

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

Topic: Screening & Monitoring Tests for Osteopenia/ Osteoporosis
Meeting Date: November 21, 2014
Final Adoption: January 16, 2015

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

Number and Coverage Topic:

20141121A – Screening & Monitoring Tests for Osteopenia/ Osteoporosis

HTCC Coverage Determination:

Bone mineral density testing with dual x-ray absorptiometry (DXA) is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage:

Initial Screening:

Asymptomatic women

- Women ≥ 65 ,
Or
- Younger women with equivalent ten year fracture risk to women age 65 as calculated by FRAX* (Fracture Risk Assessment) tool or other validated scoring tool

Men or women

- Long term glucocorticoids (i.e. current or past exposure to glucocorticoids for more than 3 months),
- Androgen deprivation,
Or
- Other conditions known to be associated with low bone mass

Repeat Screening:

- T-score** > -1.5 , 15 years to next screening test
- T-score -1.5 to -1.99 , 5 years to next screening test
- T-score ≤ -2.0 , 1 year to next screening test
Or
- Use of medication associated with low bone mass or presence of a condition known to be associated with low bone mass

Monitoring Treatment:

- Once treatment for osteoporosis has begun, serial monitoring is not covered
- Development of a fragility fracture alone is not a covered indication

* FRAX available at: <http://www.shef.ac.uk/FRAX/>

**"T-Score" refers to result of a DXA scan compared to a reference population.

Contact Information:

<u>Agency</u>	<u>Phone Number</u>
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 agency and state utilization information. The committee concluded that the current evidence on Screening and Monitoring Tests for Osteopenia/ Osteoporosis demonstrates that there is sufficient evidence to cover with conditions. 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 with conditions Screening & Monitoring Tests for Osteopenia/ Osteoporosis using the bone mineral density test with dual x-ray absorptiometry (DXA).

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Screening for Osteopenia/ Osteoporosis	0	0	10

Discussion

The Chair called for discussion of the evidence for conditional coverage of DXA scanning to determine bone mineral density and osteoporosis. Conditions of coverage for **Screening for Osteopenia/ Osteoporosis** were discussed and proposed. Following discussion of the proposed conditions for coverage the committee voted for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

Limitations of Coverage:

Initial Screening:

Asymptomatic women

- Women ≥ 65
Or
- Younger women with equivalent ten year fracture risk to women age 65 as calculated by FRAX or other validated scoring tool

Men or women

- Long term glucocorticosteroids (incorporate FRAX definition),
- Androgen deprivation,
- Other conditions known to be associated with low bone mass

Repeat Screening:

- T-score > -1.5 , 15 years to next screening test
- T-score -1.5 to -1.99 , 5 years to next screening test
- T-score < -2.0 , 1 year to next screening test
Or
- Use of medication associated with low bone mass or presence of a condition known to be associated with low bone mass

Monitoring Treatment:

- Once treatment for osteoporosis has begun, serial monitoring is not covered
- Development of a fragility fracture alone is not a covered indication

Action

The committee checked for availability of a Medicare coverage decision. There is a national coverage determination (NCD) for *Bone (Mineral) Density Studies*. A document on *Bone Mass Measures* in the Manual System states that effective January 1, 2007, bone mass measurement is covered, generally every 2 years but subject to certain conditions. Neither the NCD nor the Manual System provides the rationale or evidence base for these policies.

The committee reviewed and considered practice guideline recommendations issued by the United States Preventive Services Task Force, American Association of Clinical Endocrinologists, American College of Gastroenterology, American College of Obstetricians and Gynecologists, American College of Physicians, American College of Preventive Medicine, American College of Radiology, European Urological Association, Institute for Clinical Systems Improvement, International Society for Clinical Densitometry, North American Menopause Society, and National Osteoporosis Foundation.

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.