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Open Meeting:
Draft LCD Evidentiary Discussion

Meeting Date and Time:	February 18, 2020 at 6:00 p.m. EST
Facilitator:	Dr. Meredith Loveless
Location:	In person and Teleconference
Attendees:	Not to disclose

Introduction

Dr. Meredith Loveless, Chief Medical Office for J15 with an area focus of policy

Jessica Vann, Health Care Policy Analyst

Dr. Berman and Dr. Sandler are in attendance

Proposed LCD

Vitamin D Assay Testing (L33996) Reconsideration

This request asked CGS to review that obesity is added a reasonably and medically necessary indication for Vitamin D Assay measurement.

That was consistent with the American Association of Clinical Endocrinology Obesity Society Metabolic and Bariatric Surgery Guidelines.

This was incorporated into the vitamin D policy allowing testing for levels greater than 30.

The Obesity indication is the only part of this policy that's open for comments at this time. It's not limited to bariatric surgery is for obesity in general.

This request identified a new indication that's in an existing policy. The origination of this was that it was identified that this was a missing indication, so a request for an LCD reconsideration was submitted.

Questions

Question 1: There was a significant cost legislation that was put in place back October 29th and on August 7th of Truth retroactive and way back since August 7th, and we have some certified hospitals namely for a CAR-T that where insurance company Medicare Advantage plans are now requiring hospitals to give them their money back and actually resubmit to CGS. Is there any education around that?

Dr. Sandler: CMS re-categorized the payments. The Medicare Advantage plans have their payment for the services they provide to Medicare beneficiaries. CMS makes a determination regarding the cost as to whether it exceeds a certain threshold

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and when it exceeds that threshold, the determination is made that it it's not part and parcel of the calculations of the payment made for Medicare Advantage plans to administer the benefits to their Medicare beneficiaries.

No information has been far as the Advantage Plans asking the hospitals to repatriate or pay back the payments that they may have received. We occasionally receive questions about what Medicare Advantage plans are doing and a contractor, we don't have authority over the Medicare Advantage plans. CGS might be able to help you with some basic information regarding CMS has listed publicly, that's something not within our authority.

Question 2: The new quarterly system for issuing HCPCS codes, J codes, and Q codes appears that CMS is lumping bio-similar in the same schedule that quarterly schedule vs. issuing Q codes within a couple of weeks after approval.

Is this correct or what is CMS trying to decide?

Dr. Sandler: Has not seen any specific communication from CMS letting us know exactly whether this is the new process or whether it's not. He just happened to notice that that a couple of the newer biosimilars seem to now be shifted into the quarterly releases.

Question 3: Is there a time frame, queue, backlog, or up to nine months for research of a policy?

Dr. Loveless: Yes, there's a backlog. Requests are prioritized by priorities.

For an example, a medical condition that can have an impact on a very large number of Medicare beneficiaries.

There is not a specific set guideline on the timeline and that's because sometimes new things come in that could bump a priority. We don't want to commit that we're going to get this done in six or nine months and then not be able to stand to that.

You will be notified if your item is waitlisted. That that means that the request is valid and complete. If their new information that comes in during that time, we strongly encourage you to share that information. New published papers or there's something that changes.

Most items will take six months to a year to research.

Question 4: Is it the same situation with new LCDs that are published in draft and comments are in? Is there set time between when that comment period ends and when a final draft is published?

Dr. Loveless: There is a timeline and it has to be published within one-year.

Question 5: Do you have that same for prioritizing process as it relates to create a new LCD?

Dr. Loveless: Yes, there are multiple factors that are used.

Question 6: If there is a new drug, what's the best way to communicate that to us?

Dr. Loveless: Please send that information to CMD.INQUIRY@cgsadmin.com

Question 7: There were recently several drugs added to the NOC code list. Over the counter medications such as Excedrin and Vitamin D.

Dr. Loveless will follow up.

Closing

Dr. Loveless: I appreciate everyone's attendance both in person and on our teleconference line. Thank you very much.

