

Corporate Medical Policy

Hormone Pellet Implantation for Treatment of Menopause Related Symptoms

File Name: hormone_pellet_implantation_for_treatment_of_menopause_related_symptoms
Origination: 11/2006
Last Review: 3/2024

Description of Procedure or Service

Menopause is a normal, natural event that occurs with aging. The ovaries progressively fail to produce estrogen and other hormones. Menopause marks the permanent end of fertility. Many physical changes occur during the transition from the reproductive years through menopause and beyond. Most of these changes are normal consequences of both menopause and aging. Each individual experiences menopause in a unique way.

For many individuals, menopause is asymptomatic and associated with little disruption of normal life and well-being. However, some individuals experience severe symptoms that adversely affect their quality of life. There is a long list of physical changes that may occur during this time, which may be related to menopause or aging – or both. Some of these are changes in menstrual periods, hot flashes, sleep disturbances, night sweats, vaginal dryness and decreased sex drive.

Several prescription drugs are available to help relieve menopause-related symptoms. Hormone therapy (HT) is the most effective intervention for management of these quality-of-life issues. HT may be defined as estrogen therapy alone or a combination of estrogen and a progestational agent in individuals with a uterus. The addition of a progestational agent is to protect the uterus from estrogen stimulation. Endometrial cancer has been shown to be increased with the use of unopposed estrogen.

In addition to falling estrogen levels, the body's production of another hormone, androgen, declines with age possibly contributing to decreased sexual desire. The ovaries and adrenal glands secrete androgen, primarily as testosterone. Testosterone therapy may be indicated for postmenopausal symptoms of decreased sexual desire associated with personal distress when there is no other identifiable cause for sexual concerns.

Over the years a number of research studies presented a complicated picture of the risks and benefits of hormone therapy and its use for prevention of cardiovascular diseases was controversial. This led the National Institutes of Health (NIH) to conduct a large clinical trial of the risks and benefits of hormone therapy. A large randomized clinical trial including more than 16,000 healthy women was conducted. Results from the trial published in 2002 showed that the overall risks of estrogen plus progestin outweigh the benefits. Among the risks observed after 5.6 years of follow-up were increased risks of breast cancer, heart disease, stroke and blood clots. On March 1, 2004, after nearly seven years of follow-up, NIH stopped the estrogen alone arm of the trial, concluding that estrogen alone does not appear to affect (either increase or decrease) heart disease, a key question of the study. In addition, estrogen alone appears to increase the risk of stroke and decrease the risk of hip fracture. No increase in breast cancer risk was observed during the study period.

The Women's Health Initiative (WHI) report resulted in a significant decrease in estrogen and progestin use and a serious reevaluation of menopausal hormone therapy, as well as increased interest in alternative approaches to managing menopausal symptoms including use of "bioidentical" hormones, hormone products available without a prescription and/or other hormone products custom-compounded. Bioidentical hormones made by a compounding pharmacist from a health care provider's prescription are available in various routes of administration, including oral, sublingual, and percutaneous or as implants, injectables, and suppositories.

Hormone Pellet Implantation for Treatment of Menopause Related Symptoms

This policy is specifically related to subcutaneously implanted hormone pellets. The individual pellets are smaller than a grain of rice and are implanted into the subcutaneous tissue, where they provide a slow continuous release of hormone into the bloodstream. The pellets are implanted in the lower abdomen or buttocks. The procedure is done in a physician's office with the use of a local anesthetic and a small incision for insertion. The release of the drug continues over a 3-6 month period.

NOTE: This policy is specifically related to hormone pellet implantation for hormone replacement therapy to treat menopause related symptoms. The use of testosterone pellets for androgen deficiency is not addressed in this policy.

This policy does not address procedures or treatments related to transgender services. Please see the policy "Gender Confirmation Surgery and Hormone Therapy" for information regarding transgender services.

Related Policies:

Gender Affirmation Surgery and Hormone Therapy
Testosterone Pellet Implantation for Androgen Deficiency

****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.*

Policy

Hormone pellet implantation is considered investigational for hormone replacement therapy to treat menopause related symptoms.. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Hormone Pellet Implantation for Treatment of Menopause Related Symptoms is covered

Not applicable.

