

**Managed Care Operations Memorandum
Technology Assessment Group
MCOPS Memo # 01/2021-002**

Date: January 5, 2021

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 on new technologies as discussed in regular Technology Assessment Group (TAG) meetings.

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 November 6, 2019, TAG Meeting and the MA coverage decisions that were made:

| HCPCS/CPT Code | Description | Decision |
|----------------|---|---|
| 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant. | Option # 3 |
| 52442 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure). | Option # 3 |
| C9739 | Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants. | Option # 3 |
| C9740 | Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants. | Option # 3 |
| 81528 | Cologuard – Colon Cancer Test. Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and NMP3) and fecal hemoglobin, utilizing stool, algorithm reported as positive or negative result. | Re-reviewed at this meeting and lowered the recommended age of Cologuard screening to start at age 45 years old for low risk asymptomatic adults. Option # 1 |
| 81479/0047U | Oncotype DX Prostate Cancer Assay– Genomic Prostate Score (GPS) assay designed for men with clinically low- or intermediate-risk cancer to help make treatment decisions at time of diagnosis. Analyzes prostate cancer gene activity to predict disease aggressiveness. | Option # 4 |
| 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes. | New in 2020, reviewed in meeting. |

| | | |
|-------|---|--|
| | | Option # 4 |
| 81541 | Prolaris – Prostate Cancer Test. This test is an in vitro prognostic assay that measures gene expression in tumor samples isolated from prostate cancer patients with clinically localized prostate cancer. | Re-reviewed at this meeting. Option # 4 |
| 81313 | PCA/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ration (eg, prostate cancer). | Re-reviewed at this meeting. 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:

N/A

Obsolete:

N/A

Attachment:

N/A