Washington State Health Care Authority

January 31, 2025 Meeting Materials
Health Technology Clinical Committee

Petition materials:

Contents

- ☐ Petition and supplemental materials – FAI
- ☐ Director's 2024 topic selection letter
- ☐ Current 2019 HTCC findings and decision – FAI

Washington State Health Care Authority

Submit competed petition to: shtap@hca.wa.gov; **or**
Atten: Health Technology Assessment
PO Box 42712**,** Olympia, Washington 98504-2712; **or**
FAX (360) 586-8827

Petition for technology review or re-review

Your name:	Mia S. Hagen, M.D. for UWMC
Mailing address:	[redacted]
E-mail address:	[redacted]
Telephone number:	[redacted]

Note: Not all questions will apply to all technologies. For assistance email the HTA program at the address above, or phone (360) 725-5126 (TTY 711).

Technology topic Hip surgery for femoroacetabular impingement syndrome

If this topic has been reviewed by the health technology assessment program in the past, skip to question 7, below. See technologies HTCC has previously reviewed.

1. Background information

- Does this technology have FDA approval? ☐ Yes ☐ No
- When was this technology approved?
- For what indications has FDA approved this technology?
- Why do you believe this technology merits consideration for assessment?
- Proposed research questions.

N/A

2. Potential patient harm(s) or safety concerns

- What is the potential for patient harm, related to use of this technology?
- What are the likelihood and severity of the potential harms or adverse outcomes that may result from recommended use of this technology?
- Are there significant potential harms associated with this technology compared to alternatives?

N/A

3. Therapeutic efficacy, effectiveness or diagnostic accuracy

- What is the potential effectiveness of this technology on the indicated clinical condition? (e.g., prevent/reduce mortality; increase quality of life)
- How are indicated conditions diagnosed? Is there a consensus on diagnosis?

- For diagnostic technologies: Is this technology compared to a "gold standard" technology?
- What is the diagnostic accuracy or utility?
- What published, peer-reviewed literature documents the efficacy of this technology or the science that underlies it? Please enclose publications or bibliography.

N/A

4. Estimated total cost per year

- What are the direct health care costs of this technology (annual or lifetime)?
- What is the potential cost-effectiveness of this new technology compared with other alternatives?
- Which private insurers reimburse for use of this technology? Please provide contact information and phone numbers.

N/A

5. Secondary considerations

- **Number of persons affected** - What are the numbers of people affected by this technology in the State of Washington?
- **Severity of condition(s)** - What is the severity of the condition treated by this technology? Does it result in premature death; short or long term disability? How would this technology increase the quality of care for the State of Washington?
- **Policy-related urgency -** Is there a particular urgency related to this technology? Is it new and rapidly diffusing? How long has this technology been in use? Is there a standard of care? Is this technology or proposed use(s) controversial?
- **Potential or observed variation** - What is the observed or potential for under, or overuse of this technology? Are there any variations in use or outcomes by region or other characteristics?
- **Special populations and ethical concerns** - Is use limited to small populations; what characteristics are present (e.g., race, ethnicity, religion, rare condition, socioeconomic status) that may impact policy decision?

N/A

6. References

- List other organizations that have completed technology assessments on this topic (please provide date of technology assessments and links).
- Cite any Center for Medicare and Medicaid Services (CMS) national coverage decision on this topic and the date issued.
- Provide list of key references used in preparing this petition.

- Have any relevant medical organizations (e.g., American Medical Association) expressed an opinion on this technology? If so, please provide verification documents and contact names, numbers and links.
- Bibliography or reference list of requestor attached: ☐ Yes ☐ No

N/A

7. For re-review petitions only

Re-review of a technology requires new evidence that could change a previous decision. What new evidence should be considered? Please provide specific publication information and/ or references.

