HTCC Coverage Determinations and L&I Implementation

Ian Zhao, Ph.D.
WA Dept. of Labor & Industries
January 26, 2017
<table>
<thead>
<tr>
<th>Topic</th>
<th>Decision</th>
<th>HTCC final decision date</th>
<th>L&amp;I effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Fusion for UDDD (Re-Review)</td>
<td>Not Covered</td>
<td>1/15/2016</td>
<td>3/7/2016</td>
</tr>
<tr>
<td>Tympanostomy Tubes in Children</td>
<td>Covered with Conditions</td>
<td>1/15/2016</td>
<td>4/1/2016</td>
</tr>
<tr>
<td>Cardiac Stents (Re-Review)</td>
<td>Covered with Conditions</td>
<td>3/18/2016</td>
<td>8/1/2016</td>
</tr>
<tr>
<td>Novocure (Tumor Treating Fields)</td>
<td>Not Covered</td>
<td>3/18/2016</td>
<td>8/1/2016</td>
</tr>
<tr>
<td>Extracorporeal Membrane Oxygenation</td>
<td>Covered with Conditions</td>
<td>5/20/2016</td>
<td>8/1/2016</td>
</tr>
<tr>
<td>Spinal Injections (Re-Review)</td>
<td>Covered with Conditions</td>
<td>5/20/2016</td>
<td>No change</td>
</tr>
<tr>
<td>Bronchial Thermoplasty for Asthma</td>
<td>Not Covered</td>
<td>7/8/2016</td>
<td>9/1/2016</td>
</tr>
<tr>
<td>Autologous Blood or Platelet-rich Plasma Injections</td>
<td>Not Covered</td>
<td>7/8/2016</td>
<td>9/1/2016</td>
</tr>
</tbody>
</table>
Tympanostomy Tubes
- Covered with conditions

- In Adults
  - L&I may pay for tympanostomy tubes in injured workers (aged 17 and older) on a case by case basis when work-relatedness is established and otitis media is an accepted diagnosis on the claim.

- In Children
  - Tympanostomy tubes for children aged 16 years and younger is a covered benefit with conditions when work-relatedness is established and otitis media is an accepted diagnosis on the claim.
    - Conditions of Coverage
      - Acute Otitis Media (AOM), OR
      - Otitis Media with Effusion (OME)
Cardiac Stents (Re-Review)
- Covered with conditions

HTCC coverage determination in 2016

- Either drug eluting or bare metal cardiac stents are a covered benefit when cardiac stents are indicated for treatment.
- For patients being treated for stable angina, cardiac stents are a covered benefit with conditions:
  - Angina refractory to optimal medical therapy, and
  - Objective evidence of myocardial ischemia
HTCC coverage determination in 2009

- Bare Metal Stents are covered without conditions.
- Drug eluting stents are conditionally covered for:
  - Stent diameter of 3 mm or less;
  - Length of stent(s) of longer than 15 mm placed within a single vessel;
  - Patients with diabetes mellitus;
  - Stents placed to treat in stent restenosis; or
  - Treatment of left main coronary disease.
**Extracorporeal Membrane Oxygenation - Covered with conditions**

All procedures must be performed at a facility participating in the [Extracorporeal Life Support Organization (ELSO)](https://www.elso.org) case registry.*

ECMO is allowed only:

- In patients with severe life-threatening, but potentially reversible, acute respiratory or cardiac dysfunction unresponsive to conventional management, **OR**
- As a bridging therapy for patients in pulmonary failure who are on a pulmonary transplant list, **OR**
- As a bridging therapy for patients in cardiac failure who are eligible for a ventricular assist device or cardiac transplantation.
## HTCC Topics and Coverage Determinations in 2017

<table>
<thead>
<tr>
<th>Topic</th>
<th>Review Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Pressure Wound Therapy</td>
<td>11/18/2016</td>
</tr>
<tr>
<td>Fecal Microbiota Transplantation</td>
<td>11/18/2016</td>
</tr>
<tr>
<td>Artificial Discs (re-review)</td>
<td>1/20/2017</td>
</tr>
<tr>
<td>Pharmacogenomic Testing</td>
<td>1/20/2017</td>
</tr>
<tr>
<td>Extracorporeal Shock Wave Therapy</td>
<td>3/17/2017</td>
</tr>
<tr>
<td>Interventions for Treatment of Migraines/Headaches</td>
<td>2017</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>2017</td>
</tr>
<tr>
<td>Skin Substitutes</td>
<td>2017</td>
</tr>
<tr>
<td>Computer Aided Detection Mammogram</td>
<td>2017</td>
</tr>
</tbody>
</table>
Negative Pressure Wound Therapy (NPWT)  
- Covered with conditions (Pending)

A complete wound therapy program* must have been tried or considered prior to NPWT.

