Managed Care Operations Memorandum Technology Assessment Group MCOPS Memo # 01/2021-001

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 February 5, 2020, TAG Meeting and the MA coverage decisions that were made:

| HCPCS/CPT Code | Description | Decision |
|-------------------|--|---|
| 81503 | OVA-1 Assay Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2microglobulin, transferrin, and prealbumin), utilizing serum, algorithm reported as a risk score | Re-reviewed at this meeting. Option # 4 |
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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 | | | |