The HTCC decision to not authorize operative treatment for femoroacetabular impingement syndrome (FAI / FAIS) is outdated and contrary to the standard of care nationally and internationally. I am a hip preservation specialist at the University of Washington and a member of the ANCHOR (Academinc Network of Conservational Hip Outcomes Research) hip preservation group as well as a member of ISHA (International Society for Hip Arthroscopy). FAI is a globally recognized condition and the ANCHOR group's research in FAI is sponsored by a large grant from the United States Department of Defense. Multiple randomized controlled trials have demonstrated efficacy of the procedure over non surgical care and patient outcomes are excellent with minimal complications.

Training in hip arthroscopy has become a standardized part of sports medicine fellowship surgical training and is often included in standard orthopaedic resident training as well as incorporated in arthroscopic simulator and virtual reality training for residents (I am the Associate Program Director of our orthopaedic surgery residency and thus have a good understanding of the training tools used in program around the country for residents). The main procedure performed internationally and nationally via hip arthroscopy is osteoplasty and labral repair for FAI.

I have performed a large number of peer-to-peer conversations trying to get these surgeries approved for our patients with state-sponsored health insurance and even during these conversations the physicians employed by the insurance plans admit that the decision to leave this as an uncovered benefit is out-of-date but there is nothing they can do. The fact that this is still happening in Washington state discriminates against patients on state-run health care plans who have no financial means to acquire commercial insurance. Those patients under the Regence UMP plan with FAIS who desire surgery end up switching to Kaiser insurance (available through the University of Washington) or paying out of pocket for the procedure which delays care and creates unnecessary cost to these patients already paying high premiums for insurance. No other commercial plan has these restrictions on surgery for FAI.

Interestingly, insurance plans following the HTCC guidelines have historically approved hip arthroscopy for labral repairs of labral tears, but not osteoplasty (as "FAI" is not recognized as a diagnosis). As we know, isolated labral repair without osteoplasty leads to poorer patient outcomes as demonstrated in prospective cohort analyses as well as randomized controlled trials. As a high volume hip preservation surgeon I think it is almost malpractice at this point to do a labral repair without osteoplasty in a patient with clear radiographic hip impingement. In keeping with this line of thought, some Washington Medicaid plans are now denying isolated labral repairs, stating that they

cannot be performed without doing osteoplasty, but also won't approve osteoplasty because according to decision by HTCC, osteoplasty is an unnecessary procedure as FAI doesn't exist. So this feels a lot like saying FAI is both a real diagnosis and also not a real diagnosis, at the same time!

I participated in the review of this decision about 5 years ago. At the end of a long presentation on all the evidence demonstrating that FAI is a real condition and postoperative outcomes to osteoplasty and labral treatment are excellent, the committee agreed that it is a real condition and that surgery provides benefit to patients. However, the two parts of voting that prevented the decision from being overturned were: 1) "is surgery for FAI safer than non operative care?" and 2) "is surgery for FAI cheaper than non operative care?". The committee members felt that as a principle, surgery has inherently more risks than any non surgical intervention. So, by this narrow definition of risk, I don't think #1 above would ever get overturned. The second portion #2, was based on the committee decision that despite numerous strong studies that have demonstrated the cost effectiveness of surgery for FAI, the level of evidence still "wasn't strong enough" to overturn #2. To this, I would say, that most surgical cost analyses studies aren't even as well-performed as the ones that have been done for FAI and if this is the metric by which these decisions get overturned, this will probably never happen for this condition. In summary, I think that the method by which the HTCC currently considers surgical procedures for re-review is flawed and biased against surgery and other methods may need to be considered for surgical procedures.

I thus strongly urge the HTCC to overturn to outdated decision regarding FAIS as a non recognized pathology / uncovered benefit. Again this decision is out-of-date with the rest of the world in 2024, as all other commercial plans recognize FAI as a covered diagnosis and surgery for this condition as a covered benefit. The HTCC's current stance negatively impacts the poorest, most vulnerable members of our community who cannot get their insurance to approve surgical care for their hip pain that is recalcitrant to nonsurgical management. If not going to be widely approved, perhaps select approval for high-volume hip arthroscopists at secondary and tertiary referral centers in Washington state would be considered.

