

DEPARTMENT OF HEALTH SERVICES

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MMCD All Plan Letter 98-07

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TO: Managed Care Plans

SUBJECT: RECOMBINANT GROWTH HORMONE INJECTIONS

The purpose of this letter is to inform all managed care plans (MCPs) about the Medi-Cal program expansion of coverage for the outpatient use of recombinant growth hormone (rhGH) injections.

In the past, Medi-Cal allowed use of outpatient rhGH injections only for treatment of children with documented deficiency in pituitary secretion of growth hormone. Effective immediately, the Medi-Cal program has expanded the coverage for outpatient usage of rhGH to include children with nonmosaic Turner's syndrome (TS) and children with chronic renal insufficiency (CRI). This expansion of coverage is provided under the EPSDT supplemental services expanded medical necessity evaluation criteria.

For members under the age of 21 with growth hormone deficiency or CRI which are California Childrens Services (CCS) eligible conditions, MCPs must refer these children to the local CCS program for needed services. The following are criteria under which rhGH will be covered for children with CRI:

1. Irreversible renal insufficiency
2. Creatinine clearance >5 and <75 ml/min per 1.73
3. Height less than 3rd percentile for chronological age at the onset of treatment
4. Age: Birth to onset of puberty
5. No significant fluid and electrolyte imbalances
6. Optimal nutritional intake
7. No significant renal osteodystrophy
8. Absence or control of secondary hyperparathyroidism
9. Not receiving corticosteroids
10. Not on peritoneal dialysis or hemodialysis
11. Has not received a renal transplant
12. Lack of evidence of a specific cause for growth retardation other than proven

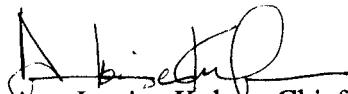
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- growth hormone deficiency, Turner's syndrome, or chronic renal insufficiency as defined above.
13. Absence of diabetes mellitus, active malignancy or treatment of a malignant disease within the past year.
 14. The child is not at target height of 50th percentile for midparental height while on rhGH.

Since Turner's syndrome is not a CCS eligible condition, MCPs are expected to provide treatment for this condition and must have procedures for authorizing growth hormone treatment when medically necessary. MCPs do not have to use the Medi-Cal utilization review criteria for authorizing rhGH for Turner syndrome, but must have criteria that are based on sound clinical principles and practices and the criteria must be developed with plan providers input. (Please see Health and safety Code, Section 1363.5) For your information, the Medi-Cal fee-for-service program will authorize rhGH for children with nonmosaic Turner's syndrome under the following conditions:

1. Be a proven XO Turner's genotype, nonmosaic.
2. Height for chronologic age greater than two standard deviations below the mean at the onset of treatment.
3. Abnormal growth rate which will probably result in an adult height greater than two standard deviations below the mean for adult women.
4. Open bony epiphyses.
5. Estrogen replacement therapy is not planned before the 15th birthday.

Should you have any questions regarding these issues, please contact your contract manager.


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