



Financial Questions for Gender Related Care

*Any contact numbers referenced in this document can be found at the bottom of the last page under
“Important Contact Numbers”

1. What services will be covered if we come to Lurie Children's Gender and Sex Development program?

Please call **Lurie Children's Registration Department at 312-227-1333** to provide your insurance information. Lurie Children's Registration Department should be able to inform you if your plan is in network or out of network and if you require a referral for the visit. In addition to calling Registration, all families and patients should check with their insurance company at least 2 weeks prior to the visit to confirm whether their plan is in-network with Lurie Children's and to understand the type of coverage and benefits you have through your insurance. This includes information about deductibles, the percentage of the cost of the visit that your insurance company will cover, and the portion for which you would be responsible after you have met your annual deductible.

To obtain more specific information about coverage for gender related care, the best option is to speak to the Employee Benefits Manager of your insurance company and ask the following:

1. Does my plan cover treatment for gender dysphoria for dependents? Plans can sometimes cover services for the policy holder, but not dependents, so it's important to ask. The diagnosis code for gender dysphoria is F64.9
2. If so, what services are covered (labs, office visits, medications)?
3. It can also be helpful to ask if your insurance company has a case manager or referral specialist on staff as they may be able to assist in this process.

The initial visit in our multidisciplinary clinic will typically be submitted under billing code 99205 or 99244. The out-of-pocket cost of the visit ranges from \$865-\$995.¹ There is a 20% discount if you pay the entire amount on the day of the visit. If you are unable to make the full payment at the time, there is a \$350.00 deposit required. For subsequent medical visits (after the initial appointment), visits are usually coded as 99214 or 99215. Return visits are an out-of-pocket cost of around \$665, with a 20% discount if payment is received on the day of the visit.

¹ Please note, this price is subject to change and may depend on what services your child receives here. While this is the best estimate we can provide, we cannot guarantee this price at the time of service.

2. My insurance company says there is an “exclusion in my plan” and that no gender related services are covered. What can I do?

Typically, the best place to start is by speaking to your HR representative or Union leader about the policy and exclusion. Our team can assist with documentation for an appeal as well, once your child has met with the medical team. The documentation we provide explains why gender related health care is a medical necessity.

If you have an exclusion in your plan and still want to access services at Lurie Children’s, you can apply for financial assistance and/or a payment plan by contacting the **Lurie Children’s Billing and Financial Assistance Office**.

You can also seek legal services through the **Transgender Legal Defense and Education Fund’s Trans Health Project**. The Trans Health Project can provide information on challenging insurances denials and exclusions as well as provide information and referrals. If you think these services would be helpful, please reach out to them.

3. My family has an HMO or managed care plan. What does that mean for my visit?

If you have an HMO, you must get a referral and an authorization for your upcoming visit. The nurse or referral coordinator at your PCP/pediatrician office will work with you regarding this referral. We have a team who will assist your doctor’s office if necessary. Please contact our Adolescent Medicine Administrative Professionals team at the **Adolescent Medicine Clinic Office** contact number 6 weeks prior to your appointment,

4. My child may need puberty suppressing medication (“puberty blockers” such as Lupron® or Supprelin®). How do I know if that is covered?

The process of obtaining insurance coverage for puberty blockers is handled by a team of staff at Lurie Children’s. We work with your insurance company to determine coverage. At the point when your provider is considering puberty blocker medication for your child, our staff will provide you with much more detailed information on this process and how to determine the cost to you.

5. My Child may need estrogen. How do I know if that is covered?

Estrogen may be covered by insurance. Out-of-pocket cost is typically about \$10/month for oral estrogen. For other forms of estrogen, the price will vary. Seek information from your insurance company to determine price.

6. My child may need testosterone. How do I know if that is covered?

Typically with testosterone (through insurance), a prior authorization from your insurance company will be required. Our nurses will request a prior authorization after the medication is prescribed. You can call your insurance company and ask if prior authorization is required for testosterone for the diagnosis of gender dysphoria (F64.0). In our experience, testosterone in a gel form is covered less often than the injectable medication. Coverage is unique to each individual plan. Without insurance coverage, a 6 month supply of injectable testosterone is about \$60-\$90. If you are worried about a high co-pay or your insurance doesn’t cover the medication, you can look into the website/app GoodRx to compare medication costs. For more information, you can go to their website: www.goodrx.com. *Please note that (per information provided on the website) GoodRx coupons cannot be combined with insurance and are for medications only.

7. If my child starts hormone treatments, how often will they have to be seen by a medical provider?

Once someone starts hormones, they may be asked to come back within 4-6 weeks for a follow up. After that, people will usually be asked to return every 3 months for the first year of treatment. After the first year of treatment, visits may be spaced to every 6 months. Please remember, this is always subject to your child's specific circumstance and the medical provider's discretion. There is also a possibility you will be able to work with a local physician/lab to receive some services closer to home. This may help to minimize costs and to increase accessibility. If necessary, we can send orders with the patient during the time of the visit.

8. I received a bill and I have questions. Who can I contact?

For questions about your bill from an initial visit in our multidisciplinary clinic and/or a bill from a visit with any of our medical or behavioral health providers, please call the Billing and Financial Assistance Office.

You can ask for an audit to be completed for the date of service or the date of your appointment that you are being billed for. This will not necessarily change the charges you receive, but this is a way to determine if your account was charged with the correct billing codes.

9. I am trying to select/change my insurance plan and need to know which insurance policies and plans Lurie Children's accepts.

Families can contact the **Lurie Children's Financial Counseling Office** to speak to a Financial Counselor. These individuals are fully trained in the policies accepted by Lurie Children's and may be able to speak to specific divisions, providers and procedures. Please note, there are currently no Marketplace (Exchange) Health Plans offering coverage for services at Lurie Children's. Please see this website for a list of current commercial plans accepted. Please be aware some of this is dependent on what services your child is receiving.

