If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Testosterone

Policy Number: CPCPLAB009

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: March 15, 2024

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

Terms such as male and female are used when necessary to refer to sex assigned at birth.

1. Measurement of serum total testosterone (See **Note 1**) **may be reimbursable** in **any** of the following situations:
    a. For symptoms of androgen deficiency or androgen excess in males
        i. For initial screening, two measurements at least 24 hours apart
        ii. If the initial screening was normal but symptoms persist, follow-up testing is allowed no sooner than 60 days after the initial screening.
    b. For the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer.
    c. For men receiving testosterone replacement therapy (every 2-3 months for the first year after initiation of therapy or after a change in therapeutic dosage; annually thereafter)
    d. For gender-dysphoric/gender-incongruent persons (baseline, during treatment and for therapy monitoring)
    e. For symptomatic females (See **Note 2**) being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea).

2. For males with total testosterone confirmed as low or borderline low **and** who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction, annual measurements of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin **may be reimbursable**.

3. For individuals suspected of having a disorder that is accompanied by increased or decreased SHBG levels (See **Notes 3 and 4**), measurement of serum free testosterone using a medically accepted algorithm based on total serum testosterone, SHBG, and/or albumin or bioavailable testosterone **may be reimbursable.**

4. Prior to initiating testosterone therapy for males with gynecomastia, once per lifetime serum estradiol measurement **may be reimbursable.**

5. For individuals with ambiguous genitalia, hypospadias, or microphallus, measurement of serum dihydrotestosterone for the diagnosis of 5-alpha reductase deficiency **may be reimbursable.**

6. Measurement of serum free testosterone and/or bioavailable testosterone as a primary test (i.e., in the absence of prior serum total testosterone measurement **is not reimbursable.**

7. For asymptomatic individuals or for individuals with non-specific symptoms, measurement of serum total testosterone, free testosterone, and/or bioavailable testosterone **is not reimbursable.**

8. For the identification of androgen deficiency in women, measurement of serum testosterone **is not reimbursable.**

9. The use of saliva for the measurement of testosterone **is not reimbursable.**

10. For all other situations not mentioned above, measurement of serum dihydrotestosterone **is not reimbursable.**

NOTE 1: Serum total testosterone sample collection should occur in the early morning, after fasting. Due to considerable variability in serum total testosterone levels, the Centers for Disease Control and Prevention (CDC) developed a standardization program for total testosterone assays (Hormone Standardization [HoSt]/Testosterone). An assay certified by the CDC's HoSt/Testosterone program is standardized to within ±6.4% of the CDC total testosterone reference standard. It is **STRONGLY RECOMMENDED** that serum total testosterone measurement be performed with an assay that has been certified by the CDC HoSt/Testosterone program (Bhasin et al., 2018). A list of CDC-certified assays is available on the HoSt website (CDC, 2022).

NOTE 2: When measuring serum total testosterone in females, please note that the technology used for measurement must be sensitive enough to detect the low serum total testosterone levels that are normally found in females.

NOTE 3: Conditions associated with decreased SHBG concentrations according to the 2018 Endocrine Society Guidelines (Bhasin et al., 2018):

- Obesity
- Diabetes mellitus
- Use of glucocorticoids, progestins, and androgenic steroids
- Nephrotic syndrome
- Hypothyroidism
- Acromegaly
- Polymorphisms in the SHBG gene

NOTE 4: Conditions associated with increased SHBG concentrations according to the 2018 Endocrine Society Guidelines (Bhasin et al., 2018):

- Aging
- HIV disease
- Cirrhosis and hepatitis
- Hyperthyroidism
- Use of some anticonvulsants
- Use of estrogen
- Polymorphisms in the SHBG gene

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82040, 82642, 82670, 82681, 84270, 84402, 84403, 84410

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Policy Update History:

Effective Date	Summary of Revisions
03/15/2024	Document updated with literature review. Reimbursement Information unchanged. References revised.
11/01/2023	Document updated with literature review. Added “initial screening and follow-up screening language to #1a. Added to Note 1: Serum total testosterone sample collection should occur in the early morning, after fasting. Added new Note 2: When measuring serum total testosterone in females, please note that the technology used for measurement must be sensitive enough to detect the low serum total testosterone levels that are normally found in females. Other reimbursement information revised for clarity. References revised; some added, others

	removed.
11/1/2022	New policy