

# Health Technology Clinical Committee Findings and Decision

Topic:Vitamin D Screening and TestingMeeting Date:November 16, 2012Final Adoption:March 22, 2013

# Number and Coverage Topic:

20121116B – Vitamin D Screening and Testing

# **HTCC Coverage Determination:**

Vitamin D Screening and Testing is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

# **HTCC Reimbursement Determination:**

### Limitations of Coverage

- **Testing** is covered in individuals with:
  - $\circ$  A disease or condition known to cause, or be caused by, Vitamin D abnormality; or
  - o Radiologic or laboratory findings positive for markers of Vitamin D abnormality.

### **Non-Covered Indicators**

• Not covered as a part of routine screening

### **Agency Contact Information**

Agency Phone Nur	
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

# Vote Coverage 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 Vitamin D Screening and Testing 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 Vitamin D Screening and Testing.

## Vitamin D Screening and Testing Coverage Vote

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Vitamin D Screening and Testing	0	0	11

### Discussion

The Chair called for discussion on conditions for use of Intensity Vitamin D Screening and Testing due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

# Limitations of Coverage

- Not covered as a part of **routine screening**
- **Testing** is covered in individuals with:
  - o A disease or condition known to cause, or be caused by, Vitamin D abnormality; or
  - Radiologic or laboratory findings that are positive for markers of Vitamin D abnormality.

### Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Vitamin D Screening and Testing reflective of the majority vote for final approval at the next public meeting. The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. CMS does not have a national coverage determination (NCD) for Vitamin D Screening and Testing.

# 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.

Meeting materials and transcript are available on the HTA website at: <u>hta.hca.wa.gov/past\_materials.html</u>