Here are a fewer newer publications since 2019 that may be of interest:

https://pubmed-ncbi-nlm-nih-gov.offcampus.lib.washington.edu/35400136/
Conclusion: This study demonstrated that for adults between the ages of 18 and 50 years with FAI, arthroscopic osteochondroplasty was associated with a 2.5-fold decrease in the hazard of reoperation at any point in time compared with arthroscopic lavage.

https://www-ncbi-nlm-nih-gov.offcampus.lib.washington.edu/pmc/articles/PMC8369620/
Conclusion:
The primary outcome of dGEMRIC showed no statistically significant difference between PHT and arthroscopic hip surgery at 12 months of follow-up. Patients treated with surgery reported greater benefits in symptoms at 12 months compared to PHT, but these benefits are not explained by better hip cartilage metabolism.

https://pubmed-ncbi-nlm-nih-gov.offcampus.lib.washington.edu/35229713/
Conclusion: Hip arthroscopy and personalised hip therapy both improved hip-related quality of life for patients with femoroacetabular impingement syndrome. Hip arthroscopy led to a greater improvement in quality of life than personalised hip therapy, and this difference was clinically significant at 12 months. This study does not demonstrate cost-effectiveness of hip arthroscopy

compared with personalised hip therapy within the first 12 months. Further follow-up will reveal whether or not the clinical benefits of hip arthroscopy are maintained and whether or not it is cost-effective in the long term.

https://pubmed.ncbi.nlm.nih.gov/30733197/
Conclusions: Patients with symptomatic FAI referred to secondary or tertiary care achieve superior outcomes with arthroscopic hip surgery than with physiotherapy and activity modification.

On PubMed on 5/23/2024, typing in “femoroacetabular impingement” yields 4,443 publications, perhaps this serves as additional evidence that this is a standardized, well-recognized diagnosis.

Washington State Health Care Authority

Health Technology Assessment Program

Selected technologies 2024

Contents

- ☐ Director's selection letter
- ☐ Topic selection background information
- ☐ Public comments received and HTA program response

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

April 17, 2024

To whom it may concern:

SUBJECT: Health Technology Assessment Topic Selection, 2024

As the Director of the Health Care Authority, I select technologies for review by Health Technology Clinical Committee in consultation with other agencies and the Committee itself (70.14 RCW). Technologies are selected when there are concerns about safety, efficacy or value (cost-effectiveness), when state expenditures are or could be high, and when there is adequate evidence to conduct a review. Technologies are selected for rereview when new evidence is available that could change a previous determination.

For the current selection cycle, I reviewed the proposed topics and the comments received from interested individuals and groups who responded in the public comment period (March 20 to April 3, 2024). Based on this review I have selected the following technologies for assessment:

Technology	Primary Criteria Ranking		
	Safety	Efficacy	Cost
Endovascular intervention in lower extremity peripheral arterial disease and intermittent claudication	**Medium**	**Medium**	**High**

Endovascular intervention, including procedures such as angioplasty and stent placement, is commonly used in the management of lower extremity peripheral arterial disease (PAD).

Frenotomy and frenectomy with breastfeeding support	**Medium**	**High**	**Medium**

Procedures to cut the frenulum, a band of tissue in the mouth, often performed to address issues related to tongue-tie or lip-tie, which can affect breastfeeding.

Continuous Glucose Monitoring	**Medium**	**High**	**High**

New evidence identified that could change previous determination.

Hyperbaric Oxygen Therapy (HBOT)	**Medium**	**High**	**High**

New evidence identified for sensorineural hearing loss that could change previous determination.

At this time, **Optune/tumor treating fields (TTF)**, which was first reviewed in 2016 with a formal updated literature scan in 2017 and rereview in 2018, is not selected for rereview after public petition was reviewed. The information provided does not support that there is new evidence likely to change the previous determination. At this time, **hip surgery for femoroacetabular impingement syndrome (FAI)**, is not selected for rereview. The HTA program monitors the literature on this topic with detailed literature

searches including a recently concluded search (December 2023). Based on these searches and consideration by the participating agencies and the Health Technology Clinical Committee, new evidence is not likely to change the previous determination.

