

WAC 182-55-035 Committee coverage determination. The committee shall:

(1) Determine the conditions, if any, under which the health technology will be included as a covered benefit in health care programs of participating agencies by deciding that:

(a) Coverage is allowed without special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective for all indicated conditions; or

(b) Coverage is allowed with special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective in only certain situations; or

(c) Coverage is not allowed because either the evidence is insufficient to conclude that the health technology is safe, efficacious, and cost-effective or the evidence is sufficient to conclude that the health technology is unsafe, inefficacious, or not cost-effective.

(2) Identify whether the coverage determination is consistent with decisions made under the federal medicare program and expert treatment guidelines.

(3) For decisions that are inconsistent with either decisions made under the federal medicare program or expert treatment guidelines, including those from specialty physician and patient advocacy organizations, specify the substantial evidence regarding the safety, efficacy, and cost-effectiveness of the technology that supports the contrary determination.

(4) For covered health technologies, specify criteria for participating agencies to use when deciding whether the health technology is medically necessary or proper and necessary treatment.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-18-023, § 182-55-035, filed 8/26/16, effective 9/26/16. Statutory Authority: RCW 41.05.013, 41.05.160, and 70.14.090. WSR 06-23-083 (Order 06-10), § 182-55-035, filed 11/13/06, effective 12/14/06.]