

Health technology assessment program

Prospective technology topics – 2025

Public comments accepted until **5:00 p.m., July 10, 2025**

Submit all comments to: shtap@hca.wa.gov

Summary

The Health Care Authority (HCA) Interim Director selects topics for review through the Health Technology Assessment (HTA) program. Proposed topics are identified by the medical directors from participating agencies - Labor and Industries, Department of Corrections, Health Care Authority (PEBB/SEBB and Medicaid); by HTA staff; or by petition from an interested party.

After selection, the proposed topics are published online for review and comment by the public and health technology stakeholders. This comment period extends for two weeks. Following the public comment period, HTA staff will provide all comments to the Interim Director for consideration before making a final selection of the topics for the review cycle.

At this time, the program proposes the following topics for the 2026/2027 cycle:

- [Functional Neuroimaging for Primary Degenerative Dementia and Mild Cognitive Impairment](#): Rereview of the determination from 2015.
- [Hyperbaric Oxygen Therapy](#): Rereview of the determination on thermal burns from 2015.
- [Catheter Ablation Procedures For Supraventricular Tachyarrhythmia Including Atrial Flutter & Atrial Fibrillation](#): Rereview of the determination from 2013.

Background

The HTA program is a legislatively created program that seeks to ensure that health technologies purchased by state agencies are safe and effective, and that coverage decisions of state agencies are consistent. The program relies on scientific, evidence-based information about safety and effectiveness to inform decisions and improve quality. An independent committee of eleven practicing health care clinicians reviews evidence regarding the safety, efficacy, and cost-effectiveness of various medical procedures and/or equipment, and determines if the state should pay for those procedures. The HCA, in consultation with participating state agencies (Department of Labor and Industries and Department of Corrections), selects technologies for review through the HTA program process. Agency leaders or their designees are liaisons between the HTA program and the participating agencies, and provide consultation on program decisions, clinical committee membership, and to recommend and prioritize technologies.

Interested organization/public recommendations:

Interested individuals may petition the program to review or rereview a technology by using the [petition for health technology review](#) form, located on the [HTA webpage](#), at any time.

Prospective topic list

Agency medical directors and policy staff reviewed utilization, emerging technology, activity by other health technology assessment programs, and public requests for a list of prospective technologies for prioritization and recommendation to the HCA director.

Topics considered, not proposed

1. Artificial disc replacement
2. Gene expression profile testing of cancer tissue
3. Intensity modulated radiation therapy
4. Microprocessor-controlled lower limb prosthetics
5. Sleep apnea diagnosis and treatment in adults
6. Upper endoscopy for GERD and GI symptoms
7. Hyperbaric oxygen for selected indications
8. Pharmacogenetic testing
9. Ultrasound for breast imaging

Rereview technologies

Technologies [are considered for rereview](#) at least once every eighteen months based on availability of new evidence that may change the decision. All technologies with determinations beyond 18 months since the final determination previously reviewed by the Health Technology Clinical Committee (HTCC) are listed below, along with information on whether they have been selected for rereview.

Petitioners whose topic is not selected for rereview by the Interim Director of HCA may request consideration for selection of the topic by the HTCC.

Technology	HTCC review history	Rereview?
1 Artificial Disc Replacement Signal search completed in 2024 . New evidence does not appear to support policy changes.	HTCC first review in 2008 with a rereview in 2017. Literature scan in 2016 and 2024.	No
2 Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA) Signal search completed in 2025 . New evidence identified that could change previous determination.	HTCC first reviewed in 2013. Literature scan in 2025.	Yes
3 Functional Neuroimaging for Primary Degenerative Dementia and Mild Cognitive Impairment Signal search completed in 2024 . New evidence identified that could change previous determination.	HTCC first reviewed in 2015. Literature scan in 2024.	Yes
4 Gene Expression Profile Testing of Cancer Tissue Signal search completed in 2024 . New evidence does not appear to support policy changes.	HTCC first review in 2018. Literature scan in 2024.	No
5 Intensity Modulated Radiation Therapy (IMRT) Signal search completed in 2025 . New evidence identified that could change previous determination.	HTCC first review in 2012. Literature scan in 2025.	Yes
6 Hyperbaric Oxygen Therapy (HBOT) Signal search completed in 2025 . New evidence identified for thermal burns that could change previous determination.	HTCC first reviewed in 2013. Literature scan in 2025.	Yes
7 Microprocessor-Controlled Lower Limb Prosthetics Signal search completed in 2025 . New evidence does not appear to support policy changes.	HTCC first review in 2012. Literature scan in 2025.	No

Technology	HTCC review history	Rereview?
8 Sleep Apnea Diagnosis and treatment in Adults Signal search completed in 2024. New evidence does not appear to support policy changes.	HTCC first review in 2012. Literature scan in 2024.	No
9 Upper Endoscopy for GERD and GI Symptoms Signal search completed in 2025. New evidence does not appear to support policy changes.	HTCC first review in 2012. Literature scan in 2025.	No
10 Upright/Positional MRI Signal search completed in 2024. New evidence does not appear to support policy changes.	HTCC first reviewed in 2007. Literature scan conducted in 2012 and 2024.	No

