

Evidence Based Guideline

Androstenediol Glucuronide Test for Hirsutism

File Name: androstenediol_glucuronide_test_for_hirsutism
Guideline Number: EBG.MED1060
Origination: 4/1998
Last Review: 5/2009

Active guideline, no longer scheduled for routine literature review.

Description of Procedure or Service

Androstenediol is a breakdown product of dihydrotestosterone and its glucuronide. Androstenediol Glucuronide has been used as a marker of target tissue cellular action. There is excellent correlation between the serum levels of Androstenediol Glucuronide and the clinical manifestations of **androgens**. Specifically, 3 alpha-Androstenediol Glucuronide correlates with the level of 5 alpha reductase activity (testosterone and Androstenediol to dihydrotestosterone) in the skin. Androstenediol is not solely a measure of cutaneous androgen metabolism but also reflects specific types of liver function and the impact of major precursors which derive from the adrenal gland.

Hirsutism is a condition of abnormal body hair, occurring especially as an adult male pattern of hair distribution in women. The Androstenediol Glucuronide Test is a test to diagnose this condition and the presence of androgen activity (male hormone) in the skin.

Hirsutism (Hypertrichosis) is not a disorder of hair, but reflects increased 5 alpha reductase (an enzyme found in the male prostate) which produces more DHT (dihydrotestosterone, an highly active form of testosterone), leading to the stimulation of hair growth in areas that are not usually hairy.

*****Note: The Evidence Based Guideline on androstenediol glucuronide test for hirsutism is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Evidence Based Guideline for Androstenediol Glucuronide Test for Hirsutism

The androstenediol glucuronide test is not recommended as a test for the diagnosis of hirsutism.

Medical Evidence regarding Androstenediol Glucuronide Test for Hirsutism indicates it is not recommended in the following situations:

The androstenediol glucuronide test is not recommended for the diagnosis of hirsutism.

An Androstenediol Glucuronide level is not an absolute measurement of androgen activity and does not provide any additional information to impact health outcomes. The diagnosis of hirsutism continues to be based on commonly measured androgens such as serum total testosterone.

Policy: Androstenediol Glucuronide Test for Hirsutism

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 82154

Scientific Background and Reference Sources

Consultant Review

Clinical Gynecologic Endocrinology and Infertility. Leon Spearoff, M.D.

Textbook of Gynecology. Larry J. Copeland. W.B. Saunders. copyright 1993

Clinical Laboratory Medicine, 6th Ed. Richard Ravel. Mosbey copyright 1995

Medical Policy Advisory Group - 11/98

MEDline search through 6/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 7/2002

Specialty Matched Consultant Advisory Panel - 6/2004

Specialty Matched Consultant Advisory Panel - 5-2006

Senior Medical Director review - 5/2009

Policy Implementation/Update Information

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| 4/98 | Original policy |
| 8/98 | Reviewed for clarification of wording in policy section. Presented to the Medical Policy Advisory Group meeting. |
| 11/98 | Medical Policy Advisory Group |
| 7/99 | Reformatted, Medical Term Definitions added. |
| 10/00 | Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. System coding changes. Medical Policy Advisory Group review. No change in criteria. Approve. |
| 8/02 | Specialty Matched Consultant Advisory Panel review 7/1/2002. No changes. |
| 12/03 | Benefits Application and Billing/Coding sections updated for consistency. |

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- 6/24/04 Specialty Matched Consultant Advisory Panel review. No Changes to criteria. References added.
- 6/19/06 Specialty Matched Consultant Advisory Panel review 5/18/2006. No changes to policy statement. Added definition of 5 alpha reductase, "an enzyme found in the male prostate" and definition of DHT, "dihydrotestosterone, an highly active form of testosterone" to "Description of Procedure or Service" section. Rationale added to "Policy Guidelines" section. References added. Active Archive, policy no longer scheduled for routine literature review.
- 6/8/09 Medical policy converted to evidence base guideline. Continues to be Active guideline, no longer scheduled for routine review. Reviewed by Senior Medical Director 5/7/09. References added.
(btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.