Discontinuation of coverage:

- Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound.
- Four months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using an NPWT pump in the treatment of the most recent wound.
Non-covered indicators  Treatment is not covered in patients with contraindications referred to by the FDA Safety Communication dated February 24, 2011.

Contraindicated for these wound types/conditions:

- Necrotic tissue with eschar present
- Untreated osteomyelitis
- Non-enteric and unexplored fistulas
- Malignancy in the wound
- Exposed vasculature
- Exposed nerves
- Exposed anastomotic site
- Exposed organs
Fecal Microbiota Transplantation (FMT)  
- Covered with conditions (Pending)

Conditions of Coverage:

- Patients with *Clostridium difficile* infection who have failed an appropriate course of antibiotic therapy.
- FMT is not covered for treatment of inflammatory bowel disease.
Artificial Discs Re-review (in the works)

- The original HTCC decision was made in 2008
  - Single level lumbar or cervical artificial disc replacement was a covered benefit with conditions
  - Patients must meet FDA approved indications for use and not have any contraindications.
  - FDA approval is device specific

- The L&I coverage decision was revised in 2015 based on an IIMAC recommendation
  - The FDA approved a device for two-level arthroplasty in 2013. The Mobi-C cervical disc prosthesis is intended to replace two adjacent cervical discs (from C3-C7).
  - The IIMAC subcommittee for cervical spinal surgery reviewed the evidence of safety and efficacy for 2-level cervical ADR and recommended L&I cover 2-level cervical ADR if patients meet the criteria.
Artificial Discs Re-review  -Cont.

- Key questions
  - What is the evidence of **efficacy and effectiveness of ADR** compared with comparative therapies (including **non-operative therapy**; **spinal fusion**; other surgery)?
  - What is the evidence related to the ADR safety profile? (including device failure, reoperation)
  - What is the evidence of differential efficacy or safety issues amongst special populations (including but not limited to the elderly and workers compensation populations)?
  - What are the cost implications and cost effectiveness for ADR?
Pharmacogenomic Testing (in the works)

- Pharmacogenomics
  - The study of how genes affect body’s response to medications, both in terms of therapeutic effect as well as adverse effects

- Pharmacogenomic testing
  - A growing number of new laboratory tests and computer based predictive algorithms are available to assess an individual patient’s potential metabolic response to various drugs. Potential benefits include better application of the drugs for a specific individual. Concerns relate to whether specific tests result in improved treatment decisions and health outcomes, as well as rapid emergence and uptake of pharmacogenetics tests generally.

- Scope
  - Adults and children initiating or changing medications for any of the following diagnoses: depression, mood disorder, psychosis, anxiety, attention deficit hyperactivity disorder (ADHD), and substance use disorder (specifically opioid and alcohol abuse)
Extracorporeal Shock Wave Therapy (in the works)

- **ESWT for soft tissue injuries**
  - With the goal of promoting healing. ESWT may have multiple effects thought to impact healing including breaking calcium deposits and causing an inflammatory response that may stimulate tissue healing.

- **Scope**
  - Patients with tendinopathy or tendinitis, plantar fasciitis, heel spurs, subacromial shoulder pain, or osteoarthritis.
  - Excluded: kidney stones; gallstones; cutaneous wounds; muscle spasticity; as well as dental, cosmetic, bony non-unions, fractures, carpal tunnel syndrome, shin splints, greater trochanteric pain syndrome, coccydynia, Dupuytren’s disease, myofascial pain, cardiovascular, osteonecrosis, postoperative patients and neurological conditions.

- An evidence report is available online ([http://www.hca.wa.gov/assets/program/eswt-draft-rpt-appendices-20161228.pdf](http://www.hca.wa.gov/assets/program/eswt-draft-rpt-appendices-20161228.pdf))
Adoption and Implementation of HTCC Determinations in L&I

Policy analysis and WA statute
Reviewed by OMD Health Policy Group
Reviewed by L&I Core Implementation Team
Communication & implementation plans

HTCC determination
Draft L&I coverage decision
Revised L&I coverage decision
Publication on L&I website
Final L&I coverage decision
L&I Core Implementation Team

- Producing, disseminating and coordinating (HPU/OMD)
- Payment policy – MARFS, MIPS, bill payment operation (HSA)
- Communication/dissemination (Self-insurance)
- Communication/dissemination (HSA)
- UR criteria (UR/ONC/OMD)
- Claim policies, AskL&I, claim letters, training (Claim Admin)