



Subject: **Bioidentical Compounded Hormone Replacement Therapy***

Effective Date: **March 24, 2009**

Department(s): **Utilization Management**

Policy: Bioidentical compounded hormone replacement therapy for menopausal symptoms is not reimbursable under Plans administered by QualCare, Inc.

Objective: To ensure proper and consistent reimbursement and to limit coverage to treatment that is shown to have scientific validity.

Procedure: Requests for coverage of bioidentical compounded hormone replacement therapy for menopausal symptoms (**ICD-9 627.2, 627.4, 627.8, 627.9**) (**ICD-10 N95.1, N95.8, N95.9 E89.41**) will be denied as the superiority and safety of this treatment compared to conventional hormone replacement therapy are not supported by a satisfactory body of peer-reviewed medical literature. Bioidentical compounded hormone replacement therapy is thus deemed experimental, investigational or unproven.

References:

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.