| **Health Care Authority**  **Cascade Care Public Option Plans - RFA 2020HCA1**  **HTCC Decisions Matrix, v2020-02-27** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **HTCC/HTCC  Final Decisions** (hyperlinked) | **HTCC Date of Final Decision** | **Implementation Details** | **Impacted Codes** | **Notes** | **Column F: Carrier Current Coverage Policy (Link or Summary)** | **Column G: Carrier Assessment: Conformance** |
| [Vertebroplasty Kyphoplasty Sacroplasty](http://www.hca.wa.gov/assets/program/findings_decision_vks_031811%5b1%5d.pdf) | 3/18/2011 | Not a covered benefit | 0200T-0201T 22510, 22511, 22512,  22513, 22514 & 22515 |  |  |  |
| [Sacroiliac Joint Fusion](https://www.hca.wa.gov/assets/program/si-joint-fusion-draft-findings-decision-20190118.pdf) | 5/3/2019 | Not a covered benefit | 27279 27280 | In adults, 18 years old and older, with chronic sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption, minimally invasive and open sacroiliac joint fusion procedures is not a covered benefit. |  |  |
| [Pharmacogenetic testing for patients being treated with oral anticoagulants](https://www.hca.wa.gov/assets/program/pharmaogenetic-testing-anticoagulants-final-findings-decision-20180713.pdf) | 7/13/2018 | Not a covered benefit | 64640, 0441T, 0040T & 64999 |  |  |  |
| [Extracorporeal shock wave therapy (ESWT) for musculoskeletal conditions](https://www.hca.wa.gov/assets/program/eswt-final-findings-decision-20170519.pdf) | 5/19/2017 | Not a covered benefit | 0101T 0102T 28890 |  |  |  |
| [Pharmacogenomic testing for selected conditions](https://www.hca.wa.gov/assets/program/PDX-final-findings-decision-20170317.pdf) | 3/17/2017 | Not a covered benefit | 0028U 0029U 0033U 0034U 81230 81231 81232 81328 81335 81346  0070U 0071U 0072U 0073U 0074U 0075U 0076U  F1223 F1293 |  |  |  |
| [Novocure](http://www.hca.wa.gov/assets/program/novocure_final_findings_decision_032816%5b1%5d.pdf) | 3/18/2016 | Not a covered benefit | HCPC A4555, E0766 |  |  |  |
| [Lumbar Fusion RR](http://www.hca.wa.gov/assets/program/lumbar_fusion-rr_final_findings_decision_012016%5b1%5d.pdf) | 1/15/2016 | Not a covered benefit | 22533, 22558, 22612, 22630, 22633, 22853, 22854, 22859 | not a covered benefit for uncomplicated degenerative disc disease |  |  |
| [Hip Resurfacing - RR](http://www.hca.wa.gov/assets/program/hip_final_findings_decision_032414%5b1%5d.pdf) | 3/21/2014 | Not a covered benefit | S2118, 27299 |  |  |  |
| [Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome](http://www.hca.wa.gov/assets/program/findings_decision_fai%5b1%5d.pdf) | 11/18/2011 | Not a covered benefit | 27299, 29999, 29914, 29915, 29916 | review for acute injury, otherwise non-covered |  |  |
| [Electrical Neural Stimulation (ENS)](http://www.hca.wa.gov/assets/program/findings_decision_ens_103009%5b1%5d.pdf) | 11/20/2009 | Not a covered benefit | A4595, A4630, E0720, E0730, E0731 |  |  |  |
| [Knee Arthroscopy for Osteoarthritis of the Knee.](http://www.hca.wa.gov/assets/program/decision_finding_knee_final%5b1%5d.pdf) | 10/17/2008 | Not a covered benefit | 29877, 29874  G0289 | Knee Arthroscopy for osteoarthritis of the knee is not a covered benefit This decision does not apply to the use of knee arthroscopy for other diagnostic and therapeutic purposes |  |  |
