

Managed Care Operations Memorandum Technology Assessment Group MCOPS Memo # 03/2019-005

Date: March 26, 2019

Subject: Technology Assessment Group (TAG) Coverage Decisions

To: Physical Health HealthChoices Managed Care Organizations (PH-MCOs) – Statewide

From: Laurie Rock, Director, Bureau of Managed Care Operations, Office of Medical Assistance Programs

Purpose:

To provide MCOs coverage updates regarding new technologies as discussed at the February 6, 2019 TAG meeting.

Background:

The TAG workgroup meets quarterly on the 1st Wednesday of February, May, August and November to discuss issues and evidence-based research pertaining to 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 or not certain technologies or services will be covered under the MA Program and the option under which it will be covered. TAG's coverage options are as follows:

- **Option # 1:** Approved - will be added to the Fee Schedule
- **Option # 2:** Approved as Medically Effective under specific clinical condition - will require Program Exception
- **Option # 3:** Approved with (or denied due to) Limited/Minimal Evidence of Effectiveness - will require Program Exception
- **Option # 4:** Denied - Experimental/Investigational

Discussion:

Below are the updated list of services and corresponding procedure codes/descriptions discussed at the February 6, 2019, TAG Meeting and the MA coverage decisions that were made:

HCPCS/CPT Code	Description	Decision
76391	Magnetic Resonance Elastography - is a non-invasive medical imaging technique that measures the mechanical properties (stiffness) of soft tissues by introducing shear waves and imaging their propagation using Magnetic Resonance Imaging (MRI).	Option # 3
61885 61886 L8679 L8686 L8687 L8688	Deep Brain Stimulation (DBS) for Limbic System Dysfunctions (Obsessive-Compulsive Disorder and Depression) – Neurostimulators (intracranial), Single Array-non-rechargeable, Dual Array-rechargeable, Dual Array-non-rechargeable. Procedures on the Skull, Meninges, and Brain.	Option # 4
61885 61886 L8679 L8686 L8687 L8688	Deep Brain Stimulation for Drug-Resistant Epilepsy - Neurostimulators (intracranial), Single Array-non-rechargeable, Dual Array-rechargeable, Dual Array-non-rechargeable. Procedures on the Skull, Meninges, and Brain.	Option # 3

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:

N/A

Obsolete:

N/A

Attachment:

N/A