

March 18, 2022 Meeting Materials

Health Technology Clinical Committee

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- Draft Findings and Decision- Noninvasive Cardiac Imaging
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Health Technology Clinical Committee

Date: November 5, 2021
Time: 8:00 a.m. – 3:30 p.m.
Location: Webinar
Adopted: Pending

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

HTCC Minutes

Members present: Larry Birger Jr, MD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Conor Kleweno, MD; Christoph Lee, MD, MS, MBA; Laurie Mischley, ND, MPH, PhD; Mika Sinanan, MD, PhD; Tony Yen, MD

Clinical expert: James Kirkpatrick, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Friedly, vice chair, called the meeting to order; members present constituted a quorum. Dr. Friedly chaired the meeting as Dr. Rege could not attend.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Previous meeting business**

July 9, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Nine committee members approved the July 9, 2021 meeting minutes.

September 17, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Nine committee members approved the September 17, 2021 meeting minutes.

- Noninvasive cardiac imaging for coronary artery disease**

Washington State agency utilization and outcomes: Chris Chen, MD, MBA, Associate Medical Director Medicaid, Health Care Authority, presented the state agency perspective on noninvasive cardiac imaging. Find the full presentation published with the [November 5 meeting materials](#).

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

- Susan Mayer, MD – American Society of Echocardiography Advocacy
- Randall Thompson, MD – President, American Society of Nuclear Cardiology and Marko Yakovlevitch, MD

Draft

- Johnathan R. Lindner, MD – Oregon Health Sciences University
- Larry Dean, MD – University of Washington

Vendor report/HTCC questions and answers: Andrea Skelly, PhD, MPH, Aggregate Analytics, Inc., presented the evidence review for Noninvasive Cardiac Imaging for Coronary Artery Disease. The full presentation is published with the [November 5 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 noninvasive cardiac imaging for coronary artery disease (CAD) was sufficient to make a determination. The committee discussed and voted on the evidence for the use of echocardiography, coronary computed tomography angiography (CCTA), single positron emission computed tomography (SPECT) and positron emission tomography (PET), and CCTA with fractional flow reserve (FFR). 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 with conditions noninvasive cardiac imaging technology review. The committee voted unanimously to cover with conditions.

| | Not covered | Covered under certain conditions | Covered unconditionally |
|---|-------------|----------------------------------|-------------------------|
| Noninvasive cardiac imaging for coronary artery disease | 0 | 9 | 0 |

Discussion

The committee reviewed and discussed the available studies for use of noninvasive cardiac imaging for CAD. Conditions for coverage were discussed, drafted, and voted on. A majority of committee members supported the conditions of coverage for echocardiography, CCTA, SPECT, PET, and CCTA-FFR. Echocardiography, SPECT, CCTA, PET, and CCTA-FFR have conditional coverage. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

Limitations

Stress echocardiography is a covered benefit with conditions for:

- Symptomatic adult patients (≥18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known coronary artery disease who have new or worsening symptoms.

SPECT is a covered benefit with conditions for:

- Patients under the same conditions as stress echocardiography when stress echocardiography is not technically feasible or clinically appropriate.

PET is a covered benefit with conditions for:

- Patients under the same conditions as SPECT, when SPECT is not technically feasible or clinically appropriate.

CCTA is a covered benefit with conditions for:

- Symptomatic adult patients (≥ 18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known CAD who have new or worsening symptoms.

CCTA with FFR is a covered benefit with conditions for:

- Patients under the same conditions as CCTA, when further investigation of functional significance of stenoses is clinically indicated.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is a Medicare LCD for non-invasive fractional flow reserve for stable ischemic heart disease. There is no NCD for cardiac imaging for CAD as reviewed.

The committee discussed clinical guidelines identified from the following organizations:

- American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons *Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease* (2012)
- The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC) *ESC Guidelines for the diagnosis and management of chronic coronary syndromes* (2019)
- National Institute for Health and Care Excellence (NICE) *Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis* (2016)
- American College of Cardiology (ACC) and the American Heart Association (AHA) *Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes* (2014)

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

The committee vice chair directed HTA staff to prepare a findings and decision document on use of noninvasive cardiac imaging for coronary artery disease for public comment to be followed by consideration for final approval at the next committee meeting.

