

Injectable Hormone Pellets, Medical 157

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<u>Effective Date</u>	2/2011
<u>Next Review Date</u>	7/2025
<u>Coverage Policy</u>	Medical 157
<u>Version</u>	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of Hormone pellets.

Description & Definitions:

Hormone pellets are injected under the skin to boost hormone levels.

Criteria:

Hormone pellets is considered **not medically necessary** for any indication, to include but not limited to:

- Estradiol injectable hormone pellets

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: July
- 2021: November
- 2020: October

- 2015: March

Reviewed Dates:

- 2024: July - Annual review completed. No changes. References and coding updated.
- 2023: July
- 2021: October
- 2019: December
- 2018: August
- 2017: December
- 2016: February
- 2014: February
- 2013: February
- 2012: February

Effective Date:

- February 2011

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Jul 09, 2024, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522hormone%2520pellet%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2527B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522>

(2024). Retrieved Jul 09, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=ESTRADIOL&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MC,D,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2024). Retrieved Jul 09, 2024, from Department of Medical Assistance Services - MES Public Portal:

<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=hormone%20pellets&gsc.sort=>

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<https://careweb.careguidelines.com/ed28/index.html>

LCD: Treatment of Males with Low Testosterone (L39086). (2022, May 05). Retrieved Jul 09, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39086&ver=10&keyword=ESTRADIOL&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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The 2022 hormone therapy position statement of The North American Menopause Society. (2022). Retrieved Jul 09, 2024, from North American Menopause Society: <https://www.menopause.org/docs/default-source/professional/nams-2022-hormone-therapy-position-statement.pdf>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or

medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Injectable Hormone Pellets, Testosterone, SHP Medical 157, male, delayed puberty, endogenous androgen absence, hypogonadism, estradiol, Implanted Hormone Pellets, Testosterone pellet, Estradiol pellet, subcutaneous testosterone implant, Testopel® (testosterone pellets), Hormone Replacement Pellet Therapy (HRPT), bioidentical hormone replacement therapy (BHRT), subdermal implants (pellets)