| Peripheral Nerve Ablation for limb pain | 5/17/2019 | Not a covered benefit | 0441T, 0040T, 64640, & 64999 | Peripheral nerve ablation, using any technique, to treat limb pain including for knee, hip, foot, or shoulder due to osteoarthritis or other conditions, is not a covered benefit for adults and children configured to deny at the benefit level. |  |  |
| [Autologous Blood and Platelet Rich Plasma Injections](http://www.hca.wa.gov/assets/program/prp_final_findings_decision.pdf) | 7/8/2016 | Not a covered benefit | 0481T |  |  |  |
| [Bronchial Thermoplasty](http://www.hca.wa.gov/assets/program/bronchial_thermo_final_findings_decision.pdf) | 7/8/2016 | Not a covered benefit | 31660, 31661 |  |  |  |
| [Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment](http://www.hca.wa.gov/assets/program/neuro_final_findings_decision_032015%5b1%5d.pdf) | 3/20/2015 | Not a covered benefit | 70554, 70555, 78608, 78609 78607, A9584 | cpt codes with correlating dx codes for primary degenerative dementia or mild cognitive impairment not covered. |  |  |
| [Coronary Artery Calcium Scoring](http://www.hca.wa.gov/assets/program/cacs_final_findings_decision_062110%5b1%5d_0.pdf) | 5/14/2010 | Not a covered benefit | 75571 S8092 |  |  |  |
| [Virtual Colonoscopy or Computed Tomographic Colonography (CTC)](http://www.hca.wa.gov/assets/program/decision_finding_vc_final_090308%5b1%5d.pdf) | 8/15/2008 | Not a covered benefit | 74263 |  |  |  |
| [Upright / Positional MRI](http://www.hca.wa.gov/assets/program/decision_and_finding_070530_public%5b1%5d_0.pdf) | 5/18/2007 | Not a covered benefit | 76498 |  |  |  |
| [Fecal Microbiota Transplantation](https://www.hca.wa.gov/assets/program/fmt-final-findings-decision-20170120.pdf) | 1/20/2017 | Covered benefit with conditions and not covered when associated with IBD | 44705, G0455 |  |  |  |
| [Surgery for symptomatic lumbar radiculopathy](https://www.hca.wa.gov/assets/program/surgery-lumbar-radiculopathy-sciatica-final-findings-decision-201800713.pdf) | 7/13/2018 | Covered benefit with conditions | PA 63030, 63035  63042  63044    63047  63048   63056    63057 62380    63090   63091  Non-covered codes 22526 22527  62287 62292  0275T S2348  when associated with dx M4725 M4726 M4727  M5115 M5116 M5117  M5410 M5415 M5416  M5417 M4720 M4725  M4726 M4727 | Surgery for lumbar radiculopathy or sciatica is a covered benefit with conditions. |  |  |
| [Gene Expression Profile Testing of Cancer Tissue](https://www.hca.wa.gov/assets/program/gene-expression-final-findings-decision-20180518.pdf) | 5/18/2018 | Covered benefit with conditions | 0045U 0047U 0053U 0067U 0069U 81518 0008M | Gene expression profile testing of breast cancer tissue is a covered benefit with conditions. Gene expression profile testing of prostate cancer tissue is a covered benefit with conditions. Gene expression profile testing of multiple myeloma is not a covered benefit. Gene expression profile testing of colon cancer tissue is a not covered benefit. |  |  |
| [Continuous Glucose Monitoring - RR](https://www.hca.wa.gov/assets/program/cgm-final-findings-decision-20180318.pdf) | 3/16/2018 | Covered benefit with conditions | A9276 K0553 |  |  |  |
| [Genomic Microarray](https://www.hca.wa.gov/assets/program/genomic-microarray-final-findings-decision-20180119.pdf) | 3/16/2018 | Covered benefit with conditions | 81228  81229  S3870 |  |  |  |