Upon publication of the selected list of technologies, a 30-day comment period will begin whereby any interested person or group may provide information to be considered in the review of the selected topic(s).

Should you have any questions or concerns, please contact the HTA Program at shtap@hca.wa.gov.

Sincerely,

Susan E. Birch MBA, BSN, RN
Director

Enclosure(s)

By email

cc: Josh Morse, HTA Director, CQCT, HCA
Valerie Hamann, HTA Program Specialist, CQCT, HCA
Melanie Golob, HTA Program & FFS Operations Manager, CQCT, HCA

Washington State Health Care Authority

Technology assessment background summary

New proposed technologies

Technology	Primary criteria ranking: Safety	Efficacy	Cost
Endovascular intervention in lower extremity peripheral arterial disease and intermittent claudication	**High**	**Medium**	**High**
Endovascular intervention, including procedures such as angioplasty and stent placement, is commonly used in the management of lower extremity peripheral arterial disease (PAD).			
Frenotomy and frenectomy with breastfeeding support	**Medium**	**High**	**Medium**
Procedures to cut the frenulum, a band of tissue in the mouth, often performed to address issues related to tongue-tie or lip-tie, which can affect breastfeeding.			

Topics considered, not proposed

	Technology
1	Noninvasive vagus nerve stimulation
2	Left atrium occlusion device (Watchman)
3	Invasive coronary angiography/percutaneous coronary intervention in stable coronary artery disease
4	Peripheral nerve stimulation
5	Functional endoscopic sinus surgery and balloon ostial sinus dilation in chronic rhinosinusitis
6	Bronchial valves

Rereview technologies

Technologies are considered for rereview at least once every eighteen months based on availability of new evidence that may change the decision. All technologies with determinations beyond 18 months since the final determination previously reviewed by the Health Technology Clinical Committee (HTCC) are listed below, along with information on whether they have been selected for rereview.

Petitioners whose topic is not selected for rereview by the Director of HCA may request consideration for selection of the topic by the HTCC.

	Technology	HTCC review history	Rereview?
1	**Continuous Glucose Monitoring (CGM)** New evidence identified that could change previous determination.	HTCC first reviewed in 2011 with a rereview conducted in 2018.	Yes
2	**Hyperbaric Oxygen Therapy (HBOT)** New evidence identified for sensorineural hearing loss that could change previous determination.	HTCC first reviewed in 2013.	Yes
3	**Optune/Tumor Treating Fields (TTF)** Petition for rereview received. Information provided does not support that there is new evidence likely to change the previous determination.	HTCC first reviewed in 2016 with a rereview 2018. Literature scan in 2018.	No
4	**Femoroacetabular Impingement Syndrome (FAI)** Signal search completed in 2023. New evidence does not appear to support policy changes.	HTCC first reviewed in 2011 with a rereview in 2019. Literature scans in 2014, 2018, and 2023.	No
5	**Artificial Disc Replacement** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2008 with a rereview in 2017. Literature scan in 2016.	Pending
6	**Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA)** Formal literature scan in process to determine if new evidence is available.	HTCC first reviewed in 2013.	Pending
7	**Functional Neuroimaging for Primary Degenerative Dementia and Mild Cognitive Impairment** Formal literature scan in process to determine if new evidence is available.	HTCC first reviewed in 2015	Pending
8	**Gene Expression Profile Testing of Cancer Tissue** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2018	Pending

	Technology	HTCC review history	Rereview?
9	**Intensity Modulated Radiation Therapy (IMRT)** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2012	Pending
10	**Microprocessor-Controlled Lower Limb Prosthetics** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2012	Pending
11	**Robotic Assisted Surgery (RAS)** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2012	Pending
12	**Sleep Apnea Diagnosis and treatment in Adults** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2012	Pending
13	**Upper Endoscopy for GERD and GI Symptoms** Formal literature scan in process to determine if new evidence is available.	HTCC first review in 2012	Pending
14	**Upright/Positional MRI** Formal literature scan in process to determine if new evidence is available.	HTCC first reviewed in 2007. Literature scan conducted in 2012.	Pending

