



POLICY INFORMATION			
Policy Number:	POL-PP-314 AHS – G2013 – Testosterone	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

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

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> 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**

Testosterone is a naturally occurring lipophilic androgen hormone that is produced by both males and females for various functions. In males, testosterone is produced by the interstitial cells of Leydig in the testis. In females, testosterone is primarily created and disseminated by the ovaries and adrenal glands. Testosterone is required for synthesis of dihydrotestosterone (DHT) as well as estradiol (E2). Sex hormone-binding globulin (SHBG) binds testosterone to aid in transport and intratesticular bioavailability.

Dysregulation in testosterone levels can lead to serious conditions, including hypogonadism and other testosterone excess or deficiency conditions. Additional hormones, including follicle-stimulating hormone (FSH), luteinizing hormone (LH), and prolactin, play roles in development. As part of the hypothalamic-pituitary-gonadal axis, FSH and LH bind to gonadal receptors to modulate testosterone. During conditions of dyshomeostasis, such as hypogonadism, FSH, LH, and prolactin serum levels can be used as diagnostic tools (Bhasin et al., 2018; Gill-Sharma, 2018).

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.

Measurement of serum total testosterone (See Note 1) **may be reimbursable** in any of the following situations:

- For symptoms of androgen deficiency or androgen excess in males
  - For initial screening, two measurements at least 24 hours apart
  - If the initial screening was normal but symptoms persist, follow-up testing is allowed no sooner than 60 days after the initial screening.
- For the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer.
- 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)
- For gender-dysphoric/gender-incongruent persons (baseline, during treatment and for therapy monitoring)
- For symptomatic females (See Note 2) being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea).

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**.

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**.

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

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



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

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

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 **may not be reimbursable**.

For all other situations not mentioned above, measurement of serum dihydrotestosterone **may not be 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  $\pm 6.4\%$  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, 2023).

**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



**Coding**

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.

82040	Albumin; serum, plasma or whole blood
82642	Dihydrotestosterone (DHT)
82670	Estradiol; total
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)
84270	Sex hormone binding globulin (SHBG)
84402	Testosterone; free
84403	Testosterone; total
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)

**References and Resources**

Avalon Medical Policy AHS – G2013 – Testosterone

**Related Documents**

Policy Number	Policy Title
N/A	

**Revision History**

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



Kansas City

***PAYMENT INTEGRITY COMPLIANCE***  
***Testosterone***