| [Varicose Veins](https://www.hca.wa.gov/assets/program/varicose-veins-final-findings-decision-20170519.pdf) | 7/14/2017 | Covered benefit with conditions | 36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785 S2202   0524T | treatment covered when meets HTCC criteria |  |  |
| [Treatment for Chronic Migraine](https://www.hca.wa.gov/assets/program/chronic-migraine-final-findings-decision-REVISED-20180720_0.pdf) | 7/14/2017 | Covered benefit with conditions | J0585, 97140 - PA  Non-covered 97810 97811 97813  97124  20553 20552 90868 90867 0310T 97814  S8930 98940, 98941, 98942, 98943  98926, 98927, 98928, 98929  97140, S8990   deny when associated with dx codes  G44201  G44209   G44211  G44219  G44221  G44229 G43719  G43711  G43709  G43701 | Treatment of chronic migraine with OnabotulinumtoxinA is a covered benefit with conditions  Treatment of chronic tension-type headache with OnabotulinumtoxinA is not a covered benefit  Treatment of chronic migraine or chronic tension-type headache with acupuncture, massage, trigger point injections, transcranial magnetic stimulation, or manipulation/manual therapy is not a covered benefit |  |  |
| [Artificial Discs - RR](https://www.hca.wa.gov/assets/program/adr-rr-final-findings-decision-20170317.pdf) | 3/17/2017 | Covered benefit with conditions | 22856 22858 22861 0095T0098T 22857 22862 22865 0163T 0164T 0165T | Lumbar artificial disc replacement is not a covered benefit, Cervical artificial disc replacement is a covered benefit with conditions |  |  |
| [Negative Pressure Wound Therapy](https://www.hca.wa.gov/assets/program/npwt-final-findings-decision-20170120.pdf) | 1/20/2017 | Covered benefit with conditions | 97608 97607 97606 97605 A6550 E2402 |  |  |  |
| [Spinal Injections - RR](https://www.hca.wa.gov/assets/program/spinal_injections-rr_final_findings_decision_060216.pdf) | 5/20/2016 | Covered benefit with conditions | PA 64490, 64491, 64492, 64493, 64494, 64495 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484   non covered 62292 |  |  |  |
| [Cardiac Stents - RR](http://www.hca.wa.gov/assets/program/cardiac_stents-rr_final_findings_decision_032916%5b1%5d.pdf) | 3/18/2016 | Covered benefit with conditions | 92928, 92933, 92937, 92941, 92943 C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, C9608 |  |  |  |
| [Tympanostomy Tubes in Children](http://www.hca.wa.gov/assets/program/tympan_tubes_final_findings_decision_012016.pdf) | 1/15/2016 | Covered benefit with conditions | 69420, 69421, 69424, 69433, 69436 | benefit for under 16 y/o with specified dx codes |  |  |
| [Testosterone Testing](https://www.hca.wa.gov/assets/program/tt_final_findings_decision_052615%5b1%5d.pdf) | 7/15/2015 | Covered benefit with conditions | 84402 84403  84410 | covered when associated with appropriate dx codes |  |  |
| [Bariatric Surgery - RR](http://www.hca.wa.gov/assets/program/bariatric_final_findings_decision_071015.pdf) | 7/10/2015 | Covered benefit with conditions | 43644, 43770, 43771, 43772, 43773, 43774, 43775, 43846, 43848, 43860, 43886, 43887, 43888 |  |  |  |