For the current period, the program has not received or identified new evidence to support review of the following:

	HTA Decisions	Latest Review/ Scan
1	Applied Behavioral Analysis (ABA or ABA Therapy) Based Behavioral Interventions for the Treatment of Autism Spectrum Disorder	June 2011
2	Appropriate Imaging for Breast Cancer Screening in Special Populations	January 2015
3	Autologous Blood/Platelet-Rich Plasma Injections	July 2023
4	Bone Growth Stimulation	August 2009
5	Bone Morphogenic Proteins for Use in Lumbar Fusion	March 2012
6	Breast MRI	August 2010
7	Bronchial Thermoplasty for Asthma	May 2016
8	Cardiac Stents	January 2016
9	Carotid Artery Stenting	September 2013

	HTA Decisions	Latest Review/ Scan
10	Cell-Free DNA Prenatal Screening for Chromosomal Aneuploidies (cfDNA)	January 2020
11	Cervical Spinal Fusion for Degenerative Disc Disease	March 2013
12	Chronic Migraine and Chronic Tension-type Headache	March 2022
13	Cochlear Implants: Bilateral Versus Unilateral	May 2013
14	Computed Tomographic Colonography (CTC)	February 2008
15	Coronary Artery Calcium Scoring	May 2020
16	Discography	February 2008
17	Electrical Neural Stimulation (ENS)	October 2009
18	Extracorporeal Membrane Oxygenation Therapy (ECMO)	March 2016
19	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions	March 2017
20	Facet Neurotomy	June 2020
21	Fecal Microbiota Transplantation	November 2016
22	Genomic Microarray Testing	January 2018
23	Hip Resurfacing	November 2013
24	Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	December 2023
25	Imaging for Rhinosinusitis	May 2015
26	Implantable Drug Delivery System for Chronic Non-Cancer Pain	August 2008
27	Knee Arthroscopy for Osteoarthritis of the Knee	August 2008
28	Lumbar Fusion for Degenerative Disc Disease	November 2015
19	Negative Pressure Wound Therapy (NPWT) for Home Use	November 2016
30	Nonpharmacologic Treatments for Treatment Resistant Depression	March 2014
31	Osteochondral Allograft/Autograft Transplantation (OAT)	January 2018
32	Peripheral Nerve Ablation for Limb Pain	January 2019
33	Pharmacogenetic Testing for Patients Being Treated with Oral Anticoagulants	May 2018
34	Pharmacogenomic Testing for Selected Conditions	January 2017
35	Positron Emission Tomography (PET) Scans for Lymphoma	November 2018
36	Proton Beam Therapy	May 2019
37	Routine Ultrasound for Pregnancy	November 2010
38	Screening & Monitoring Tests for Osteopenia/Osteoporosis	November 2014
39	Selected Treatments for Varicose Veins	May 2017
40	Spinal Cord Stimulation	November 2023
41	Spinal Injections	March 2016

	HTA Decisions	Latest Review/ Scan
42	Stem Cell Therapy for Musculoskeletal Conditions	June 2020
43	Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy	June 2023
44	Surgery for Lumbar Radiculopathy/Sciatica	May 2018
45	Testosterone Testing	March 2015
46	Tinnitus: Non-Invasive, Non-Pharmacologic Treatments	May 2020
47	Total Knee Arthroplasty	October 2010
48	Transcranial Magnetic Stimulation for Selected Conditions	March 2023
49	Tumor Treating Fields (Optune)	November 2018
50	Tympanostomy Tubes in Children	November 2015
51	Vagal Nerve Stimulation for Epilepsy and Depression	May 2020
52	Vitamin D Screening and Testing	November 2012
53	Whole Exome Sequencing	November 2019

Disposition of public comments

Public comments were accepted from March 20 through April 3, 2024. Comments were received on four proposed topics: **frenotomy and frenectomy with breastfeeding support, continuous glucose monitoring (CGM), and Optune/Tumor Treating Fields (TTF).** All comments were considered by the Director.

