| **Health Care Authority****Cascade Care Public Option Plans - RFA 2020HCA1****HTCC Decisions Matrix, v2020-02-27** |
| --- |
| **HTCC/HTCC Final Decisions**(hyperlinked) | **HTCC Date of Final Decision** | **Implementation Details**  |  **Impacted Codes** | **Notes** | **Column F: Carrier Current Coverage Policy (Link or Summary)** | **Column G: Carrier Assessment: Conformance**  |
| [VertebroplastyKyphoplastySacroplasty](http://www.hca.wa.gov/assets/program/findings_decision_vks_031811%5B1%5D.pdf) | 3/18/2011 | Not a covered benefit | 0200T-0201T22510, 22511, 22512, 22513, 22514 & 22515 |   |   |   |
| [Sacroiliac Joint Fusion](https://www.hca.wa.gov/assets/program/si-joint-fusion-draft-findings-decision-20190118.pdf) | 5/3/2019 | Not a covered benefit | 2727927280 | In adults, 18 years old and older, with chronic sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption, minimally invasive and open sacroiliac joint fusion procedures is not a covered benefit.  |   |   |
| [Pharmacogenetic testing for patients being treated with oral anticoagulants](https://www.hca.wa.gov/assets/program/pharmaogenetic-testing-anticoagulants-final-findings-decision-20180713.pdf) | 7/13/2018 | Not a covered benefit | 64640, 0441T, 0040T & 64999 |   |   |   |
| [Extracorporeal shock wave therapy (ESWT) for musculoskeletal conditions](https://www.hca.wa.gov/assets/program/eswt-final-findings-decision-20170519.pdf) | 5/19/2017 | Not a covered benefit | 0101T0102T28890 |   |   |   |
| [Pharmacogenomic testing for selected conditions](https://www.hca.wa.gov/assets/program/PDX-final-findings-decision-20170317.pdf) | 3/17/2017 | Not a covered benefit | 0028U 0029U 0033U 0034U 81230 81231 81232 81328 81335 813460070U 0071U 0072U 0073U 0074U 0075U 0076UF1223 F1293  |   |   |   |
| [Novocure](http://www.hca.wa.gov/assets/program/novocure_final_findings_decision_032816%5B1%5D.pdf) | 3/18/2016 | Not a covered benefit | HCPC A4555, E0766 |   |   |   |
| [Lumbar Fusion RR](http://www.hca.wa.gov/assets/program/lumbar_fusion-rr_final_findings_decision_012016%5B1%5D.pdf) | 1/15/2016 | Not a covered benefit | 22533, 22558, 22612, 22630, 22633, 22853, 22854, 22859 | not a covered benefit for uncomplicated degenerative disc disease  |   |   |
| [Hip Resurfacing - RR](http://www.hca.wa.gov/assets/program/hip_final_findings_decision_032414%5B1%5D.pdf) | 3/21/2014 | Not a covered benefit | S2118, 27299 |   |   |   |
| [Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome](http://www.hca.wa.gov/assets/program/findings_decision_fai%5B1%5D.pdf) | 11/18/2011 | Not a covered benefit | 27299, 29999, 29914, 29915, 29916 | review for acute injury, otherwise non-covered |   |   |
| [Electrical Neural Stimulation (ENS)](http://www.hca.wa.gov/assets/program/findings_decision_ens_103009%5B1%5D.pdf) | 11/20/2009 | Not a covered benefit |  A4595, A4630, E0720, E0730, E0731 |   |   |   |
| [Knee Arthroscopy for Osteoarthritis of the Knee.](http://www.hca.wa.gov/assets/program/decision_finding_knee_final%5B1%5D.pdf) | 10/17/2008 | Not a covered benefit |  29877, 29874 G0289  | Knee Arthroscopy for osteoarthritis of the knee is not a covered benefitThis decision does not apply to the use of knee arthroscopy for other diagnostic and therapeutic purposes |   |   |
