

**Office of Medical Assistance Programs
Technology Assessment Group
Ops # 10/2023-015**

DATE: October 17, 2023

SUBJECT: Office of Medical Assistance Programs (OMAP) 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

Purpose:

OMAP is providing MCOs a coverage update on new technologies as determined during an 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. 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 September 28, 2023 internal OMAP clinical review meeting and the decision that was made:

| HCPCS/CPT Code | Description | Decision |
|-----------------------|--|--|
| 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum | Previously Option #4; re-reviewed and made an Option # 3 |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum | Previously Option #4; re-reviewed and made an Option # 3 |
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | Previously Option #4; re-reviewed and made an Option # 3 |
| 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open | Previously Option #4; re-reviewed and made an 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:

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

Resources:

N/A