

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

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## Objectives

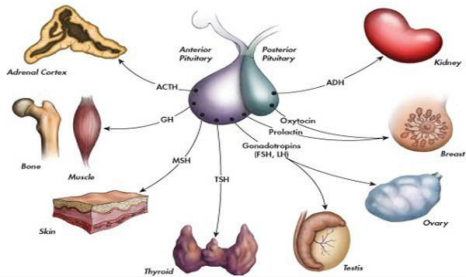
- Review basics of hormone action and regulation of puberty
- Understand use of pubertal blockers and gender-affirming sex hormones (GAH)
- Understand mental health benefits of gender-affirming hormonal care, some of which may be life-saving
- Understand relevant coding for pubertal blockers and GAH

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## What is a hormone?

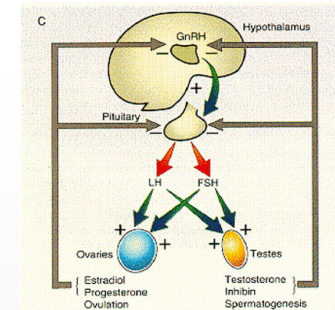
A chemical substance made in one part of the body that has effects in other parts of the body



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



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### Physical Stages of Puberty:

	For those with testes	For those with ovaries
I	 2-2.5	
II	 2.5-3.2	
III	 3.6	
IV	 4.1-4.5	
V	 4.5	

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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

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## 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

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## 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

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## 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)

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