

**Health Technology Clinical Committee****Findings and Decision****Topic: Bone Morphogenetic Proteins for use in Lumbar Fusion****Meeting Date: March 16, 2012****Final Adoption: May 18, 2012****Number and Coverage Topic****20120316B – Bone Morphogenetic Proteins for Use in Lumbar Fusion****HTCC Coverage Determination**Bone morphogenetic protein-2 (rhBMP-2) is a **covered benefit with conditions**.Bone morphogenetic protein-7 (rhBMP-7) is **not a covered benefit**.**HTCC Reimbursement Determination****❖ Limitations of Coverage**

BMP-2 coverage criteria:

- For use in the Lumbar spine only;
- Adults 18 years of age and over; and,
- For primary anterior open or laparoscopic fusion at one level between L4 and S1, OR
- Revision lumbar fusion on a compromised patient for whom autologous bone and bone marrow harvest are not feasible or not expected to result in fusion

**❖ Non-Covered Indicators**Bone morphogenetic protein-7 is **not a covered benefit**.**Agency Contact Information**

<b>Agency</b>	<b>Phone Number</b>
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-762-6004
Health and Recovery Services Administration	1-800-562-3022

**HTCC COVERAGE VOTE AND FORMAL ACTION**

March 16, 2012 meeting transcript can be found here: [http://www.hta.hca.wa.gov/past\\_materials.html](http://www.hta.hca.wa.gov/past_materials.html)

**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 Bone Morphogenetic Protein-2 (BMP-2) demonstrates that there is sufficient evidence to cover with conditions. The committee concluded that the current evidence on Bone Morphogenetic Protein-7 (BMP-7) is insufficient evidence to cover. 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 BMP-2 for use in lumbar fusion. Based on these findings, the committee voted to not cover BMP-7.

**Bone Morphogenetic Proteins Coverage Vote**

<b>HTCC Committee Coverage Determination Vote</b>			
	<b>Not covered</b>	<b>Covered Unconditionally</b>	<b>Covered Under Certain Conditions</b>
Bone morphogenetic protein-2	0	0	<b>8</b>
Bone morphogenetic protein-7	<b>8</b>	0	0

- *Discussion:* The Chair called for discussion on conditions for use of BMP-2 due to the majority voting for coverage. The following conditions were discussed and approved by a majority:
  - *Limitations of Coverage:* rhBMP-2 for use in lumbar fusion is a covered benefit when the following conditions are met:
    - Adults age 18 years and over
    - Lumbar spine only
    - Primary anterior open or laparoscopic fusion at one level between L4 and S1, OR
    - Revision lumbar fusion on a compromised patient for whom autologous bone and bone marrow harvest are not feasible or not expected to result in fusion
  
- *Action:* The committee Chair directed HTA staff to prepare a Findings and Decision document on Bone Morphogenetic Proteins for use in lumbar fusion reflective of the majority vote for final approval at the next public meeting.

The committee reviewed the Clinical guidelines and Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for Bone Morphogenetic Proteins for use in lumbar fusion.

**Health Technology Clinical Committee Authority**

Washington State’s legislature believes it is important to use a scientific 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 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 Health Technology Clinical Committee (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.