

Health Technology Clinical Committee

Date: November 19, 2021
Time: 8:00 a.m. – 2:00 p.m.
Location: Webinar
Adopted: March 18, 2022

Meeting materials and transcript are available on the [HTA website](#).

HTCC Minutes

Members present: John Bramhall, MD, PhD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Christoph Lee, MD, MS, MBA; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD; Mika Sinanan, MD, PhD

Clinical expert: James Kirkpatrick, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Rege, chair, called the meeting to order; members present constituted a quorum.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Use of Cardiac Magnetic Resonance Angiography (CMRA) in Adults and Children**

Washington State agency utilization and outcomes: Judy Zerzan-Thul, MD, MPH, Chief Medical Officer, Health Care Authority, presented the state agency perspective on CMRA. Find the full presentation published with the [November 19 meeting materials](#).

Scheduled and open public comments: Chair called for public comments. Comments were provided by:

- Randy Otto, MD, Seattle Children's Hospital, Seattle, WA
- Mark Ferguson, MD, Seattle Children's Hospital, Seattle, WA
- Sujatha Buddhe, MB BS, MS, Seattle Children's Hospital, Seattle, WA

Vendor report/HTCC questions and answers: Beth Shaw, MSc, OHSU CEbP, presented the evidence review for Use of Cardiac Magnetic Resonance Angiography in Adults and Children. The full presentation is published with the [November 19 meeting materials](#).

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 decided that the current evidence on the use of cardiac magnetic resonance

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angiography (CMRA) in adults and children was sufficient to make a determination. The committee discussed and voted on the evidence for the use of CMRA in adults and children with known or suspected coronary vessel anomalies or congenital heart disease. Separately, the committee discussed and voted on the evidence for use of the technology in adults with known or suspected coronary artery disease. The committee considered the evidence, public comment and expert input, 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** CMRA for adults or children with known or suspected coronary vessel anomalies or congenital heart disease. They voted to **cover with conditions** CMRA for stable symptomatic adults (18 years old and older) with known or suspected coronary artery disease.

| | Not covered | Covered under certain conditions | Covered unconditionally |
|---|-------------|----------------------------------|-------------------------|
| CMRA use for known or suspected coronary vessel anomalies or congenital heart disease | 0 | 0 | 8 |
| CMRA use for stable symptomatic adults with known or suspected CAD | 1 | 7 | 0 |

Discussion

The committee reviewed and discussed the available studies for use of CMRA in adults and children. Details of study design, inclusion criteria, outcomes, and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine use of CMRA for being safer, more effective, or more cost-effective than comparators.

Committee’s draft determination

CMRA is **covered** for adults or children with known or suspected coronary vessel anomalies or congenital heart disease.

CMRA should not be a first line diagnostic tool in patients with stable symptoms consistent with coronary artery disease (CAD). CMRA is **covered with conditions** for stable symptomatic adults with known or suspected CAD with the following:

- In consultation with a cardiologist, and
- The patient is unable to tolerate or safely participate in other noninvasive anatomic or functional testing.

Non-covered indicators

CMRA is not a covered service in CABG patients without CAD symptoms, or in those requiring cardiac lead placement unless cardiac vascular anomalies are suspected.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare NCD for CMRA in adults and children at this time.

The committee discussed clinical guidelines identified for CMRA from the following organizations:

- Adults With Suspected CAD
 - National Institute of Health and Care Excellence (NICE) *Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis*, (2016)
 - Expert Panel on Cardiac Imaging, American College of Radiology *ACR Appropriateness Criteria(®) Chronic Chest Pain-High Probability of Coronary Artery Disease*, (2017)
 - Expert Panel on Cardiac Imaging, American College of Radiology *ACR Appropriateness Criteria(®) Chronic Chest Pain Noncardiac Etiology Unlikely-Low to Intermediate Probability of Coronary Artery Disease*, (2018)
- Adults With Suspected Coronary Vessel Anomalies
 - American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines *AHA/ACC guideline for the management of adults with congenital heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines*, (2019)
 - Expert Panel on Cardiac Imaging, American College of Radiology *ACR Appropriateness Criteria(®) Known or Suspected Congenital Heart Disease in the Adult*, (2017)

The committee's determination is consistent with the noted guidelines. The HTCC determination included consideration of local, clinical expert considerations related to the complexities low, intermediate, and high risk, comparisons to other imaging technologies, and uncertainty of evidence for efficacy and cost-effectiveness. The quality of evidence assessment was either not performed or not reported for these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on use of CMRA in adults and children for public comment to be followed by consideration for final approval at the next committee meeting.

4. Meeting adjourned