

Insurance Coverage and Coding Considerations in Gender Affirming Hormonal Care for Adolescents & Young Adults

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Objectives

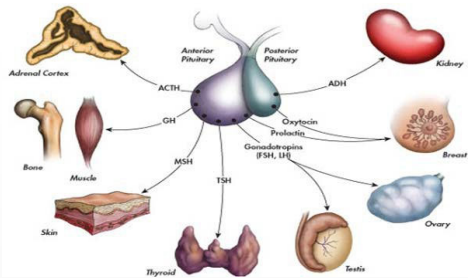
- Review basics of hormone action and regulation of puberty
- Understand use of pubertal blockers and gender-affirming sex hormones (GAH)
- Understand mental health benefits of gender-affirming hormonal care, some of which may be life-saving
- Understand relevant coding for pubertal blockers and GAH

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What is a hormone?

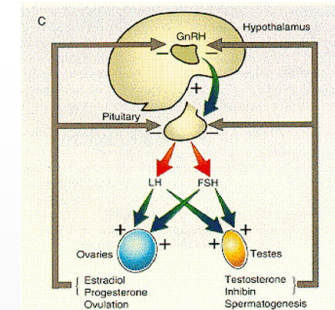
A chemical substance made in one part of the body that has effects in other parts of the body



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Hormonal Regulation of Puberty: Sexual Maturation & Attainment of Reproductive Capability

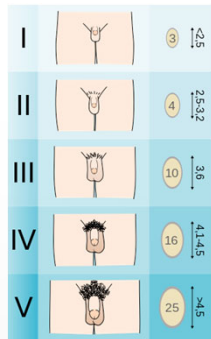


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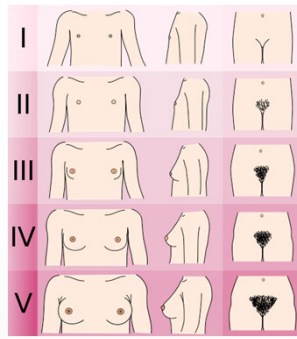
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Physical Stages of Puberty:

For those with testes



For those with ovaries



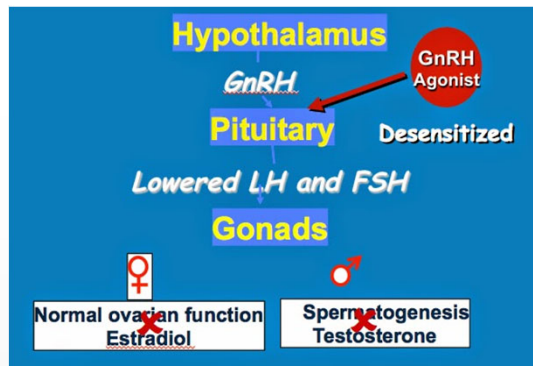
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Children & Adolescents with Gender Dysphoria: Natural History

- Gender Dysphoria emerging at puberty or persisting into early puberty:
- Likely transgender as adult

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What are Puberty Blockers and what is their indication for use?



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Puberty Blockers

- Put puberty on pause; “buy time”
- Prevent experiencing physical changes of puberty of undesired sex
- Fully reversible
- Once puberty completed, can only be incompletely reversed—making it difficult to blend in/ be seen as affirmed gender
 - Testosterone: Low voice, Adam’s apple; facial features
 - Estrogen: Breast development

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Gender-Affirming Hormonal Management of Adolescents

- WPATH Standards of Care (SOC) 7
- Endocrine Society Clinical Practice Guideline
 - Co-sponsored by WPATH
- Puberty blockers
 - Gender dysphoria has emerged or worsened with onset of puberty
- Gender-affirming sex hormones (Estradiol, Testosterone)
 - Initiate around age 16 yr
 - May be initiated before age 16 yr on case-by-case basis

Scientific Evidence Supporting Use of Pubertal Blockers and GAH in Adolescents

- Seminal study from Netherlands—Mental Health outcomes:
 - Following treatment with puberty blockers, GAH, and gender-affirming surgery:
 - Gender Dysphoria resolved
 - Psychological functioning generally improved
 - Sense of “well-being” equivalent or superior to age-matched controls from general population
 - No patients reported regret at any stage of treatment
- Seminal studies from U.S. —Mental Health outcomes:
 - Individuals treated with puberty blockers had significantly lower odds of lifetime suicidal ideation compared to those who wanted access to such Rx but didn’t receive it.
 - Pubertal blockers and GAH Rx associated with improved body image and significant decreases in body dissatisfaction

CPT & ICD -9/10 codes in the care of Transgender/ Gender diverse Adolescents

- CPT codes for endocrine consultation
 - New
 - Level of medical complexity
 - Time spent face-to-face with patient with >50% focused on management
 - Follow-up
 - Level of medical complexity
 - Time spent face-to-face with patient with >50% focused on management
- ICD 9/10 codes
 - Gender Dysphoria: F64.0
 - Endocrine disorder-NOS: 259.9/E34.9
- CPT procedure codes
 - Placement of puberty blocker implant (histrelin)—11981
 - Removal of puberty blocker implant—11982
 - Removal of puberty blocker implant with reinsertion—11983
 - Administration of puberty blocker by injection (leuprolide; triptorelin)
 - Administration of subcutaneous testosterone pellets
- Codes for Rx
 - Histrelin implant
 - Leuprolide; triptorelin injection
 - Estradiol: patch, pills, injection
 - Testosterone: injection, transdermal (patch; gel), subcutaneous pellets

Insurance Reimbursement Challenges in the Medical Care of Transgender/ Gender diverse Adolescents

- **Primary Challenge:**
 - **Reimbursement for GnRH agonists/ Pubertal blockers**
 - Implant: Histrelin
 - Injection: Leuprolide; triptorelin
- **“Labeling concern”**
 - Not FDA-labeled for use for adolescents with gender dysphoria
 - Only FDA-labeled use in pediatric context: precocious puberty
- **Despite “Off-label” context, GnRH agonists/ Pubertal blockers are the Standard of Care in the management of early-mid-pubertal gender dysphoric adolescents**
 - as detailed in the WPATH SOC7 and the Endocrine Society Clinical Practice Guideline (co-sponsored by WPATH)