Blue Cross Blue Shield of Oklahoma

Testosterone

Policy number: CPCPLAB009 Version 1.0 | Plan Effective Date: 5/1/2026

CPT® Codes: 82040, 82642, 82670, 82681, 84270, 84402, 84403, 84410

Condition or Test	May Be Reimbursable in the Following Situations	Is Not Reimbursable in the Following Situations
Serum Total Testosterone	Measurement of serum total testosterone (see Note 1 on next page for collection criteria and CDC testing requirements) may be reimbursable in any of the following 5 situations	For asymptomatic individuals or for individuals with non-specific symptoms, measurement of serum total testosterone, free testosterone, and/or bioavailable testosterone is not reimbursable
Symptoms of Androgen Deficiency or Excess in Males	For symptoms of androgen deficiency or androgen excess in males: For initial screening, 2 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	—
Monitoring of Prostate Cancer Treatment	For the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer	—
Testosterone Replacement Therapy	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)	—
Gender-Dysphoric/Gender-Incongruent Persons	For gender-dysphoric/gender-incongruent persons (baseline, during treatment and for therapy monitoring)	—
Symptomatic Females	For symptomatic females (see Note 2 for testing requirements) being evaluated for conditions associated with androgen excess (eg, polycystic ovary syndrome and functional hypothalamic amenorrhea)	For the identification of androgen deficiency in women, measurement of serum testosterone is not reimbursable
Low or Borderline Low Testosterone in Males with Testicular Hypofunction	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	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
Disorders with Increased or Decreased SHBG	For individuals suspected of having a disorder that is accompanied by increased or decreased SHBG levels (see Notes 3 and 4 for a list of conditions), 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	—
Serum Estradiol Prior to Therapy	Prior to initiating testosterone therapy for males with gynecomastia, once per lifetime serum estradiol measurement may be reimbursable	—
Dihydrotestosterone for 5-Alpha Reductase Deficiency	For individuals with ambiguous genitalia, hypospadias, or microphallus, measurement of serum dihydrotestosterone for the diagnosis of 5-alpha reductase deficiency may be reimbursable	For all other situations not mentioned above, measurement of serum dihydrotestosterone is not reimbursable
Saliva Testing	—	The use of saliva for the measurement of testosterone is not reimbursable

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- 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 measure-ment 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

To view the complete policy, please refer to the Blue Cross Blue Shield of Oklahoma policy document referenced below:
https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/2026/cpcplab009-5-1-2026.pdf

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. DLO does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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