

WPS Government Health Administrators Open Meeting

Moderator: Dr. Ella Noel

October 20, 2021

1:00 PM CT / 2:00 PM ET

Richard Staley:

Welcome everybody to the WPS Draft LCD open meeting. I'm Richard Staley, the policy administrative assistant. I will hand this over to our contractor medical director, Dr. Ella Noel, who will be hosting the event.

Dr. Ella Noel:

Hi, I'd like to welcome everyone to the WPS LCD Draft Open Meeting today, for jurisdictions J5 and J8.

We'll take a look at today's agenda; We'll have a welcome; We'll review the agenda; Discuss what an open meeting is; talk about today's ground rules, then we'll talk about Draft 37768; we'll accept comments over the phone; talk about written comments and then adjourn the meeting.

So, what is an open meeting? It's an opportunity for beneficiaries, providers and other interested parties to discuss the LCDs in front of us. We can talk about the evidence that's used and you can provide feedback on these proposed drafts. Anybody can attend and provide this. We even allow presentations, though there were no requests for presentations with today's draft.

Please remember that this meeting is recorded, and if you do make verbal comments, we would appreciate if you could follow up with written comments as well.

As I previously said, anyone can make comments today on the policy being presented. Please identify yourself before speaking, inform those on the call of any conflicts of interest. You will be stopped after 10 minutes to allow others to have time to speak. We do not generally answer any questions during an open meeting.

So, we're going to talk about DL37768. This LCD was originally part of the MoIDX program. It was concerned with the test Cystatin C. Recently MoIDX started reviewing their tests and they decided this was not a molecular diagnostic test and removed it from the program. Because of review of the data, suggesting low volume of this test

being used, it was decided to retire this policy. Due to changes of the 21st Century CURES act, this needs to be presented to the open meeting as well as the CAC to go through the LCD process before it can be retired. This will allow people to make comments on the LCD before it is retired.

Currently, this test is considered medically reasonable and necessary in adults with eGFR_{creat} of 49 to 59 milliliters per minute for 1.73 meters squared, which is equivalent to Chronic Kidney Disease stage 3A, who do not have markers of kidney damage; and if confirmation is warranted when GFR estimates are thought to be inaccurate; and when decisions depend on a more accurate knowledge of the GFR.

Because this test is considered a potential alternative to serum creatinine to estimated GFR, it was approved for limited use based on this LCD in the past. With no LCD in place, what will happen is this test will be used in a medically reasonable and necessary fashion. We do not have LCDs for every single procedure, so that is not a problem to retire it.

At this time, we'll take any oral comments about the retirement of this LCD. Please type your name in the Q&A box If you have any questions so that we may call on, you. Please feel free to send in written comments as well. The comment, period ends on November 13th of this year, we will compile any comments into a response to comments document prior to the retirement of the LCD.

Richard, do we have anybody who wishes to make a comment?

Richard Staley:

We do not have any comments in the Q&A box at this time. If anyone would like to make a comment, please just type your name in the Q&A box in the Webex display. And then I will open your Mic when available.

We have no comments in the Q&A box at this time.

Dr. Ella Noel:

All right, then we can adjourn the meeting. Thank you. Everybody.