5. Meeting adjourned

Health Technology Clinical Committee

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

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

Draft

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

Noninvasive cardiac imaging
Draft findings and decision
Timeline, overview and comments

Timeline

| Phase | Date | Public Comment Days |
|-------------------------------------|---------------------------------|---------------------|
| Proposed Topics published | July 15, 2020 | |
| Public comments | July 15 to July 28, 2020 | 14 |
| Selected technologies published | December 1, 2020 | |
| Public comments | December 1 to December 30, 2020 | 30 |
| Draft key questions published | January 26, 2021 | |
| Public comments | January 27 to February 11, 2021 | 16 |
| Final key questions published | April 22, 2021 | |
| Draft report published | September 10, 2021 | |
| Public comments | September 10 to October 9, 2021 | 29 |
| Final report published | October 20, 2021 | |
| Public meeting | November 5, 2021 | |
| Draft findings & decision published | December 20, 2021 | |
| Public comments | December 20 to January 7, 2022 | 18 |

Overview

| Category | Comment Period <i>Dates here</i> | Cited Evidence |
|--|-------------------------------------|----------------|
| Patient, relative, and citizen | | |
| Legislator and public official | | |
| Health care professional | 1 | 0 |
| Industry & manufacturer | | |
| Professional society & advocacy organization | | |
| Total | 1 | |

Comments

| | Respondents | Representing | Cited Evidence |
|--------------------------|-------------------------|---------------------|-----------------------|
| <input type="checkbox"/> | 1. Lindsay Lemanski, RN | Regence | No |
| <input type="checkbox"/> | 2. | | |
| <input type="checkbox"/> | 3. | | |
| <input type="checkbox"/> | 4. | | |
| <input type="checkbox"/> | 5. | | |

HTCC final approval of coverage decision

Next step: proposed findings and decision and public comment

At the next public meeting the committee will review the proposed findings and decision and consider any public comments as appropriate prior to a vote for final adoption of the determination.

- 1) Based on public comment was evidence overlooked in the process that should be considered?
- 2) Does the proposed findings and decision document clearly convey the intended coverage determination based on review and consideration of the evidence?

Next step: final determination

Following review of the proposed findings and decision document and public comments:

Final vote

Does the committee approve the Findings and Decisions document with any changes noted in discussion?

If yes, the process is concluded.

If no, or an unclear (i.e., tie) outcome chair will lead discussion to determine next steps.

From: [REDACTED]
To: [HCA ST Health Tech Assessment Prog](#)
Cc: [REDACTED]
Subject: Two new topics pending final adoption
Date: Tuesday, January 25, 2022 10:29:58 AM
Attachments: [cmra-draft-findings-and-decision-nov-18-2021.pdf](#)
[noninvasive-cardiac-imaging-draft-findings-and-decision-nov-05-2021 \(1\).pdf](#)

External Email

Good morning,

I am reaching out regarding the two new topics attached pending final adoption. Any insight to the inquiries below and/or feedback is greatly appreciated to support next steps for implementation planning. Thank you in advance.

November 5, 2021 HTCC meeting: 20211119 – Noninvasive Cardiac Imaging for Coronary Artery Disease

- Agenda noted- this includes updates (re-review) of 2 previous topics: *Cardiac nuclear imaging* and *Computed tomographic angiography*
 - I am seeking clarification if the new HTCC noninvasive cardiac imaging will supersede the 2 previous topics.
 - Any insight will be helpful to support UMP 1/1/23 implementation of Noninvasive Cardiac Imaging for Coronary Artery Disease
- Out of Scope for this decision details were discussed at the 11/5 meeting
 - Will the out of scope for the decision details be included in the final HTCC decision for reference?
 - Scope clarification notes captured during 11/5 meeting:
 - Out of scope/not reviewed for the decision: asymptomatic individuals with suspected or known CAD, post-revascularization, recent MI, Kawasaki, arrhythmias, CHF, abnormal ETT/MPI/CCTA/cath, myocardial viability, valvular disease, preoperative evaluation, pulmonary hypertension, HOCM, Patients with STEMI, Cardiac Transplant, patients presenting for evaluation of cardiac pathologies other than CAD
 - Any additional scope clarification missed?

November 19, 2021 HTCC meeting: 20211119 – Use of Cardiac Magnetic Resonance Angiography in Adults and Children

- Regarding out of scope details:
 - Will the out of scope for the decision details be included in the final HTCC decision for reference?
 - Scope clarification notes captured during 11/19 meeting:
 - Cardiac stress MRI outside scope
 - Any additional scope clarification missed?

Best,

Lindsay

Lindsay Lemanski, RN | UMP Clinical Program Manager | Regence | 

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

Topic: Noninvasive Cardiac Imaging
Meeting date: November 5, 2021
Final adoption: Pending

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

Number and coverage topic:

20211105A – Noninvasive Cardiac Imaging for Coronary Artery Disease

HTCC coverage determination:

Noninvasive cardiac imaging is a **covered benefit with conditions**.