| [Imaging for Rhinosinusitus](http://www.hca.wa.gov/assets/program/rhino_final_findings_decision_071015%5b1%5d.pdf) | 7/10/2015 | Covered benefit with conditions | 70450, 70460, 70486, 70487, S8042, 70470 70488 | 1/1/16 Documentation update post MD signoff: 70455 not a vailid code. Removed code from implementation documentation, added codes 70450 and 70460  3-1-19 -  adding CPT codes to PA: 70470 70488. Approved by HCA MD 10-5-18. Provider notice 12-1-18. 1-1-2020 Removing Prior-Auth via Regence. Prior-Auth will be maintained via AIM |  |  |
| [Appropriate Imaging for Breast Cancer Screening in Special Populations](http://www.hca.wa.gov/assets/program/breast_imaging_final_findings_decision_033015%5b1%5d.pdf) | 3/20/2015 | Covered benefit with conditions | 77063 | Digital Breast Tomosynthesiscovered when members within the HTCC age range. |  |  |
| [Screening and Monitoring for Osteoparosis and Osteopenia (DEXA)](https://www.hca.wa.gov/assets/program/osteo-final-findings-decision-012715.pdf) | 1/16/2015 | Covered benefit with conditions | 77080 77081 77085 77086 |  |  |  |
| [Proton Beam Therapy](https://www.hca.wa.gov/assets/program/pbt_final_findings_decision_071114%5b1%5d.pdf) | 7/11/2014 | Covered benefit with conditions | 77520, 77522, 77523 and 77525 |  |  |  |
| [Facet Neurotomy](http://www.hca.wa.gov/assets/program/052714_facet_final_findings_decision%5b1%5d.pdf) | 5/16/2014 | Covered benefit with conditions | 64633, 64634, 64635, 64636 |  |  |  |
| [Nonpharmacologic Treatments for Treatment Resistant Depression](http://www.hca.wa.gov/assets/program/trd_final_findings_decision_052014%5b1%5d.pdf) | 5/16/2014 | Covered benefit with conditions | 61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, C1820, L8679, L8680, L8685, L8686, L8687, L8688, L8682, L8683 | ECT and RTMS process at the benefit level  Deep Brain Stimulation not a covered benefit. |  |  |
| [Hyaluronic Acid / Viscosupplementation (re-review)](http://www.hca.wa.gov/assets/program/ha_final_findings_decision%5b1%5d.pdf) | 3/21/2014 | Covered benefit with conditions | J7323, J7321, J7324, J7325, J7326 | None |  |  |
| [Carotid Artery Stenting](http://www.hca.wa.gov/assets/program/cas_final_findings_decision_112113%5b1%5d.pdf) | 11/15/2013 | Covered benefit with conditions | 37215, 37216, 37217, 37246, 37247 |  |  |  |
| [Cardiac Nuclear Imaging](http://www.hca.wa.gov/assets/program/cni_final_findings_decision_112113%5b1%5d.pdf) | 11/15/2013 | Covered benefit with conditions | 78451 78452 78453 78454 78459 78466  78468 78469 78491 78492 | blood pool imaging codes do not apply to the HTCC |  |  |
| [Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA) Including Atrial Flutter, Atrial Fibrillation](http://www.hca.wa.gov/assets/program/svta_final_findings_decision_092613%5b1%5d.pdf) | 9/20/2013 | Covered benefit with conditions | 93653, 93655, 93656, 93657, 33250, 33251 |  |  |  |
| [Cochlear Implant](http://www.hca.wa.gov/assets/program/ci_final_findings_decision_092513%5b1%5d.pdf) | 9/20/2013 | Covered benefit with conditions | 69930, L8614, L8619, L8627, L8628 | None |  |  |
| [Cervical Spinal Fusion for Degenerative Disc Disease](http://www.hca.wa.gov/assets/program/csf_final_findings_decision_052013%5b1%5d.pdf) | 5/17/2013 | Covered benefit with conditions | 22551, 22552, 22554, 22853, 22854, 22859, 22600 | Removing Prior-Auth via Regence. Prior-Auth wil be maintained via eviCore. |  |  |
