

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

**Topic:** Appropriate Imaging for Breast Cancer Screening in Special Populations  
**Meeting Date:** January 16, 2015  
**Final Adoption:** March 20, 2015

**Meeting materials and transcript are available on the HTA website:**  
[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx)

**Number and Coverage Topic:**

20150116B – Appropriate Imaging for Breast Cancer Screening in Special Populations

**HTCC Coverage Determination:**

**Digital Breast Tomosynthesis**

Digital breast tomosynthesis (DBT) is a **covered benefit** supplementary to digital mammography in woman aged 40 to 74 who are candidates for screening mammography.

**Supplemental Screening Modalities for Breast Cancer Screening**

Supplementary screening with Magnetic Resonance Imaging (MRI), Hand Held Ultrasound (HHUS), or Automated Breast Ultrasound (ABUS) is **not covered**.

**HTCC Reimbursement Determination:**

**Limitations of Coverage:** N/A

**Non-Covered Indicators:**

Magnetic Resonance Imaging (MRI) supplementary to screening mammography in women with dense breasts (applies to **non-high risk populations**)

Hand Held Ultrasound (HHUS) supplementary to screening mammography in women with dense breasts (applies to **high risk and non-high risk populations**)

Automated Breast Ultrasound (ABUS) supplementary to screening mammography in women with dense breasts (applies to **high risk and non-high risk populations**)

**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

**Final**

**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 state agency utilization information. The committee concluded that the evidence is sufficient and to cover digital breast tomosynthesis (DBT) for breast cancer screening for woman aged 40 to 74 who are candidates for screening mammography. The committee concluded that the available evidence is not sufficient to support coverage for magnetic resonance imaging (MRI), Hand Held Ultrasound (HHUS) and Automated Breast Ultrasound (ABUS) for supplementary screening following mammography.

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 DBT for woman aged 40 to 74 who are candidates for screening mammography. Separately, the committee voted to not cover MRI, HHUS and ABUS for supplementary screening following mammography.

**HTCC Committee Coverage Determination Vote**

	<b>Not Covered</b>	<b>Covered Under Certain Conditions</b>	<b>Covered Unconditionally</b>
Digital Breast Tomosynthesis	4	0	6
Magnetic Resonance Imaging, Hand Held Ultrasound or Automated Breast Ultrasound	10	0	0

***Discussion***

The chair called for discussion of conditions and evidence related to DBT for screening. Coverage without conditions was approved by a majority of the committee. Discussion of the evidence and conditions for use of MRI, HHUS and ABUS were discussed by the committee. The committee voted to not cover these technologies for adjunctive screening for women with dense breast tissue.

**Limitations of Coverage:**

Magnetic Resonance Imaging, Hand-Held Ultrasound and Automated Breast Ultrasound supplementary to screening mammography in women with dense breast tissue are not covered.

The committee determined Magnetic Resonance Imaging, Hand-Held Ultrasound and Automated Breast Ultrasound are **not covered** benefits.

***Action***

The committee checked for availability of Medicare national coverage decisions (NCDs). There are NCDs for hand held ultrasound, automated breast ultrasound and MRI national coverage, but these NCDs do not address the use of the technologies for screening. No NCD for digital breast tomosynthesis was identified. A recent Medicare payment policy rule was identified, discussed and considered by the committee determination for digital breast tomosynthesis.

The committee reviewed and considered available guidelines including those by the American Cancer Society, National Comprehensive Cancer Network (NCCN), American College of Radiology, American Society of Breast Disease, Society for Breast Imaging, Washington State Radiological Society and European Society of Breast Imaging.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Appropriate Imaging for Breast Screening in Special Populations reflective of the majority vote for final approval at the next public meeting.

### **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.