

Managed Care Operations Memorandum
Technology Assessment Group
MCOPS MEMO # 07/2022-003

DATE: July 06, 2022

SUBJECT: Technology Assessment Group (TAG) Coverage Decisions

TO: All Physical Health (PH) HealthChoices Managed Care Organizations (MCOs) - Statewide

FROM: Sally A. Kozak, Deputy Secretary, Office of Medical Assistance Programs on behalf of Gwendolyn Zander, Director, Bureau of Managed Care Operations, Office of Medical Assistance Programs

Purpose:

The Office of Medical Assistance Programs (OMAP) is issuing this Operations Memorandum to provide MCOs coverage updates on new technologies as discussed in regular TAG meetings.

Background:

The TAG workgroup meets quarterly on the first Wednesday of February, May, August, and November to discuss issues and evidence-based research pertaining to evolving new technologies and previously reviewed technologies or services that were determined to be covered only through a program exception request. During the TAG meeting, decisions are made as to whether certain technologies or services will be covered under the Medical Assistance (MA) Program and the option under which it will be covered. TAG's coverage options are as follows:

- **Option # 1:** Indicates service, device, or procedure will be added to the MA Program Fee Schedule because of well-established medical evidence. MCOs or MA Fee-for-service (FFS) program may require prior authorization.
- **Option # 2:** Indicates service, device, or procedure is medically effective and safe under specific clinical circumstances. Medical evidence is available from small or medium-sized well-designed clinical trials or emerging in large clinical trials. MCOs and FFS will require the submission of Program Exception request.
- **Option # 3:** Indicates service, device, or procedure may be medically effective Under specific but very narrow clinical circumstances for a small number of patients. Medical evidence is limited but promising or not available in large clinical trials. MCOs and FFS will require the submission of a Program Exception request.

- **Option # 4:** Indicates service, device, or procedure has no proven clinical utility, there is no credible medical evidence or is experimental/investigational. MCOs will require the submission of a Program Exception request.

Discussion:

Below are the updated list of codes/descriptions discussed at the November 3, 2021, TAG Meeting and the decisions that were made:

HCPSC/CPT Code	Description	Decision
Somryst	Digital therapeutic for patients 22 years of age or older for the treatment of chronic insomnia	New in TAG: reviewed in meeting. Option #3
0275T	MILD - Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Re-reviewed at this meeting. Option #4
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	Re-reviewed at this meeting. Option #1
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	Re-reviewed at this meeting. Option #1 (if parents/siblings are MA beneficiaries) 81416 not added to MA Fee Schedule at this time. Will evaluate as PE to ensure parents/siblings are MA eligible.
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)	Re-reviewed at this meeting. Option #1
PLA 0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, a skin-surface collection using an adhesive patch, algorithm	New in TAG: reviewed in meeting. Option #4

	reported as the likelihood of response to psoriasis biologics	
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This memo is not intended to replace any existing Prior Authorization Review Processes currently being utilized; it is for informational/internal purposes only.

Next Steps:

MCOs should review this information against their existing coverage policies to assure they are consistent with or less restrictive than the TAG's decisions.

Obsolete:

N/A

Attachments:

N/A