| [Hyperbaric Oxygen Therapy (HBOT) for Tissue Damage Including Wound Care and Treatment of Central Nervous System (CNS) Conditions](http://www.hca.wa.gov/assets/program/hbot_final_findings_decision_052013%5b1%5d_0.pdf) | 5/17/2013 | Covered benefit with conditions | 99183, G0277 A4575, E0446 |  |  |  |
| [Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy](http://www.hca.wa.gov/assets/program/sbrt_final_findings_decision_041713%5b1%5d.pdf) | 3/22/2013 | Covered benefit with conditions | 32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340 |  |  |  |
| [Vitamin D Screening and Testing](http://www.hca.wa.gov/assets/program/vit-d_final_findings_decision_041713%5b1%5d.pdf) | 3/22/2013 | Covered benefit with conditions | 82306, 82652  0038U | covered or specified dx codes only |  |  |
| [Intensity Modulated Radiation Therapy](http://www.hca.wa.gov/assets/program/112912_imrt_final_findings_decision%5b1%5d_0.pdf) | 11/16/2012 | Covered benefit with conditions | 77418 77385 77386 0073T 73385 |  |  |  |
| [Upper Endoscopy for GERD](https://www.hca.wa.gov/assets/program/ue_final_findings_decision_101212%5b1%5d_0.pdf) | 9/21/2012 | Covered benefit with conditions | 43200 43202 43235, 43237 43238 43239 43242  43259 |  |  |  |
| [Robotic Assisted Surgery](http://www.hca.wa.gov/assets/program/ras_final_findings_decision_101212%5b1%5d.pdf) | 9/21/2012 | Covered benefit with conditions | S2900 | not separately reimburseable |  |  |
| [Bone Morphogenic Proteins for use in Spinal Fusion](http://www.hca.wa.gov/assets/program/findings_decision_bmp%5b1%5d.pdf) | 5/18/2012 | Covered benefit with conditions | PA 22533, 22558, 22612, 22630, 22633 Non-covered 20930  If using BMP-2 or BMP-7. BMP-7 is not covered and code 20930 will deny as not seperatley reimbursable associated with BMP-7 | Bone morphogenetic protein-2 (rhBMP-2) is a covered benefit with conditions  Bone morphogenetic protein-7 (rhBMP-7) is not a covered benefit |  |  |
| [Sleep Apnea Diagnosis and Treatment in Adults](http://www.hca.wa.gov/assets/program/findings_decision_sleep_apnea.pdf) | 5/18/2012 | Covered benefit with conditions | 21121, 21122, 21141, 21145, 21196, 21198, 21199, 21685, 41120, 41500, 42140, 42145, 42160, 0466t 95800, 95801, 95806, 95807, 95808, 95810, 95811, E0561, E0562, E0601, G0398, G0399, G0400 | CPAP is a covered benefit, surgery requires Pre-auth |  |  |
| [Osteochondral Allograft and Autograft Transplantation](https://www.hca.wa.gov/assets/program/oats_final_findings_decision.pdf) | 3/16/2012 | Covered benefit with conditions | 27415, 27416, 29866, 29867, J7330, S2112 | OAT for joints other than the knee is not a covered benefit |  |  |
| [Positron Emission Tomography (PET) Scans for Lymphoma](https://www.hca.wa.gov/assets/program/findings_decision_pet%5b1%5d.pdf) | 11/18/2011 | Covered benefit with conditions | 78811, 78812,78813, 78814,78815,78816 |  |  |  |
| [Applied Behavioral Analysis (ABA) Therapy for Autism](http://www.hca.wa.gov/assets/program/aba-final-findings-decision.pdf) | 9/16/2011 | Covered benefit with conditions | 97151 97152 97153 97154 97155 97156 97157 97158 0362T 0363T | ABA covered per settlement conditions. |  |  |
