

# Local Coverage Article: Billing and Coding: Testopel Coverage (A55056)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

Article ID

Original Effective Date

A55056

07/12/2016

**Article Title**

Billing and Coding: Testopel Coverage

**Revision Effective Date**

07/12/2016

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

Injectable testosterone pellets (brand name Testopel™) may be covered, by Medicare, for the FDA approved indication, if the service meets all Medicare coverage requirements quoted below verbatim in the Internet Only Manual (IOM) *Medicare Benefit Policy Manual* (MBPM) Chapter 15, Section 50.4.3.2 [MBPM](#)

### **Injection Method Not Indicated**

Medication given by injection (parenterally) is not covered if standard medical practice indicates that the administration of the medication by mouth (orally) is effective and is an accepted or preferred method of administration. For example, the accepted standard of medical practice for the treatment of certain diseases is to initiate therapy with parenteral penicillin and to complete therapy with oral penicillin. Carriers exclude the entire charge for penicillin injections given after the initiation of therapy if oral penicillin is indicated unless there are special medical circumstances that justify additional injections."

The Noridian Contractor Medical Directors (CMDs) believe that the use of this product should be rare since the "accepted method of medical practice" is to administer testosterone transdermally, but there may be reasons that require this injectable medication. Compliance with Medicare requirements is subject to review by the Recovery Auditors.

A submitted claim form must contain the below information.

- In Item 19 of CMS-1500 paper claim form or Loop 2400/SV101-7 for electronic claims
- Enter word "Testopel"
- Enter drug dosage given (include milligrams delivered only)
- **NOTE:** Medicare may only cover the number of pellets actually implanted in the patient (maximum of six pellets); wastage is not covered. Use of additional pellets may be paid on appeal if the documentation supports medical necessity as determined by the FDA approved drug label and the service complies with all Medicare requirements as indicated above.
- Item 24D or electronic equivalent
- Enter J3490

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## **Coding Information**

<b>CPT/HCPCS Codes</b>
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N/A
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<b>CPT/HCPCS Modifiers</b>
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N/A
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<b>ICD-10 Codes that Support Medical Necessity</b>
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N/A
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### ICD-10 Codes that DO NOT Support Medical Necessity

N/A

### Additional ICD-10 Information

N/A

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/12/2016	R4	Converted to Billing and Coding article type only. No changes to article content.
07/12/2016	R3	R3 Under submitted claim form information; Change to: Enter drug dosage given (include milligrams delivered only) and add: In Item 19 of CMS-1500 paper claim form or Loop 2400/SV101-7 for electronic claims.
07/12/2016	R2	Correction and addition to hyperlink referencing the Medicare Benefit Policy Manual

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/12/2016	R1	Revised the link to the IOM

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## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L36538 - Treatment of Males with Low Testosterone

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 05/08/2020 with effective dates 07/12/2016 - N/A

Updated on 12/08/2016 with effective dates 07/12/2016 - N/A

Updated on 05/12/2016 with effective dates 07/12/2016 - N/A

Updated on 05/12/2016 with effective dates 07/12/2016 - N/A

Updated on 05/10/2016 with effective dates 07/12/2016 - N/A

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## Keywords

- Testopel
- Coverage
- Injection
- Method
- testosterone
- pellets