	Commenter	Topic
1	**Erika Queen**	Frenotomy/Frenectomy
2	**Mary Francell**, MA, IBCLC, RLC	Frenotomy/Frenectomy
3	**Ashley Walden**	Frenotomy/Frenectomy
4	**Maria Walden,** ANLC, IBCLC, BSL, BSN **Bobak Ghaheri,** MD, The Oregon Clinic	Frenotomy/Frenectomy
5	**Eric Hemmen,** Legislative Assistant to State Senator Ron Muzzall **Ron Muzzall,** Washington State Senator	Optune/Tumor Treating Fields
6	**Shannon Kavanaugh,** President & CEO, Archbright	Optune/Tumor Treating Fields
7	**Richard and Michele Rollins**	Optune/Tumor Treating Fields
8	**Phoebe Greening,** Legislative Assistant to State Representative Amy Walen **Amy Walen,** Washington State Representative	Optune/Tumor Treating Fields
9	**Emma Watson,** Associate Director, State Government Affairs, Novocure	Optune/Tumor Treating Fields
10	**Lyda Hawes,**	Optune/Tumor Treating Fields
11	**Patrick Jones**	Optune/Tumor Treating Fields
12	**Carissa Kemp,** Director, State Government Affairs, American Diabetes Association	Continuous Glucose Monitoring
13	**Linda Castine,** MN, RN, CNL, DCES, Nurse Care Manager, Ambulatory and Allied Care Services, Harborview Medical Center	Continuous Glucose Monitoring
14	**Eugenia Lennon,** PhD, ARNP, CDCES	Continuous Glucose Monitoring
15	**Charlotte Lewis,** MD, MPH, Professor of Pediatric, UW School of Medicine, Multidisciplinary Infant Nutrition and Feeding Team, Seattle Children's Hospital	Frenotomy/Frenectomy
16	**Sarah Skidmore,** RN, CDCES, PMG SW Boldt Diabetes and Nutrition	Continuous Glucose Monitoring
17	**Dellann Elliott Mydland,** President, CEO & Chair, End Brain Cancer Initiative	Optune/Tumor Treating Fields

	Commenter	Topic
18	**Emma Watson,** Associate Director, State Government Affairs, Novocure, submitting for group of providers throughout Washington State	Optune/Tumor Treating Fields
19	**Shawn Drennan**	Optune/Tumor Treating Fields
20	**Greg Norman,** PhD, Seniro Director of Health Econ & Outcomes Research, Dexcom	Continuous Glucose Monitoring
21	**Carol Wysham,** MD	Continuous Glucose Monitoring
22	**Sarah Lee,** RN, Kaiser Permanente	Frenotomy/Frenectomy
23	**Jona Feinberg,** Executive Director, Washington State Lactation Collaborative	Frenotomy/Frenectomy
24	**Mariham Fahim,** PharmD, Contingent Medical Outcomes Managers, Abbott	Continuous Glucose Monitoring
25	**BreAnne Marcucci,** ARNP, submitting for group of providers	Frenotomy/Frenectomy
26	**Nicole Treanor,** MS, RD, Diabetes Education Program Coordinator, Franciscan Endocrine Associates	Continuous Glucose Monitoring

A summary of comments received and HTA responses are contained in the table below**.** The full text of all comments, references and attachments follows.

Commenter	Topic	Comment	HTA program response
Erika Queen	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Mary Francell, MA, IBCLC, RLC	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Ashley Walden	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment for this proposed rereview. All information provided will be considered in any future rereview of frenotomy/frenectomy.
Bobak Ghaheri, MD, The Oregon Clinic	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Eric Hemmen, Legislative Assistant to State Senator Ron Muzzall **Ron Muzzall,** Washington State Senator	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Shannon Kavanaugh, President & CEO, Archbright	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Richard and Michele Rollins	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Phoebe Greening, Legislative Assistant to State Representative Amy Walen **Amy Walen,** Washington State Representative	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Emma Watson, Associate Director, State Government Affairs, Novocure	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.

