

**Managed Care Operations Memorandum
General Operations
MCOPS Memo # 05/2018-009**

Date: May 16, 2018

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 PH-MCOs coverage updates on new technologies as discussed in regular TAG meetings.

Background:

The TAG workgroup meets quarterly on the 1st Wednesday of February, May, August and November to discuss issues revolving around new technologies and technologies or services that were previously considered to be a program exception. During this meeting, decisions are made as to whether or not certain technologies will be covered and how they will be covered. TAG's decisions are as follows:

- **Option #1:** Approved- Will be added to the Fee Schedule
- **Option #2:** Approved as Medically Effective- 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 is the updated list of codes/descriptions discussed at the May 2018, TAG Meeting and the decisions that were made:

HCPCS/CPT Code	Description	Decision
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Option #4
A4555	Electrode/Transducer for use with electrical Stimulation Device that is used for cancer treatment, replacement only.	Option #3
E0766	Electrical Stimulation device used for cancer treatment, includes all accessories, any type.	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