

**MSSNY COMMITTEE ON INTERSPECIALTY**  
**Thursday, November 8, 2018**

**Approval of the Minutes of the June 28, 2018 Committee meeting**

Dr. Steven S. Schwalbe, presiding, called the meeting for November 8, 2018 to order. The first order of business was to approve the minutes from the last meeting held on June 28, 2018. The minutes were accepted and approved as written.

**Medicare CAC Local Coverage Determinations (LCDs) for consideration –**

[Biomarker Testing for Neuroendocrine Tumors/Neoplasms](#)

National Government Services (NGS) will not provide coverage for the oncology (gastrointestinal neuroendocrine tumors) real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index (0007M) for its use in treating neuroendocrine tumors. It has not been accepted by most neuroendocrine treatment guidelines. There is no independent evidence showing improved outcomes for Medicare beneficiaries and thus is not medically necessary.

[Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasm](#)

Genomic Sequential Analysis Panel will be considered reasonable and necessary when the test is performed in a CLIA-certified laboratory qualified to perform high complexity testing, ordered by a treating physician, and the patient has:

1. metastatic CRC; and
2. is a candidate for intensive chemotherapy with an anti-EGFR biologic agent; and
3. has not had prior RAS/BRAF testing

Committee members noted that this draft LCD is specific to Metastatic Colorectal Cancer (mCRC)

[Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea](#)

Treatment of HF patients with CSAS has consisted of continuous positive airway pressure (CPAP) and nocturnal oxygen. Adaptive servo-ventilation has fallen out of favor due to studies showing increased mortality with its use. There have also been some studies using acetazolamide and theophylline. Treatment results have not been optimal and have not been shown to improve survival.

The Federal Drug Administration (FDA) approved an application from Respicardia for an implanted phrenic nerve stimulator for central sleep apnea, trade name **remede®** System, in October 2017 for the treatment of moderate to severe sleep apnea in adults. The system includes an implantable pulse generator (IPG), transvenous leads for unilateral stimulation of the phrenic nerve and sensing respiration via transthoracic impedance. The **remede** IPG is programmed via telemetry.

NGS Medicare will not provide coverage of transvenous phrenic nerve stimulation for central sleep apnea. Committee members expressed agreement with this policy and stated that they would not recommend this device.

## **Medicare CAC Changes**

Dr. Clark was not in attendance since he was attending a national conference of MAC Medical Directors in Washington, D. C. However, the meeting he is attending is addressing CMS's continued discussions about making the Medicare CAC meetings more transparent to the public.

Part of these discussions include making the minutes to the Medicare CAC meeting public, which would include identifying the names and specialty designations of the CAC members making comments on the LCDs.

Committee members voiced their concerns that CMS's intent might "backfire". Any comments made by CAC members today are often personal opinions stemming from personal experience from their own medical practices. Representatives to the CAC are supported by their specialty societies. The representatives volunteer their time and are expected to share the draft LCDs with their colleagues/peers for added input and support in an effort to provide the Carrier Medical Directors with professional input regarding indications and contraindications for draft policies being put forth for discussion.

Committee members voiced concerns that disclosing the CAC minutes and naming specific persons who comment on an LCD would have a deleterious effect. Disclosing all CAC details to the public, including proprietary vendors that might have a financial interest in obtaining Medicare coverage for a product, could necessitate the need for attorney representation for CAC members. Free flowing commentary would cease. Specialty society comments would need to be "cleared" through attorneys and open discussion would stop.

Again, CAC representatives volunteer their time to address these draft LCDs for the betterment of patient care and Medicare policy. Carrier Medical Directors are paid a salary and should be the parties to address the public and various business stakeholders seeking coverage for medical equipment that may or may not enhance patient care.

Please note, some Committee members expressed a dissenting opinion, suggesting that the greater transparency regarding the CAC process might be a desirable change.

Another change to be anticipated is the removal of any coding (AMA-CPT and ICD-10 diagnosis coding) for the LCDs. Coding is expected to be moved to separate articles linked to the LCDs.

## **Medicare Legislative Update**

Ms. Katherine Dunphy provided the members with the Medicare update. The CMS Final Rule will be published in the *Federal Register* on Nov. 23, 2018. It will be available at this link <https://www.federalregister.gov/agencies/centers-for-medicare-medicaid-services>

## **Physician Payment Update**

The 2019 PFS conversion factor is \$36.0391. The Anesthesia conversion factor is \$22.2730. The 2019 conversion factors reflect a statutory update of .25%, offset by a budget neutrality adjustment of -0.14%, resulting in a 0.11% update.

## **Provider Revalidation**

- CMS is resuming regular revalidation every 5 years Part B providers and suppliers.

- During a revalidation, providers receive requests to revalidate their Medicare enrollment information and can revalidate their enrollment information using the Internet-based PECOS <https://pecos.cms.hhs.gov/pecos/login.do>
- CMS-855 paper application found at: <http://www.cms.gov/CMSForms/CMSForms/list.asp>

Failure to submit a complete revalidation application may result in deactivation of Medicare billing privileges. The current processing time frame is now 30 days. In addition, 60% of enrollment is received with the use of the PECOS web tool.

### **Qualified Medicare Beneficiaries**

People who are eligible to receive benefits from **both** the **Medicare** and **Medicaid** programs at the same time are known as **dual eligible beneficiaries**. No balance billing is allowed. This applies to all physicians.

As of **July 2018**, remittances now contain all payment details.

Remittances issued between October 2, to December 31, 2017 did not contain all needed information. Following CMS instructions, these remittances are in the process of being reissued. These notices will assist in collecting outstanding balances from other insurers or Medicaid.

Please see the following for more information about dual eligibles:

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf)

AND

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>

### **Legislative Update**

Mr. Morris Auster provider the members with a brief legislative update and will provide further information as any changes come about due to the election results.

Attached is the letter MSSNY sent to Assemblyman Gottfried regarding his single payer legislation, as well as Assemblyman Gottfried's response, for your reference.

There being no additional business for today's meeting, the call was concluded at 11:00 AM. Dr. Schwalbe thanked the attendees for their participation and the call ended.

Respectfully submitted,

Steven S. Schwalbe, MD, Chairman