

Bioidentical Hormone Replacement Therapy

Also known as	<div><div>1. Amor Vie™ Bio-Identical Pellet Hormone Replacement Therapy</div><div>2. BHRT</div><div>3. Bioidentical hormone replacement</div><div>4. Natural Hormone Therapy</div><div>5. Sottopelle Bio-identical Hormone Replacement Therapy</div></div>						
Description	<p>Bioidentical hormone replacement therapy, often referred to as <i>natural hormone replacement therapy</i>, is used to treat hormone imbalances in men and women. Bio-identical hormones are compounded from plant sources and are purported to be exactly the same hormones present in the human body. Prescriptions for these products are often written by alternative medicine providers in individualized doses/regimens and are often prepared by and obtained from compounding pharmacies. The hormone can be oral, cream, ring, tablet, injection, pellet, or surgically implanted. It can be for men or women. Bio-Identical hormones are NOT approved by the FDA.</p>						
See also	<p>Similar, related, or easily confused documents.</p> <div><div>• Hormone Replacement Therapy - Hormone replacement therapy refers to an FDA-approved implant, injection, pellet, or medication that is taken to increase hormone levels in women and men.</div></div>						
Table of Contents	<p>The following topics are included in this document:</p> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Considered investigative, not covered.</p>						
Mayo Medical Plan (MMP)	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.						
Medica (including MHPS)	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.• Medica is the only payer.						
Cost (Prime)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Note: Care availability does NOT apply when a procedure is not covered.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Note: Care availability does NOT apply when a procedure is not covered• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Considered investigative, not covered.</p>						
Medica	<p>Medica’s Drug Management Policy, <i>Bioidentical Hormone Replacement Therapy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.• Note: Care availability does NOT apply when a procedure is not covered.• For investigative indications, not covered.						
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