

Managed Care Operations Memorandum Technology Assessment Group MCOPS Memo # 05/2026-009

DATE: May 11, 2026

SUBJECT: Office of Medical Assistance Programs (OMAP) Coverage Decisions

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

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

Purpose:

OMAP is issuing this Operations Memorandum to provide MCOs with coverage updates on new technologies as determined during internal OMAP clinical review.

Background:

OMAP met to discuss evidence-based clinical studies and additional information pertaining to evolving new technologies and previously reviewed technologies. During the internal OMAP clinical review meeting, decisions were 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. OMAP'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. MA MCOs or the MA Fee-for-Service (FFS) delivery system 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. MA MCOs and the MA FFS delivery system 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. MA MCOs and the FFS delivery system 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. MA MCOs will require the submission of a Program Exception request.

Discussion:

Below is the updated list of codes/descriptions discussed at the April 15, 2026, internal OMAP clinical review meeting and the decisions that were made:

HCPCS/CPT Code	Description	Decision
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Option #1
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter (add-on, list separately in addition to primary procedure)	Option #3
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Option #3
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Option #3
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Option #3
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	Option #1

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 OMAP's decisions.

Obsolete:

N/A

Attachments:

N/A