



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Growth Hormone Therapy

Benefit

Growth hormone therapy is in benefit if determined medically necessary by the Primary Care Physician (PCP).

Interpretation

Growth hormone is responsible for linear growth of long bones and is, therefore, the major factor responsible for attainment of adult height. Growth hormone also has multiple subtle effects on carbohydrate, protein and lipid metabolism, causes "maturation" of multiple body tissues, and serves as a counter-regulatory hormone for other hormones including insulin.

Growth hormone replacement may be useful in, but is not limited to, the treatment for members in the following categories:

1. Pediatric members with growth hormone deficiency, established by:
 - A. Failure to reach a peak growth hormone level of at least 10 mg/ml by at least two provocative tests. Test agents include:
 - Clonidine
 - Arginine
 - Levodopa
 - Insulin hypoglycemia
 - Glucagon
 - Exercise
 - B. A 24-hour secretory test showing a mean growth hormone level of less than 3 mg/ml with fewer than 4 growth hormone spikes and no spike greater than 10 mg/ml.
 - C. A documented history of ablative pituitary radiation (usually because of brain tumor).
2. Members with short stature resulting from chronic renal failure when these members are awaiting kidney transplantation.
3. Pediatric members with short stature associated with Turner's Syndrome
4. Members with AIDS wasting or cachexia
5. Burn patients (limited to patients with third degree burns).

For member in categories 1, 2, and 3, other supportive but non-diagnostic documentation includes:

- Documentation of growth velocity under 5 cm/yr. with height at least 2 standard deviations below mean.
- Bone age determined by standard X-ray techniques to be two (2) years or more behind chronological age.

Verification of continued medical necessity for continued growth hormone administration should be obtained according to the following recommendations:

- Members in categories 1, 2, or 3, in whom growth hormone deficiency is established in childhood, no further documentation of need is required through age 18.
- Members in category 1 in whom growth hormone deficiency is established as an adult, reevaluation every two years should establish ongoing efficacy of treatment with growth hormone.

Paid by	HMO (through prescription drug benefit, if self-injected at home)
	IPA (if administered in physician office)

Benefit Variation

Members without prescription drug benefit—self-injectable excluded.

Some employer groups have no, or limited, pharmacy benefits.

A small percentage of HMO members receive pharmacy benefits from non-BCBSIL vendors and coverage may vary.

Note: See related benefits interpretation on Drugs

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