

Superseded by determination #20211105A

Noninvasive cardiac imaging

**Health Technology Clinical Committee
Final Findings and Decision**

Topic: Cardiac Nuclear Imaging
Meeting Date: September 20, 2013
Final Adoption: November 15, 2013

Meeting materials and transcript are available on the HTA website at:

<http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx>

Number and Coverage Topic:

20130920A – Cardiac Nuclear Imaging

HTCC Coverage Determination:

Cardiac Nuclear Imaging is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

Cardiac Nuclear Imaging is a **covered benefit with conditions including:**

SPECT (Single Photon Emission Computed Tomography)

Covered for patients with symptoms of myocardial ischemia (symptomatic) who are:

- At high risk of coronary artery disease (CAD), or
- At low to intermediate risk of CAD, and
 - Have abnormal/indeterminate exercise treadmill test (ETT), or
 - Unable to perform ETT, or
 - Electrocardiogram (ECG) abnormality that prevents accurate interpretation of ETT.

For patients with known CAD, monitoring:

- Changes in symptoms

PET (Positron Emission Tomography)

Covered under the same conditions as SPECT when:

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- SPECT is not technically feasible; or
- SPECT is inconclusive.

Non-Covered Indicators

Cardiac Nuclear Imaging is **not a covered benefit** for:

- Asymptomatic patients*
- Patients with known CAD and no changes in symptoms

* Does not apply to pre-operative evaluation of patients undergoing high-risk non-cardiac surgery or patients who have undergone cardiac transplant.

Agency Contact Information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

Archived

HTCC Coverage Vote and Formal Action

Committee Decision

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Cardiac Nuclear Imaging demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Cardiac Nuclear Imaging.

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Cardiac Nuclear Imaging - SPECT	0	0	11
Cardiac Nuclear Imaging - PET	0	0	11

Discussion

The Chair called for discussion of conditions of coverage for Cardiac Nuclear Imaging following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

Limitations of Coverage

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Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Cardiac Nuclear Imaging reflective of the majority vote for final approval at the next public meeting.

The committee checked for availability of a Medicare decision. CMS has a national coverage determination (NCD) for SPECT that gives CMS regional contractors discretion with respect to clinical indications and limitations of coverage with one exception that SPECT may not follow an inconclusive PET scan for myocardial viability. For SPECT, the HTCC reviewed this NCD and the local decision. CMS has a NCD for PET Cardiac Nuclear Imaging. The committee's determination is in agreement with the NCD for SPECT and PET with regard to indications for testing. The committee did not address specific radiotracers for PET scanning.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

Final