Health Technology Clinical Committee
Final Findings and Decision

Topic: **Intensity Modulated Radiation Therapy (IMRT)**
Meeting Date: **September 21, 2012**
Final Adoption: **November 16, 2012**

Number and Coverage Topic:

20120921A – Intensity Modulated Radiation Therapy

HTCC Coverage Determination:

Intensity Modulated Radiation Therapy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

Intensity Modulated Radiation Therapy (IMRT) is covered for:

1. Head and neck cancers;
2. Prostate cancer;
3. To spare adjacent critical structures to prevent toxicities within expected life span;
   Or
4. Undergoing treatment in the context of evidence collection/submission of outcome data (e.g., registry, observational study)**.**

Non-Covered Indicators:

- N/A

Agency Contact Information

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Health and Recovery Services Administration	1-800-562-3022

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HTCC Coverage Vote And Formal Action

Meeting materials and transcript are available on the HTA website at:
http://www.hta.hca.wa.gov/past_materials.html

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 agency and state utilization information. The committee concluded that the current evidence on Intensity Modulated Radiation Therapy demonstrates that there is sufficient evidence to cover with conditions. 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 with conditions Intensity Modulated Radiation Therapy.

Intensity Modulated Radiation Therapy Coverage Vote:

HTCC Committee Coverage Determination Vote			
	Not Covered	**Covered Unconditionally**	**Covered Under Certain Conditions**
Intensity Modulated Radiation Therapy	1	0	**10**

Discussion

The Chair called for discussion on conditions for use of Intensity Modulated Radiation Therapy due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Intensity Modulated Radiation Therapy (IMRT) is covered for:

- Head and neck cancers;
- Prostate cancer;
- To spare adjacent critical structures to prevent toxicities within expected life span; or
- Undergoing treatment in the context of evidence collection /submission of outcome data (e.g., registry, observational study)

Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Intensity Modulated Radiation Therapy reflective of the majority vote for final approval at the next public meeting.

The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. CMS does not have a national coverage determination (NCD) for Intensity Modulated Radiation Therapy.

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.