| Peripheral Nerve Ablation for limb pain | 5/17/2019 | Not a covered benefit  | 0441T, 0040T, 64640, & 64999 | Peripheral nerve ablation, using any technique, to treat limb pain including for knee, hip, foot, or shoulder due to osteoarthritis or other conditions, is not a covered benefit for adults and children configured to deny at the benefit level. |   |   |
| [Autologous Blood and Platelet Rich Plasma Injections](http://www.hca.wa.gov/assets/program/prp_final_findings_decision.pdf) | 7/8/2016 | Not a covered benefit | 0481T |   |   |   |
| [Bronchial Thermoplasty](http://www.hca.wa.gov/assets/program/bronchial_thermo_final_findings_decision.pdf) | 7/8/2016 | Not a covered benefit | 31660, 31661 |   |   |   |
| [Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment](http://www.hca.wa.gov/assets/program/neuro_final_findings_decision_032015%5B1%5D.pdf) | 3/20/2015 | Not a covered benefit | 70554, 70555, 78608, 7860978607, A9584 | cpt codes with correlating dx codes for primary degenerative dementia or mild cognitive impairment not covered. |   |   |
| [Coronary Artery Calcium Scoring](http://www.hca.wa.gov/assets/program/cacs_final_findings_decision_062110%5B1%5D_0.pdf) | 5/14/2010 | Not a covered benefit | 75571S8092  |   |   |   |
| [Virtual Colonoscopy or Computed Tomographic Colonography (CTC)](http://www.hca.wa.gov/assets/program/decision_finding_vc_final_090308%5B1%5D.pdf) | 8/15/2008 | Not a covered benefit | 74263 |   |   |   |
| [Upright / Positional MRI](http://www.hca.wa.gov/assets/program/decision_and_finding_070530_public%5B1%5D_0.pdf) | 5/18/2007 | Not a covered benefit | 76498 |   |   |   |
| [Fecal Microbiota Transplantation](https://www.hca.wa.gov/assets/program/fmt-final-findings-decision-20170120.pdf) | 1/20/2017 | Covered benefit with conditionsandnot covered when associated with IBD | 44705, G0455 |   |   |   |
| [Surgery for symptomatic lumbar radiculopathy](https://www.hca.wa.gov/assets/program/surgery-lumbar-radiculopathy-sciatica-final-findings-decision-201800713.pdf) | 7/13/2018 | Covered benefit with conditions | PA63030, 63035  63042  63044   63047  63048   63056   63057 62380   63090   63091 Non-covered codes22526 22527 62287 62292 0275T S2348 when associated with dxM4725 M4726 M4727 M5115 M5116 M5117 M5410 M5415 M5416 M5417 M4720 M4725 M4726 M4727  | Surgery for lumbar radiculopathy or sciatica is a covered benefit with conditions. |   |   |
| [Gene Expression Profile Testing of Cancer Tissue](https://www.hca.wa.gov/assets/program/gene-expression-final-findings-decision-20180518.pdf) | 5/18/2018 | Covered benefit with conditions | 0045U 0047U 0053U0067U 0069U815180008M | Gene expression profile testing of breast cancer tissue is a covered benefit with conditions. Gene expression profile testing of prostate cancer tissue is a covered benefit with conditions. Gene expression profile testing of multiple myeloma is not a covered benefit. Gene expression profile testing of colon cancer tissue is a not covered benefit. |   |   |
| [Continuous Glucose Monitoring - RR](https://www.hca.wa.gov/assets/program/cgm-final-findings-decision-20180318.pdf) | 3/16/2018 | Covered benefit with conditions | A9276 K0553 |   |   |   |
| [Genomic Microarray](https://www.hca.wa.gov/assets/program/genomic-microarray-final-findings-decision-20180119.pdf) | 3/16/2018 | Covered benefit with conditions | 81228 81229 S3870 |   |   |   |
