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

What is a hormone?
A chemical substance made in one part of the body that has effects in other parts of the body

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

For those with testes:

I

II

III

IV

V

For those with ovaries:

I

II

III

IV

V

Children & Adolescents with Gender Dysphoria: Natural History

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

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

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
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 >100% focused on management
  - Follow-up
    - Level of medical complexity
    - Time spent face-to-face with patient with >100% focused on management
- ICD 9/10 codes
  - Gender Dysphoria: F64.0
  - Endocrine disorder-NOS: E10.9/E34.0
- CPT procedure codes
  - Placement of puberty blocker implant (histrelin) —11981
  - Removal of puberty blocker implant —11982
  - Removal of puberty blocker implant with revisions—11983
  - Administration of puberty blocker by injection (leuprolide, triptorelin)
  - Administration of subcutaneous testosterone pellet
- Codes for Rx
  - Histrelin implant
    - Leuprolide, triptorelin injection
  - Estradiol: patch, gel, 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)