Managed Care Operations Memorandum
Technology Assessment Group
MCOPS Memo # 05/2025-007

DATE: May 8, 2025

SUBJECT: Technology Assessment Group (TAG) Coverage Decisions

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

FROM: Gwendolyn Zander, Director, Bureau of Managed Care Operations, Office of Medical Assistance Programs

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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 a 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 is the updated list of codes/descriptions discussed at the May 7, 2025, TAG meeting and the decision that was made:

HCPCS/CPT Code	Description	Decision
0607T	ZOLL® Heart Failure Management System Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmit	Option #4
0608T	ZOLL® Heart Failure Management System Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmit	Option #4
E0715	Flyte® Mechanotherapy System Intravaginal device intended to strengthen pelvic floor muscles during	Option #4

	Kegel exercises	
E0716	Flyte® Mechanotherapy System Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	Option #4

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