| [Varicose Veins](https://www.hca.wa.gov/assets/program/varicose-veins-final-findings-decision-20170519.pdf) | 7/14/2017 | Covered benefit with conditions | 36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785S2202 0524T | treatment covered when meets HTCC criteria |   |   |
| [Treatment for Chronic Migraine](https://www.hca.wa.gov/assets/program/chronic-migraine-final-findings-decision-REVISED-20180720_0.pdf) | 7/14/2017 | Covered benefit with conditions | J0585, 97140 - PANon-covered978109781197813 97124 205532055290868908670310T97814 S893098940, 98941, 98942, 98943 98926, 98927, 98928, 98929 97140, S8990  deny when associated with dx codes G44201  G44209  G44211  G44219 G44221  G44229G43719 G43711 G43709 G43701 | Treatment of chronic migraine with OnabotulinumtoxinA is a covered benefit with conditionsTreatment of chronic tension-type headache with OnabotulinumtoxinA is not a covered benefitTreatment of chronic migraine or chronic tension-type headache with acupuncture, massage, trigger point injections, transcranial magnetic stimulation, or manipulation/manual therapy is not a covered benefit |   |   |
| [Artificial Discs - RR](https://www.hca.wa.gov/assets/program/adr-rr-final-findings-decision-20170317.pdf) | 3/17/2017 | Covered benefit with conditions |   22856 2285822861 0095T0098T 22857 22862 22865 0163T 0164T 0165T | Lumbar artificial disc replacement is not a covered benefit,Cervical artificial disc replacement is a covered benefit with conditions |   |   |
| [Negative Pressure Wound Therapy](https://www.hca.wa.gov/assets/program/npwt-final-findings-decision-20170120.pdf) | 1/20/2017 | Covered benefit with conditions | 97608976079760697605A6550E2402 |   |   |   |
| [Spinal Injections - RR](https://www.hca.wa.gov/assets/program/spinal_injections-rr_final_findings_decision_060216.pdf) | 5/20/2016 | Covered benefit with conditions | PA64490, 64491, 64492, 64493, 64494, 6449562320, 62321, 62322, 62323, 64479, 64480, 64483, 64484 non covered62292 |   |   |   |
| [Cardiac Stents - RR](http://www.hca.wa.gov/assets/program/cardiac_stents-rr_final_findings_decision_032916%5B1%5D.pdf) | 3/18/2016 | Covered benefit with conditions | 92928, 92933, 92937, 92941, 92943C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, C9608 |   |   |   |
| [Tympanostomy Tubes in Children](http://www.hca.wa.gov/assets/program/tympan_tubes_final_findings_decision_012016.pdf) | 1/15/2016 | Covered benefit with conditions | 69420, 69421, 69424, 69433, 69436 | benefit for under 16 y/o with specified dx codes |   |   |
| [Testosterone Testing](https://www.hca.wa.gov/assets/program/tt_final_findings_decision_052615%5B1%5D.pdf) | 7/15/2015 | Covered benefit with conditions | 8440284403 84410  | covered when associated with appropriate dx codes |   |   |
| [Bariatric Surgery - RR](http://www.hca.wa.gov/assets/program/bariatric_final_findings_decision_071015.pdf) | 7/10/2015 | Covered benefit with conditions | 43644, 43770, 43771, 43772, 43773, 43774, 43775, 43846, 43848, 43860, 43886, 43887, 43888 |   |   |   |
