Managed Care Operations Memorandum
Technology Assessment Group
MCOPS Memo # 08/2019-011

Date: October 22, 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 in regular TAG meetings.

Background:

The TAG workgroup meets quarterly on the 2nd Friday 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 August 6, 2019, TAG Meeting and the MA coverage decisions that were made:

HCPCS/CPT Code	Description	Decision
B4105	This is a single use cartridge that contains the digestive enzyme lipase. The cartridge connects to an enteral feeding system so that as the formula flows through the Relizorb cartridge, the lipase inside the cartridge hydrolyzes fats to deliver more absorbable calories to patients with cystic fibrosis and exocrine pancreatic insufficiency.	Option # 3
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial.	Option # 4
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Option # 4
Q4132	Grafix Core is a cryopreserved human chorion matrix with retained neonatal mesenchymal stem cells and fibroblasts that produce biologically active growth factor in	Option # 3

	the native tissue for acute and chronic wounds.	
Q4133	Grafix Prime is a cryopreserved human amnion matrix with retained neonatal mesenchymal stem cell and fibroblasts that produce biologically active growth factors in the native tissue for acute and chronic wounds.	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