When Hormone Pellet Implantation for Treatment of Menopause Related Symptoms is not covered

Subcutaneous hormone pellet implantation of estrogen alone, or estrogen combined with testosterone, or testosterone alone when used as hormone replacement therapy for the treatment of menopause related symptoms, is considered investigational.

Policy Guidelines

There are no FDA-approved, commercially available formulations of implantable estradiol pellets available in the United States. These formulations of estradiol have been shown to produce unpredictable and fluctuating serum concentrations of estrogen. The FDA and Maternal Health Drugs Advisory Committee unanimously agreed to terminate compassionate investigative new drug (IND) programs for estrogen pellets as a last-resort treatment of menopausal disorder. The Committee noted "the risk of bleeding and infection, the lack of information on release rates, difficulty in reversibility of the drug, increased feasibility of over-dosage of the drug, and increased risk of non-compliance with safety measures such as the addition of progestin."

Hormone Pellet Implantation for Treatment of Menopause Related Symptoms

Estrogen compounded with testosterone for subcutaneous HT is not FDA approved.

Compounded bioidentical hormones are plant-derived hormones that are prepared, mixed, assembled, packaged, or labeled as a drug by a pharmacist and can be custom made for a patient according to a physician's specifications. Most compounded products have not undergone rigorous clinical testing for safety or efficacy, and issues regarding purity, potency, and quality are a concern. Compounded hormone products have the same safety issues as those associated with hormone therapy agents that are approved by the FDA and may have additional risks intrinsic to compounding. There is no scientific evidence to support claims of increased efficacy or safety for individualized estrogen or progesterone regimens.

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 service codes: 11980, S0189

ICD-10 diagnosis codes that are subject to medical necessity review: E28.310, E28.29, E89.41, N95.0, N95.1, N95.2, N95.8, N95.9, Z79.890

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Specialty Matched Consultant Advisory Panel review 12/13/2006.

Specialty Matched Consultant Advisory Panel review 12/2008.

F-D-C Reports Inc. Estrogen pellets availability under compassionate INDs should be discontinued as a last resort treatment for menopausal symptoms – FDA advisory committee. The Pink Sheet. 1998:50(4).

Specialty Matched Consultant Advisory Panel 3/2012.

Food and Drug Administration. FDA takes action against compounded menopause hormone therapy drugs. 2008. Available at: <http://www.fda.gov/newsevents/newsroom/pressannouncements/2008/ucm116832.htm>. Accessed February 25, 2013.

Menopause: The Journal of The North American Menopause Society. The 2012 Hormone Therapy Position Statement of The North American Menopause Society Vol. 19, No. 3, pp. 257/271. Available at: <http://www.menopause.org/docs/default-document-library/psht12.pdf?sfvrsn=2> .Accessed February 25, 2013

American College of Obstetricians and Gynecologists. ACOG Committee Opinion #532, August 2012: Compounded Bioidentical Menopausal Hormone Therapy. Available at: <http://www.acog.org/~media/Committee%20Opinions/Committee%20on%20Gynecologic%20Practice/co532.pdf?dmc=1&ts=20130225T0923233804> . Accessed February 25, 2013

American Association of Clinical Endocrinologists (AACE). AACE medical guidelines for clinical practice for the diagnosis and treatment of menopause. Endocr Pract. 2011;17(Suppl 6). Accessed February 25, 2013 at <https://www.aace.com/files/menopause.pdf>

Specialty Matched Consultant Advisory Panel 3/2013

Specialty Matched Consultant Advisory Panel 3/2014

Hormone Pellet Implantation for Treatment of Menopause Related Symptoms

Recommendation Summary. U.S. Preventive Services Task Force. October 2012.

<http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/menopausal-hormone-therapy-preventive-medication> . Accessed on March 11, 2015

The North American Menopause Society Recommendations for Clinical Care of Midlife Women available at <http://www.menopause.org/docs/default-source/2014/nams-recomm-for-clinical-care.pdf> . Accessed on March 11, 2015.