| [Imaging for Rhinosinusitus](http://www.hca.wa.gov/assets/program/rhino_final_findings_decision_071015%5B1%5D.pdf) | 7/10/2015 | Covered benefit with conditions | 70450, 70460, 70486, 70487, S8042, 70470 70488 | 1/1/16Documentation update post MD signoff: 70455 not a vailid code. Removed code from implementation documentation, added codes 70450 and 704603-1-19 - adding CPT codes to PA: 70470 70488. Approved by HCA MD 10-5-18. Provider notice 12-1-18. 1-1-2020Removing Prior-Auth via Regence. Prior-Auth will be maintained via AIM |   |   |
| [Appropriate Imaging for Breast Cancer Screening in Special Populations](http://www.hca.wa.gov/assets/program/breast_imaging_final_findings_decision_033015%5B1%5D.pdf) | 3/20/2015 | Covered benefit with conditions | 77063 | Digital Breast Tomosynthesiscovered when members within the HTCC age range.  |   |   |
| [Screening and Monitoring for Osteoparosis and Osteopenia (DEXA)](https://www.hca.wa.gov/assets/program/osteo-final-findings-decision-012715.pdf) | 1/16/2015 | Covered benefit with conditions | 77080770817708577086 |   |   |   |
| [Proton Beam Therapy](https://www.hca.wa.gov/assets/program/pbt_final_findings_decision_071114%5B1%5D.pdf) | 7/11/2014 | Covered benefit with conditions | 77520, 77522, 77523 and 77525  |   |   |   |
| [Facet Neurotomy](http://www.hca.wa.gov/assets/program/052714_facet_final_findings_decision%5B1%5D.pdf) | 5/16/2014 | Covered benefit with conditions | 64633, 64634, 64635, 64636 |   |   |   |
| [Nonpharmacologic Treatments for Treatment Resistant Depression](http://www.hca.wa.gov/assets/program/trd_final_findings_decision_052014%5B1%5D.pdf) | 5/16/2014 | Covered benefit with conditions | 61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, C1820, L8679, L8680, L8685, L8686, L8687, L8688, L8682, L8683 | ECT and RTMS process at the benefit levelDeep Brain Stimulation not a covered benefit.  |   |   |
| [Hyaluronic Acid / Viscosupplementation (re-review)](http://www.hca.wa.gov/assets/program/ha_final_findings_decision%5B1%5D.pdf) | 3/21/2014 | Covered benefit with conditions | J7323, J7321, J7324, J7325, J7326 | None |   |   |
| [Carotid Artery Stenting](http://www.hca.wa.gov/assets/program/cas_final_findings_decision_112113%5B1%5D.pdf) | 11/15/2013 | Covered benefit with conditions | 37215, 37216, 37217, 37246, 37247 |   |   |   |
| [Cardiac Nuclear Imaging](http://www.hca.wa.gov/assets/program/cni_final_findings_decision_112113%5B1%5D.pdf) | 11/15/2013 | Covered benefit with conditions | 78451 78452 7845378454 78459 78466 78468 78469 7849178492 |  blood pool imaging codes do not apply to the HTCC  |   |   |
| [Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA) Including Atrial Flutter, Atrial Fibrillation](http://www.hca.wa.gov/assets/program/svta_final_findings_decision_092613%5B1%5D.pdf) | 9/20/2013 | Covered benefit with conditions | 93653, 93655, 93656, 93657, 33250, 33251  |   |   |   |
| [Cochlear Implant](http://www.hca.wa.gov/assets/program/ci_final_findings_decision_092513%5B1%5D.pdf) | 9/20/2013 | Covered benefit with conditions | 69930, L8614, L8619, L8627, L8628  | None |   |   |
| [Cervical Spinal Fusion for Degenerative Disc Disease](http://www.hca.wa.gov/assets/program/csf_final_findings_decision_052013%5B1%5D.pdf) | 5/17/2013 | Covered benefit with conditions | 22551, 22552, 22554, 22853, 22854, 22859, 22600 | Removing Prior-Auth via Regence. Prior-Auth wil be maintained via eviCore. |   |   |
