

Managed Care Operations Memorandum

Technology Assessment Group

MCOPS Memo # 06/2021-006

Date: November 4, 2020

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:** Indicates service, device, or procedure will be added to the MA Program Fee Schedule because of well-established medical evidence. MCOs or FFS 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 November 4, 2020, TAG Meeting and the decisions that were made:

HCPCS/CPT Code	Description	Decision
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	Re-reviewed at this meeting. Option #3
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	Re-reviewed at this meeting. Option #3
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	Re-reviewed at this meeting. Option #3
PLA 0097U	BioFire FilmArray Gastrointestinal (GI) Panel	New to TAG: reviewed in meeting. Option #3
PLA 0098U	BioFire FilmArray Respiratory Panel (RP) EZ	New to TAG: reviewed in meeting. Option #4

PLA 0099U	BioFire FilmArray Respiratory Panel (RP)	New to TAG: reviewed in meeting. Option #4
PLA 0100U	BioFire FilmArray Respiratory Panel 2 (RP2)	New to TAG: reviewed in meeting. Option #4
PLA 0151U	BioFire FilmArray Pneumonia Panel	New to TAG: reviewed in meeting. Option #4
PLA 0202U	BioFire Respiratory Panel 2.1 (RP2.1)	New to TAG: reviewed in meeting. Option #4
Q4195	Puraply, per square centimeter	New to TAG: reviewed in meeting. Option #4
Q4196	Puraply am, per square centimeter	New to TAG: reviewed in 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