

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

**Topic:** Catheter Ablation Procedures for Supraventricular Tachyarrhythmias (SVTA)  
**Meeting Date:** May 17, 2013  
**Final Adoption:** September 20, 2013

**Number and Coverage Topic:**

**20130517B** – Catheter Ablation Procedures for Supraventricular Tachyarrhythmias (SVTA)

**HTCC Coverage Determination:**

Catheter ablation procedures are a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

For adults with supraventricular tachyarrhythmias , cardiac catheter ablation procedures (radiofrequency or cryoablation) are **covered with conditions**:

- Reentrant tachycardias (e.g. Wolff-Parkinson-White Syndrome (WPW), Atrioventricular reentrant tachycardia (AVRT), Atrioventricular nodal reentrant tachycardia (AVNRT)
- Atrial flutter:
  - Symptomatic atrial flutter
- Atrial fibrillation:
  - Symptomatic atrial fibrillation
  - Drug therapy is either not tolerated, or ineffective.

**Non-Covered Indicators**

- Other, non-reentrant supraventricular tachycardias

**Agency Contact Information**

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

**Final**

**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 agency and state utilization information. The committee concluded that the current evidence on catheter ablation procedures 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 catheter ablation procedures for supraventricular tachyarrhythmias (SVTA).

**Catheter Ablation Procedures for SVTA Coverage Vote**

<b>HTCC Committee Coverage Determination Vote</b>			
	<b>Not Covered</b>	<b>Covered Unconditionally</b>	<b>Covered Under Certain Conditions</b>
<b>Catheter Ablation Procedures</b>	0	0	9

***Discussion***

The Chair called for discussion on conditions for use of catheter ablation procedures for supraventricular tachyarrhythmias (SVTA) due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

***Limitations of Coverage***

**Covered Conditions:**

For adults with supraventricular tachyarrhythmias , cardiac catheter ablation procedures (radiofrequency or cryoablation) **are covered with conditions:**

- Reentrant tachycardias (e.g. Wolff-Parkinson-White Syndrome (WPW), Atrioventricular reentrant tachycardia (AVRT), Atrioventricular nodal reentrant tachycardia (AVNRT)
- Atrial flutter
  - Symptomatic atrial flutter
- Atrial fibrillation
  - Symptomatic atrial fibrillation
  - Drug therapy is either not tolerated, or ineffective.

**Non-Covered Indications:**

Other non-reentrant supraventricular tachycardias

**Final**

### **Action**

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 catheter ablation procedures for supraventricular tachyarrhythmias.

The committee Chair directed HTA staff to prepare a Findings and Decision document on catheter ablation procedures reflective of the majority vote for final approval at the next public 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 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.

**Meeting materials and transcript are available on the HTA website at:**  
[http://www.hta.hca.wa.gov/past\\_materials.html](http://www.hta.hca.wa.gov/past_materials.html)