| [Hyperbaric Oxygen Therapy (HBOT) for Tissue Damage Including Wound Care and Treatment of Central Nervous System (CNS) Conditions](http://www.hca.wa.gov/assets/program/hbot_final_findings_decision_052013%5B1%5D_0.pdf) | 5/17/2013 | Covered benefit with conditions | 99183, G0277A4575, E0446 |   |   |   |
| [Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy](http://www.hca.wa.gov/assets/program/sbrt_final_findings_decision_041713%5B1%5D.pdf) | 3/22/2013 | Covered benefit with conditions | 32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340 |   |   |   |
| [Vitamin D Screening and Testing](http://www.hca.wa.gov/assets/program/vit-d_final_findings_decision_041713%5B1%5D.pdf) | 3/22/2013 | Covered benefit with conditions | 82306, 826520038U | covered or specified dx codes only |   |   |
| [Intensity Modulated Radiation Therapy](http://www.hca.wa.gov/assets/program/112912_imrt_final_findings_decision%5B1%5D_0.pdf) | 11/16/2012 | Covered benefit with conditions | 77418 77385 77386 0073T 73385  |   |   |   |
| [Upper Endoscopy for GERD](https://www.hca.wa.gov/assets/program/ue_final_findings_decision_101212%5B1%5D_0.pdf) | 9/21/2012 | Covered benefit with conditions | 43200 43202 43235, 43237 43238 43239 43242 43259 |   |   |   |
| [Robotic Assisted Surgery](http://www.hca.wa.gov/assets/program/ras_final_findings_decision_101212%5B1%5D.pdf) | 9/21/2012 | Covered benefit with conditions | S2900 | not separately reimburseable |   |   |
| [Bone Morphogenic Proteins for use in Spinal Fusion](http://www.hca.wa.gov/assets/program/findings_decision_bmp%5B1%5D.pdf) | 5/18/2012 | Covered benefit with conditions | PA22533, 22558, 22612, 22630, 22633Non-covered20930If using BMP-2 or BMP-7. BMP-7 is not covered and code 20930 will deny as not seperatley reimbursable associated with BMP-7  | Bone morphogenetic protein-2 (rhBMP-2) is a covered benefit with conditionsBone morphogenetic protein-7 (rhBMP-7) is not a covered benefit  |   |   |
| [Sleep Apnea Diagnosis and Treatment in Adults](http://www.hca.wa.gov/assets/program/findings_decision_sleep_apnea.pdf) | 5/18/2012 | Covered benefit with conditions | 21121, 21122, 21141, 21145, 21196, 21198, 21199, 21685, 41120, 41500, 42140, 42145, 42160, 0466t95800, 95801, 95806, 95807, 95808, 95810, 95811, E0561, E0562, E0601, G0398, G0399, G0400 | CPAP is a covered benefit, surgery requires Pre-auth |   |   |
| [Osteochondral Allograft and Autograft Transplantation](https://www.hca.wa.gov/assets/program/oats_final_findings_decision.pdf) | 3/16/2012 | Covered benefit with conditions | 27415, 27416, 29866, 29867, J7330, S2112 | OAT for joints other than the knee is not a covered benefit |   |   |
| [Positron Emission Tomography (PET) Scans for Lymphoma](https://www.hca.wa.gov/assets/program/findings_decision_pet%5B1%5D.pdf) | 11/18/2011 | Covered benefit with conditions | 78811, 78812,78813, 78814,78815,78816 |   |   |   |
| [Applied Behavioral Analysis (ABA) Therapy for Autism](http://www.hca.wa.gov/assets/program/aba-final-findings-decision.pdf) | 9/16/2011 | Covered benefit with conditions | 97151 97152 97153 97154 97155 97156 97157 97158 0362T 0363T  | ABA covered per settlement conditions. |   |   |
| [Total Knee Arthroplasty](http://www.hca.wa.gov/assets/program/findings_decision_tka_121010%5B1%5D_0.pdf) | 12/10/2010 | Covered benefit with conditions | Clinical edits20985, 0054T, 0055TPA27437, 27438, 27440, 27441, 27445, 27446, 27447 | covered when associated with appropriate procedure codes |   |   |