| [Total Knee Arthroplasty](http://www.hca.wa.gov/assets/program/findings_decision_tka_121010%5b1%5d_0.pdf) | 12/10/2010 | Covered benefit with conditions | Clinical edits 20985, 0054T, 0055T  PA 27437, 27438, 27440, 27441, 27445, 27446, 27447 | covered when associated with appropriate procedure codes |  |  |
| [Routine Ultrasound for Pregnancy](http://www.hca.wa.gov/assets/program/findings_decision_us_121010.pdf) | 12/10/2010 | Covered benefit with conditions | 76801, 76805, 76813, 76817 | high risk pregnancy codes included with edits |  |  |
| [Breast MRI](https://www.hca.wa.gov/assets/program/adopted_findings_decision_bmri_102510%5b1%5d.pdf) | 10/22/2010 | Covered benefit with conditions | 77046, 77047, 77048, 77049 |  |  |  |
| [Spinal Cord Stimulators](http://www.hca.wa.gov/assets/program/adopted_findings_decision_scs_102510%5b1%5d_0.pdf) | 10/22/2010 | Covered benefit with conditions | 63650, 63655, 63685, C1822, L8679, L8680, L8685, L8686, L8687, L8688  M5114-M5117, M5410-M5413, M961, 724.3,M54.30-M54.32, M54.40- M54.42, 356.9, G60.9 M4720-M4728, M47811-M47819, M5010-M5013, 724.4, 729.2, 722.83,M96.1 338.29,G89.29,338.28,G89.28, 338.4, G89.4, 721.3 | non covered for treatment for chronic neuropathic pain |  |  |
| [Bone Growth Stimulators](http://www.hca.wa.gov/assets/program/findings_decision_bgs_103009%5b1%5d.pdf) | 10/30/2009 | Covered benefit with conditions | 20974, 20975, E0747, E0748, E0749 20979, E0760 |  |  |  |
| [Vagal Nerve Stimulation](http://www.hca.wa.gov/assets/program/findings_decision_vns_103009%5b1%5d_0.pdf) | 10/30/2009 | Covered benefit with conditions | 61885, 61886, 64553, 64568, C1822, L8679, L8680, L8682, L8683, L8685, L8686, L8687, L8688 |  |  |  |
| [Computed Tomographic Angiography](http://www.hca.wa.gov/assets/program/findings_decision_ccta_051209%5b1%5d.pdf) | 5/8/2009 | Covered benefit with conditions | 75574 |  |  |  |
| [Implantable Drug Delivery System](http://www.hca.wa.gov/assets/program/it_pump_findings_decision_112408%5b1%5d.pdf) | 11/14/2008 | Covered benefit with conditions | C1772, C1891, C2626, E0782, E0783, E0785, E0786, C1889 | Implantable drug delivery systems (Infusion Pump or IDDS) for treatment of chronic non-cancer pain is not a covered benefit  This decision does not apply to the use of IDDS for other purposes |  |  |
| [Discography](http://www.hca.wa.gov/assets/program/decision_findings_discography_final_090308%5b1%5d.pdf) | 8/15/2008 | Covered benefit with conditions | 62290, 62291, 72285, 72295 | Discography for patients with chronic low back pain and lumbar degenerative disc disease is not a covered benefit. |  |  |
| [Extracorporeal membrane oxygenation (ECMO) in Adults](http://www.hca.wa.gov/assets/program/ecmo_final_findings_decision_060216.pdf) | 5/20/2016 | Covered benefit with conditions | 33946, 33947, 33948, 33949, 33952, 33954, 33956, 33958, 33962, 33964, 33966, 33984, 33986, 33987, 33988, 33989, 5A15223 | ECMO claim reviewed post-claim pre-payment for medical necessity. |  |  |
| [Microprocessor-Controlled Lower Limb Prosthetics](http://www.hca.wa.gov/assets/program/final_findings_decision_mpcllp%5b1%5d.pdf) | 3/16/2012 | Covered benefit with conditions | L5856, L5857, L5858  L5859, L5973 and L5969 | Microprocessor-controlled Lower Limb Prostheses (MCP) for the Knee is a covered benefit with conditions  Microprocessor-controlled Lower Limb Prostheses (MCP) for the feet and ankle is not a covered benefit |  |  |