Specialty Matched Consultant Advisory Panel – 3/2015

Senior Medical Director review 3/2015

Specialty Matched Consultant Advisory Panel – 3/2016

Specialty Matched Consultant Advisory Panel review– 3/2020

Specialty Matched Consultant Advisory Panel review– 3/2021

Specialty Matched Consultant Advisory Panel review– 3/2022

Medical Director Review 3/2022

Specialty Matched Consultant Advisory Panel review 3/2023

Medical Director Review 3/2023

Crandall, Carolyn J., et al. “Management of Menopausal Symptoms.” JAMA, vol. 329, no. 5, 2023, p. 405., <https://doi.org/10.1001/jama.2022.24140>.

Specialty Matched Consultant Advisory Panel review 3/2024

Medical Director Review 3/2024

Policy Implementation/Update Information

- 11/13/06 Notification of new policy. Subcutaneous hormone pellet implantation of estrogen alone, **or** estrogen combined with testosterone, **or** testosterone alone when used as hormone replacement therapy for menopause, is considered investigational. BCBSNC does not cover investigational services. Notification given 11/13/06. Effective date 1/17/07.
- 1/17/07 Specialty Matched Consultant Advisory Panel review 12/13/2006. No changes to criteria. Reference source added. (pmo)
- 1/12/09 Specialty Matched Consultant Advisory Panel review 12/2008. No changes to criteria. Reference source added. (pmo)
- 6/22/10 Policy Number(s) removed. (amw)
- 10/26/10 Policy Guidelines updated. Pertinent diagnoses codes added to Billing/Coding section. No change in policy statement. (adn)
- 1/18/2011 Specialty Matched Consultant Advisory Panel review 12/16/2010. Policy accepted as written. (adn)
- 4/17/12 Reference added. Specialty Matched Consultant Advisory Panel review 3/21/12. No change to policy statement. (sk)

Hormone Pellet Implantation for Treatment of Menopause Related Symptoms

- 4/16/13 References added. Specialty Matched Consultant Advisory Panel review 3/20/13. No change to policy statement. (sk)
- 7/1/13 ICD-10 diagnosis codes added to Billing/Coding section. (sk)
- 4/29/14 Specialty Matched Consultant Advisory Panel review 3/25/14. Senior Medical Director review. No change to Policy statement. (sk)
- 4/28/15 References added. Specialty Matched Consultant Advisory Panel review 3/25/15. Senior Medical Director review. (sk)
- 4/29/16 Specialty Matched Consultant Advisory Panel review 3/30/2016. Policy statement unchanged. (an)
- 12/30/16 Policy name changed **from** Hormone Pellet Implantation for Hormone Replacement Therapy In Women **to** Hormone Pellet Implantation for Treatment of Menopause Related Symptoms. This policy is specifically related to hormone pellet implantation for hormone replacement therapy to treat menopause related symptoms. The use of testosterone pellets for androgen deficiency is not addressed in this policy. This policy does not address procedures or treatments related to transgender services. Please see the policy "Gender Confirmation Surgery and Hormone Therapy" for information regarding transgender services. No change to policy statement or intent. (an)
- 4/28/17 Specialty Matched Consultant Advisory Panel review 3/29/17. Policy statement unchanged. (an)
- 4/27/18 ICD-9 codes removed from Billing/Coding section. Diagnosis codes E28.310 and E28.29 added. Specialty Matched Consultant Advisory Panel review 3/28/18. No change to policy statement. (an)
- 4/16/19 Specialty Matched Consultant Advisory Panel review 3/20/2019. No change to policy statement. (an)
- 03/31/20 Specialty Matched Consultant Advisory Panel review 3/18/2020. No change to policy statement. (eel)
- 03/31/21 Specialty Matched Consultant Advisory Panel review 3/9/2021. No change to policy statement. (bb)
- 3/31/22 Specialty Matched Consultant Advisory Panel review 3/2022. Medical Director Review 3/2022. No change to policy statement. (tt)
- 3/31/23 Specialty Matched Consultant Advisory Panel review 3/2023. Medical Director Review 3/2023. Related Policies section updated. References updated. No change to policy statement. (tt)
- 4/1/24 Specialty Matched Consultant Advisory Panel review 3/2024. Medical Director Review 3/2024. Removed J3490 from Billing/Coding section. No change to policy statement. (tt)

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.