<https://www.luriechildrens.org/en/patients-visitors/billing-financial-assistance/insurance/commercial-plans-we-accept/>

10. I cannot pay my bill. Who can I talk to and what options do I have?

If you are an Illinois resident, you can apply for financial assistance through the hospital. To apply, please review the information on this site:

<https://www.luriechildrens.org/en/patients-visitors/billing-financial-assistance/financial-assistance/>

The financial assistance application requires 3 pay stubs, your tax returns from last year and proof of any additional income (SSI, unemployment, child support, etc). If you do not have all of these documents, it is still possible to apply. You must have your state income tax complete for the previous year.

Lurie Children's Financial Assistance Office can assist families by reducing the price of services. The amount of assistance you receive is based on your income and number of people in your household. Once you complete your application, you should expect to hear if you have been approved within 30 days. You will receive this information via mail. If you would like to check on the status of your application, please contact Lurie Children's Billing and Financial Assistance Office.

If you have more questions or want to set up a time to speak to someone in person, you can call Lurie Children's Business Office. You can also walk into the Family Services Office on the 12th floor of the Main Hospital (225 E. Chicago Ave, Chicago IL 60611)

11. What if I am from out of state and my insurance doesn't cover services received in Illinois or I do not qualify for financial assistance?

Anyone who comes to Lurie Children's Hospital and receives care is eligible to set up a payment plan if they cannot or do not want to pay for their services in full. These payment plans allow you to pay your bill within 18 months, and there is no interest charged. This can only be used for past services and is not available for upcoming visits. To set up a payment plan, please call Lurie Children's Billing and Financial Assistance or visit the business office in person on the 12th floor of the main hospital location (225 E. Chicago Ave, Chicago IL 60611) Please note, there will be a \$350.00 deposit required at the time of your visit in order for you/your child to be seen, even if you do want to set up a payment plan.

12. I have just scheduled an appointment, but we have not had the visit yet. How do I know what financial help might be available to me?

If you have scheduled an appointment with our clinic, the first thing you should do is contact **Lurie Children's Registration Department** within 5 days and provide them with your insurance information. They will be able to tell you if you have in-network or out-of-network benefits. Once your insurance has been registered, you can apply for financial assistance prior to your first visit. Please see questions 10 and 11 for more details.

13. Do you accept Medicaid?

Yes, Lurie Children's accepts Illinois Medicaid including most of the Managed Care Plans (MCOs) for specialty services (including Gender Development Clinic). Unfortunately, we cannot accept out-of-state Medicaid plans. If you have additional questions about which Medicaid plans are accepted for each provider, please call Lurie Children's Financial Counseling Office.

14. My child has an appointment with a Gender Program Behavioral Health provider. How do I know if that will be covered?

You should call Lurie Children's Registration at least two weeks prior to your first visit at to determine coverage. If you do not call two weeks in advance, you may need to reschedule your child's appointment in order to make sure that coverage for the appointment can be confirmed. Otherwise, you may be responsible for payment if there is an insurance issue. Our behavioral health providers are contracted with different insurances than our medical providers, so please register and contact your insurance company even if you have already seen a medical provider.

The cost for behavioral health visits are dependent on diagnosis codes. It is impossible to know for sure what diagnosis code will be used prior to the visit, but often a Gender Dysphoria diagnosis (CPT code: 90791) will be applied to the services. For a further breakdown of Behavioral Health session costs, please see the table on the last page of this document.

Please let us know if you have any additional questions. If anything has not been made clear here, please do not hesitate to give our office a call. We are open Monday through Thursday 8:30AM- 4:30PM and Friday 8:30AM-12:00PM. The contact number is (312) 227-6800 (dial option 3, then option 4). When calling our

office, please be sure to leave your name, number, the patient's name, and patient's date of birth, and the reason for your call.

Important numbers:

Lurie Children's Adolescent Medicine Clinic Office: (312) 227-6800 (choose option 3, then option 4)

Hospital Registration: (312) 227-1333

Lurie Children's Billing and Financial Assistance Office: (877) 924-8200 or (312) 227-7181

Lurie Children's Financial Counseling Office (this office can provide support and information regarding insurance plans and questions about insurance): (312) 227-1230

Transgender Legal Defense and Education Fund's Trans Health Project:
(646) 993-1680 or visit their website, www.transhealthproject.org.

Self-Payment Fee Chart for Behavioral Health appointments:

These are the most often used codes when billing insurance for behavioral health appointments in the Gender Program. This table is broken down by insurance (CPT) codes, description of type of service and range of cost. If you are able to pay the full cost of an appointment at the time of check in, you will receive a 20% discount on the total cost. There is always a \$150.00 deposit due at the time of the appointment, if paying out of pocket. Please keep in mind it is not possible to give an exact amount of an appointment prior to seeing your behavioral health provider.

Insurance (CPT) Code	Description of type of service	Fee Range	Fee Range with 20% discount
90791	Psychiatric or psychological intake interview	\$290.69- 387.58	\$232.55-304.06
90832	30 minutes of individual psychotherapy	\$140.82-187.76	\$112.66-150.21
90834	45 minutes of individual psychotherapy	\$188.49-251.31	\$150.79-201.05
90837	60 minutes of individual psychotherapy	\$283.06-377.41	\$226.45-301.93
90846	50 minutes of family psychotherapy without the patient present	\$227.93-303.94	\$182.34-243.15
90847	50 minutes of family psychotherapy with the patient present	\$236.92-315.89	\$189.54-252.71
90853	Group psychotherapy	\$240.80	\$192.64