

Testosterone Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy due to programming or other constraints; however, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy strives to minimize these variations.

UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy					
Overview					
This policy describes the reimbursement methodology for testosterone testing when billed with designated conditions. Certain services are also subject to specific frequency limitations.					
Reimbursement Guidelines					
Serum Total Testosterone					
UnitedHealthcare will consider reimbursement for the following procedure code(s) for serum total testosterone when billed for any of the conditions listed below:					
Procedure Code(s)					
84403					
Condition(s)					
<ul style="list-style-type: none"> a. The monitoring of treatment response in men taking enzyme inhibitors for prostate cancer. b. For gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring). c. For symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea). 					
Serum Total Testosterone Limitation					
UnitedHealthcare will consider reimbursement, subject to the frequency limitations described below, for the following serum total testosterone procedure code(s):					
Procedure Code(s)					
84403					
Condition(s)					
<ul style="list-style-type: none"> a. For the evaluation of symptoms of androgen deficiency or androgen excess in males. <ul style="list-style-type: none"> i. Initial screening, one measurement per day, not to exceed two calendar days. ii. If initial screening results are normal and symptoms persist, follow-up testing may be considered no sooner than 60 days after the initial screening. b. For individuals receiving testosterone replacement therapy. <ul style="list-style-type: none"> i. No more than once every 60 days. 					
Testicular Hypofunction Limitation					
UnitedHealthcare will consider reimbursement of the following procedure codes for serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin, Once annually, for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction:					
Procedure Code(s)					
82040	84270	84402			



Bioavailable Testosterone

UnitedHealthcare will consider reimbursement of the following procedure codes used to calculate bioavailable testosterone for the condition listed below, based on free and total serum testosterone, sex hormone–binding globulin (SHBG), and/or albumin.

Procedure Code(s)

84403	84410				
-------	-------	--	--	--	--

Condition(s)

- a. For individuals suspected of having a disorder associated with increased or decreased SHBG levels.

Serum Estradiol Limitation

UnitedHealthcare will consider reimbursement of the following procedure codes for serum estradiol once per lifetime prior to initiating testosterone therapy in males with any of the condition(s) listed below:

Procedure Code(s)

82670	82681				
-------	-------	--	--	--	--

Condition(s)

- a. Gynecomastia

Serum Dihydrotestosterone

UnitedHealthcare will consider reimbursement of the following procedure code(s) for serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with any of the condition(s) listed below:

Procedure Code(s)

82642					
-------	--	--	--	--	--

Condition(s)

- a. Ambiguous genitalia
- b. Hypospadias
- c. Microphallus

Non-Reimbursable

UnitedHealthcare will not consider reimbursement of the following procedure codes for serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms.

Procedure Code(s)

84402	84403	84410			
-------	-------	-------	--	--	--

Definitions	
One measurement per day not to exceed two calendar days	One unit daily up to two consecutive calendar days.
No sooner than 60 days	Two units every 60 calendar days.
No more than once every 60 days	One unit every 60 calendar days.
Once annually	Once per 365 calendar days from initial date of service.

Questions and Answers	
1	<p>Q: Are the frequency limitations based on individual provider per member?</p> <p>A: Frequency limitations are applicable regardless of billing and/or rendering provider (any individual provider OR any facility) for each individual member for the same date of service.</p>
2	<p>Q: Does the frequency limitation of Serum Total Testosterone apply to each procedure code individually or do all count toward the same limit?</p> <p>A: The frequency limitation applies to each procedure code individually.</p>
3	<p>Q: Does the frequency limitation of Testicular Hypofunction apply to each procedure code individually or do all count toward the same limit?</p> <p>A: The frequency limitation applies to each procedure code individually.</p>
4	<p>Q: Does the frequency limitation of Serum Estradiol apply to each procedure code individually or do all count toward the same limit?</p> <p>A: The frequency limitation applies to each procedure code individually.</p>

Resources	
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)	

History	
9/1/2026	Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plan (IFP) Exchange
6/1/2026	Policy published