| [Routine Ultrasound for Pregnancy](http://www.hca.wa.gov/assets/program/findings_decision_us_121010.pdf) | 12/10/2010 | Covered benefit with conditions | 76801, 76805, 76813, 76817 | high risk pregnancy codes included with edits  |   |   |
| [Breast MRI](https://www.hca.wa.gov/assets/program/adopted_findings_decision_bmri_102510%5B1%5D.pdf) | 10/22/2010 | Covered benefit with conditions | 77046, 77047, 77048, 77049  |   |   |   |
| [Spinal Cord Stimulators](http://www.hca.wa.gov/assets/program/adopted_findings_decision_scs_102510%5B1%5D_0.pdf) | 10/22/2010 | Covered benefit with conditions | 63650, 63655, 63685, C1822, L8679, L8680, L8685, L8686, L8687, L8688M5114-M5117, M5410-M5413, M961, 724.3,M54.30-M54.32, M54.40- M54.42, 356.9, G60.9M4720-M4728, M47811-M47819, M5010-M5013,724.4, 729.2, 722.83,M96.1 338.29,G89.29,338.28,G89.28, 338.4, G89.4, 721.3 | non covered for treatment for chronic neuropathic pain |   |   |
| [Bone Growth Stimulators](http://www.hca.wa.gov/assets/program/findings_decision_bgs_103009%5B1%5D.pdf)  | 10/30/2009 | Covered benefit with conditions | 20974, 20975, E0747, E0748, E074920979, E0760 |   |   |   |
| [Vagal Nerve Stimulation](http://www.hca.wa.gov/assets/program/findings_decision_vns_103009%5B1%5D_0.pdf) | 10/30/2009 | Covered benefit with conditions | 61885, 61886, 64553, 64568, C1822, L8679, L8680, L8682, L8683, L8685, L8686, L8687, L8688 |   |   |   |
| [Computed Tomographic Angiography](http://www.hca.wa.gov/assets/program/findings_decision_ccta_051209%5B1%5D.pdf) | 5/8/2009 | Covered benefit with conditions | 75574 |   |   |   |
| [Implantable Drug Delivery System](http://www.hca.wa.gov/assets/program/it_pump_findings_decision_112408%5B1%5D.pdf) | 11/14/2008 | Covered benefit with conditions | C1772, C1891, C2626, E0782, E0783, E0785, E0786, C1889 | Implantable drug delivery systems (Infusion Pump or IDDS) for treatment of chronic non-cancer pain is not a covered benefitThis decision does not apply to the use of IDDS for other purposes |   |   |
| [Discography](http://www.hca.wa.gov/assets/program/decision_findings_discography_final_090308%5B1%5D.pdf) | 8/15/2008 | Covered benefit with conditions | 62290, 62291, 72285, 72295 | Discography for patients with chronic low back pain and lumbar degenerative disc disease is not a covered benefit.  |   |   |
| [Extracorporeal membrane oxygenation (ECMO) in Adults](http://www.hca.wa.gov/assets/program/ecmo_final_findings_decision_060216.pdf) | 5/20/2016 | Covered benefit with conditions  |  33946, 33947, 33948, 33949, 33952, 33954, 33956, 33958, 33962, 33964, 33966, 33984, 33986, 33987, 33988, 33989, 5A15223 | ECMO claim reviewed post-claim pre-payment for medical necessity.  |   |   |
| [Microprocessor-Controlled Lower Limb Prosthetics](http://www.hca.wa.gov/assets/program/final_findings_decision_mpcllp%5B1%5D.pdf) | 3/16/2012 | Covered benefit with conditions | L5856, L5857, L5858L5859, L5973 and L5969 | Microprocessor-controlled Lower Limb Prostheses (MCP) for the Knee is a covered benefit with conditionsMicroprocessor-controlled Lower Limb Prostheses (MCP) for the feet and ankle is not a covered benefit |   |   |