It's very well written, and very enlightening. I think everybody wants to just read about this. I think it's really pretty thorough. I don't have any- as long as it's being moved, it's not being retired, it's just being moved into another- into the other LCD, is that correct?

Dr. Kettler: Uh, Barry, I believe that's correct, Isn't it?

Can't hear you Barry, if you're, uh..

Dr. Whites: Yeah, too many “unmutes” here. It is being moved into a foundational policy. MoIDX has assumed a posture – of instead of opening all the, the various policies, grouping them together and by types of testing, particular type of test to be performed; next generation sequencing, histone compatibility, all - and they're trying to group all those together, where they don't have to go through explanation of each one of how they're being done each time they open one up or close it. So. It is – there's no change in the coverage, there's no change in the billing, there's no change in the editing.

Dr. Muscato: Right, but a lot of this was just sequential – sequential testing, which was, it was very thorough. Whoever wrote that did a very good job, I'd just point that out, and it's very enlightening, actually, to read it. Thanks.

Dr. Kettler: Okay, thank you Joe. Any other comments on the first draft LCD?

Dr. Susannah Friemel: Where can we find them?

Dr. Kettler: They are on the website. There is a, if you go to our website and you would search for the CAC meeting, the agenda's there, and there's a link on the agenda. I think they were also included in your invitation. Is that correct, Rich?

Dr. Friemel: I didn't, I didn't get any attachments initially and then I asked for him to send me, and he just did, but I don't see any attachments that I have – I have the, you know, the main sheet, but not the - Usually, I do get them, but I did not get them this time. So...

Dr. Muscato: I didn't get them I didn't get them either. I think there was something wrong with that email because I never got them either.

Dr. Kettler: Okay, Rich, maybe that's something we'll need to sort out afterwards then?

Mr. Staley: One of the issues we were running into problems when we send multiple attachments on emails and that firewalls were catching them and they were seeing multiple attachments on emails and multiple recipients, and blocking it out into people's spam and trash folders. So we do not actually attach the draft LCDs as PDFs to the emails, we direct people to the Medicare Coverage Database. And I apologize for that. Uh, what I can do is: I will get the link to that database, and I will send it in the chat here, and then I will put it in the, the post CAC email.

Dr. Friemel Okay. Thank you. Thank you.

Dr. Kettler: Any other comments on the first one, then?

Hearing none, the second one then is DL36813, BRCA1 and BRCA2 Genetic Testing. This policy establishes cover cri- coverage criteria for BRCA1 and BRCA2 genes in patients suspected of having hereditary breast or ovarian cancer syndromes. Again, because this information has been incorporated into LCD L39040, WPS would like to retire this policy. Are there any comments this LCD?

Dr. Muscato: I have to review one thing, and [inaudible] just want to make sure that BRCA1 and 2 testing should be indicated on metastatic breast cancer. Is that the case, or did I see that or did I read that correctly? If you have actually – it's a personal history of management, breast cancer, is it covered? Or do you still have to [inaudible] family history? [audio interference]

Dr. Kettler: I'm not, I'm not sure I, I heard everything here. [audio interference] [inaudible]

Dr. Muscato: I'll have to look at that then. and just to make - and just to make sure that I just read it. I apologize. I'll, I'll look, I'll look at it. Thanks. [audio interference]

Dr. Kettler: Okay, thanks. [audio interference]

Dr. Whites: Barry Whites here, a personal history, and not a family history. [audio interference]

Dr. Kettler: Rich, do people have to stay on mute if they're not talking so that we don't have the echo?

Mr. Staley: Yes, the echo comes if someone isn't wearing a headset, usually. If they're, if they're talking, and then the phone is picking up what's coming out of their computer. So, yeah, if you're not speaking, try to put yourself on mute, please.

Dr. Kettler: Thank you, Rich.

