

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

Topic: Upper Endoscopy for Gastroesophageal Reflux Disease (GERD) and
Gastrointestinal (GI) Symptoms

Meeting Date: May 18, 2012

Final Adoption: September 21, 2012

Number and Coverage Topic:

20120518A – Upper Endoscopy for GERD and GI Symptoms

HTCC Coverage Determination:

Upper Endoscopy for GERD and GI Symptoms is a covered benefit with conditions.

HTCC Reimbursement Determination:

Limitations of Coverage

Among adults with initial presenting complaints of upper GI symptoms or symptoms consistent with GERD, upper endoscopy is a covered benefit when the following conditions are met:

- Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure), or
- Presence of alarm symptoms

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

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 Upper Endoscopy for GERD and GI Symptoms 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 upper endoscopy for GERD and GI symptoms.

Upper Endoscopy Coverage Vote:

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Upper Endoscopy for GERD & GI Symptoms	0	1	9

Discussion

The Chair called for discussion on conditions for use of Upper Endoscopy due to the majority voting for coverage. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Upper Endoscopy for GERD and GI Symptoms is a covered benefit when the following conditions are met:

- Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure)
- Presence of alarm symptoms

Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Upper Endoscopy for GERD and GI Symptoms 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. The Centers for Medicare and Medicaid Services has published a national coverage determination (NCD) and local coverage determinations (LCD) for Upper Endoscopy for GERD and GI Symptoms. The committee considered the NCD and determined they had completed a comprehensive review of evidence and based on this evidence did not agree with the NCD.

Final

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.