## Managed Care Operations Memorandum Technology Assessment Group MCOPS Memo # 06/2019-009

**Date:** June 4, 2019

**Subject:** Technology Assessment Group (TAG) Coverage Decisions

To: HealthChoices MCOs

From: Laurie Rock, Director, Bureau of Managed Care Operations

## Purpose:

To provide MCOs coverage updates regarding new technologies as discussed in regular TAG meetings.

## Background:

The TAG workgroup meets quarterly on the 1<sup>st</sup> Wednesday of February, May, August and November to discuss issues and evidence-based research pertaining to revolving new technologies and previously reviewed technologies or services that were determined to be covered only through a program exception request. During the TAG meetings, 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 May 1, 2019, TAG Meeting and the MA coverage decisions that were made:

| HCPCS/CPT | Description                         | Decision                     |
|-----------|-------------------------------------|------------------------------|
| Code      |                                     |                              |
| 33340     | The Watchman Left Atrial            | Option # 3. The decision of  |
|           | Appendage Closure (LAAC)            | option # 3 is only for the   |
|           | Device is a catheter-delivered      | Watchman LAAC Device and     |
|           | heart implant designed to close     | does not impact the other    |
|           | the left atrial appendage, a major  | LAAC devices that can be     |
|           | source of clots in patients         | billed under CPT code 33340. |
|           | suffering from atrial fibrillation. |                              |
| E0486     | Oral Device/Appliance used to       | Option # 2                   |
|           | reduce upper airway collapsibility  |                              |
|           | especially in Obstructive Sleep     |                              |
|           | Apnea patients                      |                              |

This memo is not intended to replace any existing Prior Authorization Review Processes

| currently being utilized; it is for informational/internal purposes only. |
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| Next Steps:   |
| N/A   |
| Obsolete:   |
| N/A   |
| Attachment:   |
| N/A   |