

## Testosterone Policy, Professional and Facility

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT<sup>®</sup>), 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 UB04 forms (CMS 1450) and to those billed on CMS 1500 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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 facility 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 Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

*\*CPT Copyright American Medical Association. All rights reserved. CPT<sup>®</sup> is a registered trademark of the American Medical Association.*

*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

### Table of Contents

[Application](#)

[Policy](#)

[Overview](#)

[Reimbursement Guidelines](#)

[Definitions](#)

[Questions and Answers](#)

[Resources](#)

[History](#)

### Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 and CMS 1500 form or its electronic equivalent or its successor form.

### 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)

- 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)

- a. For the evaluation of symptoms of androgen deficiency or androgen excess in males.
  - 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.
  - 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.

<b>No sooner than 60 days</b>	Two units every 60 calendar days.
<b>No more than once every 60 days</b>	One unit every 60 calendar days.
<b>Once annually</b>	Once per 365 calendar days from initial date of service.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> Does the frequency limitation of Serum Estradiol apply to each procedure code individually or do all count toward the same limit?</p> <p><b>A:</b> The frequency limitation applies to each procedure code individually.</p>
----------	---

### Resources

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

### History

<b>9/1/2026</b>	New Policy
<b>6/1/2026</b>	Policy published