

# Treatments worth paying for?

Washington is the only state where an independent group of experts evaluates medical technologies and makes binding decisions about whether they should be covered. The rulings will determine whether state employees, Medicaid enrollees and injured workers, among others, are covered for certain medical services. So far, the 11-member clinical committee has voted on five technologies.

TECHNOLOGY	EXPERTS' CONCLUSION	DECISION
<b>Bariatric surgery</b> (people under 21)	Surgery leads to significant weight loss and may help reduce rates of diabetes, hypertension and other related risks. But surgery could pose particular risks for younger patients.	Covered only for those 18 and older, and only for gastric-banding surgeries. Gastric-bypass surgeries, which block absorption of food, are not covered.
<b>CT, or "virtual," colonoscopy</b>	As effective and as safe as conventional colonoscopy. Big drawback is cost, because if potentially cancerous polyps are found with a CT colonoscopy, they must be removed through regular colonoscopy.	Not covered.
<b>Discography</b>	This test can't offer a definitive diagnosis for back pain and also costs more than alternatives.	Not covered.
<b>Lumbar fusion</b>	Fusing the spinal column limits movement of degenerated discs and may reduce lower back pain. Surgery provides greater pain relief than some alternatives but also poses greater risk of harm.	Covered, but only as a last resort.
<b>Upright MRI</b>	Lacks proof that it's more accurate or is a better alternative to traditional magnetic resonance imaging tests that require patients to lie down.	Not covered.

Source: Washington Health Technology Assessment Program