Commenter	Topic	Comment	HTA program response
Lyda Hawes	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Patrick Jones	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Carissa Kemp, Director, State Government Affairs, American Diabetes Association	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed rereview. All information provided will be considered in any future rereview of continuous glucose monitoring.
Linda Castine, MN, RN, CNL, DCES, Nurse Care Manager, Ambulatory and Allied Care Services, Harborview Medical Center	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
Eugenia Lennon, PhD, ARNP, CDCES	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
Charlotte Lewis, MD, MPH, Professor of Pediatric, UW School of Medicine, Multidisciplinary Infant Nutrition and Feeding Team, Seattle Children's Hospital	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Sarah Skidmore, RN, CDCES, PMG SW Boldt Diabetes and Nutrition	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
Dellann Elliott Mydland, President, CEO & Chair, End Brain Cancer Initiative	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.

Commenter	Topic	Comment	HTA program response
Emma Watson, Associate Director, State Government Affairs, Novocure, submitting for group of providers throughout Washington State	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Shawn Drennan	Optune/Tumor Treating Fields	Complete comments included below.	Thank you for providing comments and for participating in the health technology assessment process.
Greg Norman, PhD, Senior Director of Health Econ & Outcomes Research, Dexcom	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
Carol Wysham, MD	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
Sarah Lee, RN, Kaiser Permanente	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Jona Feinberg, Executive Director, Washington State Lactation Collaborative	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.
Mariham Fahim, PharmD, Contingent Medical Outcomes Managers, Abbott	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.
BreAnne Marcucci, ARNP, submitting for group of providers	Frenotomy/Frenectomy	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of frenotomy/frenectomy.

Commenter	Topic	Comment	HTA program response
Nicole Treanor, MS, RD, Diabetes Education Program Coordinator, Franciscan Endocrine Associates	Continuous Glucose Monitoring	Complete comments included below.	Thank you for providing comment and evidence for this proposed review. All information provided will be considered in any future review of continuous glucose monitoring.

Washington State Health Care Authority

Health Technology Clinical Committee
Findings and Decision

Topic: Femoroacetabular Impingement Syndrome – Re-review
Meeting Date: November 22, 2019
Final Adoption: January 17, 2020

Meeting materials and transcript are available on the HTA website.

Number and coverage topic:

20191122B – Hip surgery for femoroacetabular impingement syndrome – re-review

HTCC coverage determination:

Hip surgery for femoroacetabular impingement syndrome is **not a covered benefit**.

HTCC reimbursement determination:

Limitations of coverage:

N/A

Non-covered indicators:

Hip surgery for femoroacetabular impingement syndrome.

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

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 hip surgery for femoroacetabular impingement syndrome (FAI) is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of FAI. The committee considered 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 not cover hip surgery for FAI.

	Not covered	Covered under certain conditions	Covered unconditionally
Hip surgery for femoroacetabular impingement syndrome	8	2	0

Discussion

The committee reviewed and discussed the available studies for use of hip surgery for FAI. The discussion focused on studies available since the original review in 2011. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A clinical expert member provided detailed insight and discussion points. A majority of committee members found the evidence sufficient to determine that use of hip surgery for FAI was less safe or unproven for safety and less cost-effective or unproven for cost-effectiveness. The committee prospective on the efficacy of hip surgery for FAI was evenly divided between unproven and more effective in some cases.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare national or local coverage determination for surgical treatment of FAI.

No new evidence-based clinical guidelines were identified for this review. The original review included a guideline from the National Institutes for Health and Clinical Excellence (NICE) for arthroscopic and open hip surgery. This guideline had not been updated since the original review (2011). The committee discussed two identified expert consensus documents (not formal guidelines) for FAI from the following organizations:

- The Warwick Agreement
- Lynch systematic review, 2019

There are no current or new guidelines for the HTCC to compare for consistency with their determination.

The committee chair directed HTA staff to prepare a findings and decision document on hip surgery for FAI for public comment, to be followed by consideration 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 Director.