

Growth Hormone indications

Adjudication Guideline

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1. Abstract

1.1 For Members

Growth hormone, often called GH or HGH (Human Growth Hormone), is a natural substance produced by the pituitary gland. It is responsible for the body growth and development, especially during childhood and adolescence. It is a prescription medication that should be given only by or under the direct supervision of your doctor.

1.2 For Medical Professionals

Growth hormone (GH), produced by the anterior pituitary gland, is crucial for growth and metabolism—a polypeptide hormone classified as an anabolic agent. It is released and regulated by the hypothalamus through growth hormone-releasing hormone (GHRH) and somatostatin. GH stimulates the production of insulin-like growth factor 1 (IGF-1).

Deficiency in GH can lead to growth failure in children and decreased muscle mass in adults, while excess GH causes gigantism in children and acromegaly in adults. Synthetic GH is used therapeutically to treat deficiencies and other conditions but requires careful monitoring due to potential side effects.

2. Scope

This guideline explains the medical indication and the coverage status of Growth Hormone for all health insurance plans administered by Daman as per policy terms and conditions.

Introduction:

Human Growth Hormone is a polypeptide hormone secreted by the somatotrophs cells in the anterior lobe of the pituitary gland. It stimulates growth of linear bone, skeletal muscle, organs, and stimulates erythropoietin, increasing red blood cell mass

Somatotropin is a recombinant human growth hormone used as replacement therapy in various conditions of growth failure, growth hormone deficiency, and weakness in children and adults.

Mecasermin is a recombinant insulin-like growth factor-1 used for the long-term treatment of growth failure in pediatric patients with primary IGF-1 deficiency or with growth hormone gene deletion due to the development of neutralizing antibodies to GH.

Somatrogen is a long-acting recombinant human growth hormone used as the long-term treatment of pediatric patients who have growth failure due to growth hormone deficiency.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Paediatric, Children (<18 years of age):

Diagnosis	Requirement
Growth hormone deficiency (GHD) Pituitary diseases - Hypopituitarism - Post procedural hypopituitarism - Drug-induced hypopituitarism	-Growth hormone stimulation test results (using arginine, glucagon, or insulin) Subnormal peak value: < 5 ng/mL or otherwise determined by the testing lab; OR -IGF-1(insulin like growth factor-1) -IGFBP-3 (insulin like growth factor binding protein3) levels below normal for age and gender.
GHD with neonatal hypo glycaemia	Serum growth hormone level <5 ng/ml OR below reference range as per the testing lab
Short stature born small for gestational age (SGA) no catch-up growth from age (2-4)	-Greater than 2 years of age AND -X-ray evidence of open growth plates (for children above 12 years old) -Patient height 2 SD below the mean for chronological age and sex) OR -Bone age is below normal for chronological age OR -Projected adult height is more than 8.5 cm below med parental height. (Kindly review additional information).
Short stature associated with Prader-Willi syndrome	-X-ray evidence of open growth plates (for children above 12 years old) -Patient height 2 SD below the mean for chronological age and sex)
Idiopathic short stature	OR
Short stature associated with Noonan Syndrome	-Bone age is below normal for chronological age
Short stature associated with Turner syndrome	-Projected adult height is more than 8.5 cm below med parental height. (kindly review additional information)
Short stature due to endocrine disorder Includes - short stature homeobox gene (SHOX) deficiency - Laron-type short stature	
Short stature due to Léry-Weill syndrome	
Short stature due to Barth syndrome	
chronic renal insufficiency	- X-ray evidence of open growth plates (for children above 12 years old)
short bowel syndrome	Diagnosis ICD 10

HIV (AIDS wasting syndrome or cachexia)	- Medical report documenting unexplained weight loss >10% of base line. - Patient is currently being treated with antiviral agents.
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Adult indication, (>18 years old)

Diagnosis	Requirement
Adult-onset Growth hormone deficiency	-Growth hormone stimulation test results (using arginine, glucagon, or insulin) Subnormal peak value: < 5 ng/mL or otherwise determined by the testing lab. OR
Childhood onset Growth hormone deficiency	-IGF-1(insulin like growth factor-1) - -IGFBP-3 (insulin like growth factor binding protein-3) levels below normal for age and gender. -Growth hormone stimulation test results (using arginine, glucagon, or insulin) Subnormal peak value: < 5 ng/mL or otherwise determined by the testing lab. OR
Pituitary disease - Hypopituitarism - Post procedural hypopituitarism - Drug-induced hypopituitarism	-IGF-1(insulin like growth factor-1) - -IGFBP-3 (insulin like growth factor binding protein-3) levels below normal for age and gender.
AIDS wasting or cachexia	-Medical report documenting unexplained weight loss >10% of base line. -Patient is currently being treated with antiviral agents
Short bowel syndrome	Icd10 diagnosis

Red flags:

- Growth hormone medications always require authorization.
- Growth hormone medications should not be prescribed by (GP) General Practitioner.
- A request form is required to be filled by providers and submitted to authorization for evaluation.
- All supporting documents (Lab tests and growth charts) should also be submitted with the request form.
- Short stature is defined as height that is 2 standard deviations (SD) or more below the mean height for individuals of the same sex and chronologic age in each population. This translates to a height that is below the 2.3rd percentile (if WHO growth chart used) or 5th percentile (if CDC growth charts is used).
- Continuation of GH therapy for children with short stature is not indicated if (whichever comes first):
 - Growth velocity is less than 2 cm/year.
 - Epiphyseal fusion is complete.
 - Bone age indicates growth is complete (less than 14 years in girls or 16 years in boys).
- Mecasermin injection is indicated for the treatment of growth failure in children with severe primary IGF-1 deficiency or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH.
- Somatogon is a human growth hormone indicated for treatment of pediatric patients aged 3 years and older who have growth failure due to inadequate secretion of endogenous growth hormone

3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Kindly code the ICD-10 and the CPT codes to the highest level of specificity
- **Authorization request form: below attached**
[Growth-Hormone-Authorization-Request-Form-1 \(5\).pdf](#)

3.3 Non-Coverage

- Growth hormone therapy is not covered for any plan administered by Daman, unless medically necessary.
- Growth hormone therapy is not covered for Visitor’s plan.

3.4 Payment and Coding Rules

Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Code	Code Description
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice
MNEC-003	Service is not clinically indicated based on good clinical practice~MNEC-003
AUTH-001	Prior approval is required and was not obtained
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender~CODE-014

5. Appendices

5.1 References

1. <https://www.ncbi.nlm.nih.gov/books/NBK279056/>
2. Martindale,
3. https://www.medicinescomplete.com/mc/martindale/current/ms-3882-htm?q=Growth%20hormone&t=search&ss=text&tot=422&p=3#_hit
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5.2 Revision History

Date	Version	Change(s)
30/09/2018	V1.0	Release of V1.0
15/10/2020	V2.0	Update references
15/10/2022	V3.0	Update references
15/11/2024	V4.0	Update the indications and references
28/11/2025	V5.0	No changes

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GROWTH HORMONE PRE-AUTHORIZATION REQUEST FORM

I. General Information

Member and Prescriber information	
Patient card number:	Provider name:
Patient age:	Prescribing physician specialty:

Clinical information
Is the member currently established on recombinant growth hormone/ Somatropin? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, kindly provide documentation for the indications and patient current status
If No, kindly fill the below form.

II. Please fill the following section for patients age <18 years old

Medical Assessment And Diagnostic Testing
Growth Hormone Deficiency (GHD) ICD10 code
A- Laboratory tests* 1- Growth hormone stimulation test (arginine, glucagon, insulin) - Date - Test value - Reference range as per the testing lab 2- IGF-1 and IFG-PB3 test - Date - Test value..... - Reference range for age and gender *Kindly provide a copy of either laboratory test results
B- Please provide evidence of the following (if applicable) Neonatal hypoglycaemia - ICD10 code..... - Random Serum growth hormone level - Reference range as per the testing lab.....
Short stature ICD code and description
A- Auxologic Criteria** - Current height:cm.....percentile - Standard deviation of current height below mean for age & gender (+) or (-): - Father's height.....cm, Mother's height.....cm, mid parental heightcm - Patient's projected adult height.....cm - Bone age..... - Growth plate is open Yes <input type="checkbox"/> No <input type="checkbox"/> (IF YES, please attach a confirmatory x ray for kids above 12 years) - kindly list any other metabolic or genetic disorder (if applicable)
**Please attach any growth chart used for height measurement

HIV/AIDS wasting syndrome ICD code and description
Kindly provide the following
<ul style="list-style-type: none"> ➤ Weight loss percentage from base line % ➤ Patient is currently on anti-viral drugs Yes <input type="checkbox"/> No <input type="checkbox"/>

III. Please fill the following section for patients age >18 years old

Medical Assessment And Diagnostic Testing
Growth Hormone Deficiency (GHD) ICD10 code
<p>C- Laboratory tests*</p> <p>1- Growth hormone stimulation test (arginine, glucagon, insulin)</p> <ul style="list-style-type: none"> - Date - Test value - Reference range as per the testing lab <p>2- IGF-1 and IFG-PB3 test</p> <ul style="list-style-type: none"> - Date - Test value..... - Reference range for age and gender <p><i>*Kindly provide a copy of either laboratory test results</i></p>
HIV/AIDS wasting syndrome ICD code and description
Kindly provide the following
<ul style="list-style-type: none"> ➤ Weight loss percentage from base line % ➤ Patient is currently on anti-viral drugs Yes <input type="checkbox"/> No <input type="checkbox"/>