HTCC reimbursement determination:

Limitations of coverage: The following noninvasive cardiac imaging technologies are **covered with conditions**:

- Stress echocardiography for:
 - Symptomatic adult patients (≥ 18 years of age) at intermediate or high risk of Coronary Artery Disease (CAD), or
 - Adult patients with known CAD who have new or worsening symptoms.
- Single Positron Emission Tomography (SPECT) for:
 - Patients under the same conditions as stress echocardiography when stress echocardiography is not technically feasible or clinically appropriate.
- Positron Emission Tomography (PET) for:
 - Patients under the same conditions as SPECT, when SPECT is not technically feasible or clinically appropriate.
- Coronary Computed Tomographic Angiography (CCTA) for:
 - Symptomatic adult patients (≥ 18 years of age) at intermediate or high risk of CAD, or
 - Adult patients with known CAD who have new or worsening symptoms.
- CCTA with Fractional Flow Reserve (FFR) for:
 - Patients under the same conditions as CCTA, when further investigation of functional significance of stenoses is clinically indicated.

Non-covered indicators: N/A

Draft

Agency contact information:

| Agency | Phone Number |
|---|----------------|
| Labor and Industries | 1-800-547-8367 |
| Public and School Employees Health Plan | 1-800-200-1004 |
| Washington State Medicaid | 1-800-562-3022 |

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 noninvasive cardiac imaging for coronary artery disease (CAD) was sufficient to make a determination. The committee discussed and voted on the evidence for the use of echocardiography, coronary computed tomography angiography (CCTA), single positron emission computed tomography (SPECT) and positron emission tomography (PET), and CCTA with fractional flow reserve (FFR). 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 with conditions noninvasive cardiac imaging technology review. The committee voted unanimously to cover with conditions.

| | Not covered | Covered under certain conditions | Covered unconditionally |
|---|-------------|----------------------------------|-------------------------|
| Noninvasive cardiac imaging for coronary artery disease | 0 | 9 | 0 |

Discussion

The committee reviewed and discussed the available studies for use of noninvasive cardiac imaging for CAD. Conditions for coverage were discussed, drafted, and voted on. A majority of committee members supported the conditions of coverage for echocardiography, CCTA, SPECT, PET, and CCTA-FFR. Echocardiography, SPECT, CCTA, PET, and CCTA-FFR have conditional coverage. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

Limitations

Stress echocardiography is a covered benefit with conditions for:

- Symptomatic adult patients (≥18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known coronary artery disease who have new or worsening symptoms.

SPECT is a covered benefit with conditions for:

- Patients under the same conditions as stress echocardiography when stress echocardiography is not technically feasible or clinically appropriate.

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PET is a covered benefit with conditions for:

- Patients under the same conditions as SPECT, when SPECT is not technically feasible or clinically appropriate.

CCTA is a covered benefit with conditions for:

- Symptomatic adult patients (≥ 18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known CAD who have new or worsening symptoms.

CCTA with FFR is a covered benefit with conditions for:

- Patients under the same conditions as CCTA, when further investigation of functional significance of stenoses is clinically indicated.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is a Medicare LCD for non-invasive fractional flow reserve for stable ischemic heart disease. There is no NCD for cardiac imaging for CAD as reviewed.

The committee discussed clinical guidelines identified from the following organizations:

- American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons *Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease* (2012)
- The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC) *ESC Guidelines for the diagnosis and management of chronic coronary syndromes* (2019)
- National Institute for Health and Care Excellence (NICE) *Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis* (2016)
- American College of Cardiology (ACC) and the American Heart Association (AHA) *Guideline for the Management of Patients With Non-ST-Elevation Acute Coronary Syndromes* (2014)

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

The committee vice chair directed HTA staff to prepare a findings and decision document on use of noninvasive cardiac imaging for coronary artery disease for public comment to be followed by consideration for final approval at the next committee 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 that takes public input at all stages.

Draft

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 Director.