For the current period, the program has not received or identified new evidence to support review of the following:

1. Applied Behavioral Analysis (ABA or ABA Therapy) Based Behavioral Interventions for the Treatment of Autism Spectrum Disorder, June 2011
2. Appropriate Imaging for Breast Cancer Screening in Special Populations, January 2015
3. Autologous Blood/Platelet-Rich Plasma Injections, July 2023
4. Bariatric surgery, May 2024
5. Bone Growth Stimulation, August 2009
6. Bone Morphogenic Proteins for Use in Lumbar Fusion, March 2012
7. Breast MRI, August 2010
8. Bronchial Thermoplasty for Asthma, May 2016
9. Cardiac Stents, January 2016
10. Carotid Artery Stenting, September 2013
11. Cell-Free DNA Prenatal Screening for Chromosomal Aneuploidies (cfDNA), January 2020
12. Cervical Spinal Fusion for Degenerative Disc Disease, March 2013
13. Chronic Migraine and Chronic Tension-type Headache, March 2022
14. Cochlear Implants: Bilateral Versus Unilateral, September 2024
15. Computed Tomographic Colonography (CTC), February 2008
16. Coronary Artery Calcium Scoring, May 2020
17. Discography, February 2008
18. Electrical Neural Stimulation (ENS), October 2009
19. Extracorporeal Membrane Oxygenation Therapy (ECMO), March 2016

20. Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions, March 2017
21. Facet Neurotomy, June 2020
22. Fecal Microbiota Transplantation, November 2016
23. Genomic Microarray Testing, January 2018
24. Hip Resurfacing, November 2013
25. Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome, December 2023
26. Imaging for Rhinosinusitis, May 2015
27. Implantable Drug Delivery System for Chronic Non-Cancer Pain, August 2008
28. Knee Arthroscopy for Osteoarthritis of the Knee, August 2008
29. Lumbar Fusion for Degenerative Disc Disease, November 2015
30. Negative Pressure Wound Therapy (NPWT) for Home Use, November 2016
31. Nonpharmacologic Treatments for Treatment Resistant Depression, March 2014
32. Peripheral Nerve Ablation for Limb Pain, January 2019
33. Pharmacogenetic Testing for Patients Being Treated with Oral Anticoagulants, May 2018
34. Pharmacogenomic Testing for Selected Conditions, January 2017
35. Positron Emission Tomography (PET) Scans for Lymphoma, November 2018
36. Proton Beam Therapy, May 2019
37. Routine Ultrasound for Pregnancy, November 2010
38. Screening & Monitoring Tests for Osteopenia/Osteoporosis, November 2014
39. Selected Treatments for Varicose Veins, May 2017
40. Spinal Cord Stimulation, May 2024
41. Spinal Injections, March 2016
42. Stem Cell Therapy for Musculoskeletal Conditions, June 2020
43. Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy, June 2023
44. Surgery for Lumbar Radiculopathy/Sciatica, May 2018
45. Testosterone Testing, March 2015
46. Tinnitus: Non-Invasive, Non-Pharmacologic Treatments, May 2020
47. Total Knee Arthroplasty, October 2010
48. Transcranial Magnetic Stimulation for Selected Conditions, March 2023
49. Treatments for chondral defects of the knee, September 2024
50. Tumor Treating Fields (Optune), November 2018
51. Tympanostomy Tubes in Children, November 2015

- 52. Vagal Nerve Stimulation for Epilepsy and Depression, May 2020
- 53. Vertebroplasty, Kyphoplasty, and Sacroplasty, January 2025
- 54. Vitamin D Screening and Testing, November 2012
- 55. Whole Exome Sequencing, November 2019
- 56. Whole Genome Sequencing, June 2024

Next steps:

Via this notice, prospective technology topics are posted on the [HTA program webpage](#) to gather public comment on the following:

- New topics proposed for review
- Topics selected for rereview
- Consideration of topics eligible for rereview on the basis of evidence available since the original determination

The agency recommendations and public comments will be presented to the HCA director for final selection. Selected topics are posted to the [HTA program webpage](#).

Prioritization criteria:

HTA created a process and tools based on the legislative requirements and criteria that are widely used in technology assessment priority settings. Identification of criteria and use of priority tools makes the process explicit and increases transparency and consistency across decision-makers. The tools are intended to be used by agency liaisons when making recommendations and by the clinical committee when making comments or selections of technologies. The primary criteria are directly linked to the legislative mandates for the program to focus technology reviews where there are concerns about safety, efficacy, or cost effectiveness, especially relative to existing alternatives. See [RCW 70.14.100](#). These criteria are also common to other technology assessment programs. The [prioritization criteria tool](#) is available on the website.

Rereview topic criteria:

Rereview criteria are directly linked to the legislative mandate that technologies shall be selected for rereview only where evidence has since become available that could change a previous determination. Technologies are considered for rereviews at least once every 18 months. Rereviews consider only evidence made available since the previous determination. See [RCW 70.14.100](#). The rereview criterion is directed at identifying those situations where a technology requires a rereview to consider new evidence that was not available when the initial review was completed and the likelihood that the new evidence could result in a change to a previous determination.