

**Health Technology Clinical Committee
Final Findings and Decision**

Topic: Testosterone Testing
Meeting Date: March 20, 2015
Final Adoption: May 15, 2015

Meeting materials and transcript are available on the HTA website:
www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

Number and Coverage Topic:

20150320A – Testosterone Testing

HTCC Coverage Determination:

Testosterone testing is a **covered benefit with conditions**.

HTCC Reimbursement Determination:

Limitations of Coverage:

- Suspected or known primary hypogonadism
- Suspected or known secondary hypogonadism with organic cause, e.g.:
 - Pituitary disorders
 - Suprasellar tumor
 - Medications suspected to cause hypogonadism
 - HIV with weight loss
 - Osteoporosis
- Physical signs of hypogonadism
- Symptoms of sexual dysfunction (all three criteria from European male aging study)
 1. Poor morning erection
 2. Low sexual desire
 3. Erectile dysfunction
- Monitoring of testosterone therapy

Non-covered Indicators: N/A

This decision does not apply to females, males under age 18, or transgender persons.

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

Final

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 concluded that the current evidence demonstrates that there is sufficient evidence to cover Testosterone Testing.

The committee considered all 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 **cover Testosterone Testing under certain conditions**.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Testosterone Testing	0	9	0

Discussion

The chair called for discussion of conditions and evidence related to testosterone testing. The committee identified potential conditions and moved to vote. Based on review of the information provided in the evidence report, in comments and state agency utilization information, the following conditions were discussed and approved by the majority of the clinical committee:

Limitations of Coverage

- Suspected or known primary hypogonadism
- Suspected or known secondary hypogonadism with organic cause, e.g.:
 - Pituitary disorders
 - Suprasellar tumor
 - Medications suspected to cause hypogonadism
 - HIV with weight loss
 - Osteoporosis
- Signs of hypogonadism or symptoms of sexual dysfunction (all three criteria from European male aging study)
- Monitoring of testosterone therapy

Non-Covered Indicators: N/A

This decision does not apply to females, males under age 18, or transgender persons.

Action

The committee checked for availability of Medicare national coverage decisions (NCDs). There are no NCDs for testosterone testing.

The committee discussed identified guidelines and recommendations for testosterone treatment. The Chair noted consistency with the guidelines with differences due to interpretation of the evidence.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Testosterone Testing reflective of the majority vote 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 Administrator.