Draft

Cardiac magnetic resonance angiography

Draft findings and decision
Timeline, overview and comments

Timeline

| Phase | Date | Public Comment Days |
|-------------------------------------|---------------------------------|---------------------|
| Proposed Topics published | July 15, 2021 | |
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| Draft key questions published | March 15, 2021 | |
| Public comments | March 16 to March 30, 2021 | 15 |
| Final key questions published | April 12, 2021 | |
| Draft report published | September 7, 2021 | |
| Public comments | September 7 to October 6, 2021 | 29 |
| Final report published | October 22, 2021 | |
| Public meeting | November 19, 2021 | |
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| Public comments | December 20 to January 7, 2022 | 18 |

Overview

| Category | Comment Period <i>Dates here</i> | Cited Evidence |
|--|-------------------------------------|----------------|
| Patient, relative, and citizen | | |
| Legislator and public official | | |
| Health care professional | 1 | 0 |
| Industry & manufacturer | | |
| Professional society & advocacy organization | | |
| Total | 1 | |

Comments

| | Respondents | Representing | Cited Evidence |
|--------------------------|-------------------------|--------------|----------------|
| <input type="checkbox"/> | 1. Lindsay Lemanski, RN | Regence | No |
| <input type="checkbox"/> | 2. | | |
| <input type="checkbox"/> | 3. | | |
| <input type="checkbox"/> | 4. | | |
| <input type="checkbox"/> | 5. | | |

HTCC final approval of coverage decision

Next step: proposed findings and decision and public comment

At the next public meeting the committee will review the proposed findings and decision and consider any public comments as appropriate prior to a vote for final adoption of the determination.

- 1) Based on public comment was evidence overlooked in the process that should be considered?
- 2) Does the proposed findings and decision document clearly convey the intended coverage determination based on review and consideration of the evidence?

Next step: final determination

Following review of the proposed findings and decision document and public comments:

Final vote

Does the committee approve the Findings and Decisions document with any changes noted in discussion?

If yes, the process is concluded.

If no, or an unclear (i.e., tie) outcome chair will lead discussion to determine next steps.

From: [REDACTED]
To: [HCA ST Health Tech Assessment Prog](#)
Cc: [REDACTED]
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[noninvasive-cardiac-imaging-draft-findings-and-decision-nov-05-2021 \(1\).pdf](#)

External Email

Good morning,

I am reaching out regarding the two new topics attached pending final adoption. Any insight to the inquiries below and/or feedback is greatly appreciated to support next steps for implementation planning. Thank you in advance.

November 5, 2021 HTCC meeting: 20211119 – Noninvasive Cardiac Imaging for Coronary Artery Disease

- Agenda noted- this includes updates (re-review) of 2 previous topics: *Cardiac nuclear imaging* and *Computed tomographic angiography*
 - I am seeking clarification if the new HTCC noninvasive cardiac imaging will supersede the 2 previous topics.
 - Any insight will be helpful to support UMP 1/1/23 implementation of Noninvasive Cardiac Imaging for Coronary Artery Disease
- Out of Scope for this decision details were discussed at the 11/5 meeting
 - Will the out of scope for the decision details be included in the final HTCC decision for reference?
 - Scope clarification notes captured during 11/5 meeting:
 - Out of scope/not reviewed for the decision: asymptomatic individuals with suspected or known CAD, post-revascularization, recent MI, Kawasaki, arrhythmias, CHF, abnormal ETT/MPI/CCTA/cath, myocardial viability, valvular disease, preoperative evaluation, pulmonary hypertension, HOCM, Patients with STEMI, Cardiac Transplant, patients presenting for evaluation of cardiac pathologies other than CAD
 - Any additional scope clarification missed?

November 19, 2021 HTCC meeting: 20211119 – Use of Cardiac Magnetic Resonance Angiography in Adults and Children

- Regarding out of scope details:
 - Will the out of scope for the decision details be included in the final HTCC decision for reference?
 - Scope clarification notes captured during 11/19 meeting:
 - Cardiac stress MRI outside scope
 - Any additional scope clarification missed?

Best,

Lindsay

Lindsay Lemanski, RN | UMP Clinical Program Manager | Regence | 

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

Topic: Cardiac Magnetic Resonance Angiography (CMRA)
Meeting date: November 19, 2021
Final adoption: Pending

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

Number and coverage topic:

20211119A – Use of Cardiac Magnetic Resonance Angiography in Adults and Children

HTCC coverage determination:

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

CMRA is a **covered benefit with conditions** for stable symptomatic adults with known or suspected coronary artery disease (CAD).

HTCC reimbursement determination:

Limitations of coverage: 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 when the following conditions are met:

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

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

Non-covered indicators: N/A

Agency contact information:

| Agency | Phone Number |
|---|----------------|
| Labor and Industries | 1-800-547-8367 |
| Public and School Employees Health Plan | 1-800-200-1004 |
| Washington State Medicaid | 1-800-562-3022 |

Draft

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 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, and 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.

For CMRA in adults with stable symptomatic with known or suspected CAD, the committee developed conditions for coverage.

Limitations

Based on discussion and review of the evidence, CMRA is not a covered service in coronary artery bypass graft (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.

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 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 Director.