



POLICY INFORMATION			
Policy Number:	POL-PP- 306 AHS – G2120 – Salivary Hormone Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
06/01/2026	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Testing of saliva has been proposed as a noninvasive method to measure free (unbound to carrier proteins) steroid hormones, including estrogen, progesterone, androgens, and cortisol, for diagnosis of hormonal imbalance and administration of individualized hormone replacement therapy (ACOG & ASRM, 2012).

Hypercortisolism can occur in several disorders, including Cushing syndrome (pituitary hypersecretion of corticotropin/ACTH), or glucocorticoid administration resulting in obesity, hypertension, menstrual irregularity, and glucose intolerance (Lacroix et al., 2015; Nieman et al., 2008; Nieman, 2022; Quddusi et al., 1998).

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

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

For individuals with signs and symptoms of Cushing syndrome, late night salivary cortisol testing **may be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.

For the screening, diagnosis, **and/or** monitoring of menopause, infertility, endometriosis, polycystic ovary disease (PCOS), premenstrual syndrome, osteoporosis, sexual dysfunction, seasonal affective disorder, depression, multiple sclerosis, sleep disorders, **or** diseases related to aging, salivary hormone testing **may not be reimbursed**.

Coding

CPT	Code Description
82530	Cortisol free
82533	Cortisol; total
82626	Dehydroepiandrosterone (dhea)
82627	Dehydroepiandrosterone
82670	Estradiol; total
82671	Estrogens; fractionated
82672	Estrogens; total
82677	Estriol
82679	Estrone
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)
84144	Progesterone
84402	Testosterone; free
84403	Testosterone; total
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)
S3650	Saliva test, hormone level; during menopause



References and Resources

Avalon Medical Policy AHS – G2120 – Salivary Hormone Testing

Related Documents

Policy Number	Policy Title
AHS-G2013	Testosterone

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version