Seeing that there's no comment on that one, then we'll move on to the next one. This is DL37224, MoIDX: APC and MUTYH gene testing. And this LCD establishes coverage criteria for Adenomatous Polyposis Coli, or APC, and MUTYH gene testing. Again, because this information has been incorporated into L39090, WPS would like to retire this policy. Is there any comment?

Hearing none, I'll move on to the next, DL37005, MoIDX: ConfirmMDX Epigenetic Molecular Assay. This LCD establishes coverage criteria for the ConfirmMDX assay for prostate cancer. The goal of providing the test is to reduce unnecessary repeat prostate biopsies. And again, because this information has been incorporated into another LCD, in this case L39042, WPS would like to retire this LCD. Is there any comment?

Hearing none, the next LCD is DL37013, 4Kscore® Assay. This is a non-coverage LCD for the laboratory developed test: the 4Kscore® assay. The reason for non-coverage is issues related with assay validation and the absence of clinical utility. This test is no longer in the MoIDX program. WPS is not receiving claims for this service. So, WPS is planning to retire this LCD. And I'll now take comments on this LCD.

Hearing none, next LCD is DL37770, MoIDX: CORUS® CAD Assay. This is a non-coverage LCD for the CORUS CAD Assay. The reason for non-coverage is the lack of clinical utility. This test is no longer in production, so WPS is planning to retire it. Is there any comment on this LCD?

Hearing none, the next LCD is DL39356, MoIDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia and Neoplasia. This policy is a non-coverage policy for tests to identify individuals with upper gastrointestinal metaplasia, dysplasia or neoplasia. The reason for non-coverage is that this contractor has determined that no available test has the analytical or clinical validity or the clinical utility to warrant coverage. Is there a comment on this LCD?

Dr. Muscato: Yeah, just a praise of it. It's again, an excellent review. I don't know who writes these, but it was an excellent review of the biology of Barrett's esophagus and esophageal cancer. I assume it has nothing to do with any tests that are done on the biopsy itself. I think these are just talking about molecular tests. They're done separately, like the balloon assays that you mentioned, that was mentioned in there. I assume that the pathology is separate coverage for anything they have to do with the biopsy for any suspicious things that they see on the biopsy. Am I correct about that?

Dr. Kettler: Uh, Barry, I'm going to defer to you again. Barry, are you on mute?

Dr. Whites: I was on double mute. Okay. This this test is one that, was it hoped that those who came out with dysplasia in particular, metaplasia, certainly Barrett's esophagus leading to neoplasm, and it just didn't bear out. It was not considered to be – the standard, of course, is upper endoscopy with biopsy, and it just – the test itself could not be proven, and its clinical validity and clinical utility, and it's – decided not to cover. It'd be nice and hopefully, one day will have one that we could prevent further and future biopsies, but not yet.

Dr. Muscato: Yeah, I think I understand it. I think understanding what's going on with that coverage. I don't disagree with that. I just was asking that question. Okay, thanks.

Dr. Kettler: Other comment or questions?

[Unknown]: [Inaudible]

Dr. Kettler: Is someone wishing to make a comment?

Then the last LCD is DL34641, Transcranial Magnetic Stimulation (TMS). This is an existing policy, and we received a reconsideration request on this. The purpose of the request was to add obsessive-compulsive disorder as a covered diagnosis. This draft LCD adds the evidentiary review that was triggered by the request, and the conclusion that TMS for OCD will be non-covered as an investigational indication, and at this point, then we can take any comment on this LCD.

[Unknown]: [Inaudible]

Dr. Kettler: Okay. Hearing not – oh, I'm sorry. Was someone about to speak?

Hearing none, then, I just would remind everyone that Dr. Whites is the responsible CMD for all of these LCDs, and the comment period is open until July 9th. So, you can provide comments at policycomments@wpsic.com up to that point. Thank you everybody for your comments.

And I will now turn the meeting back to Dr. Sheybani, and also, the public is free to go about their business this evening, and we will shortly resume our meeting. Thank you.

Dr. Sheybani: Thank you, Dr. Kettler.