



**TESTOSTERONE PELLETS,  
IMPLANTABLE (TESTOPEL™)  
HS-192**



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

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WellCare Health Insurance of Arizona, Inc.*

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**Testosterone Pellets,  
Implantable (Testopel™)**

**Policy Number: HS-192**

**Original Effective Date: 3/20/2011**

**Revised Date(s): 7/7/2011; 5/3/2012**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## BACKGROUND

Implantable testosterone pellets may be indicated as second-line testosterone replacement therapy for males. Testosterone implants (Testopel™) are commercially available in the United States. Androgens are primarily indicated in males as replacement therapy when congenital or acquired endogenous androgen absence or deficiency is associated with primary or secondary hypogonadism. Primary hypogonadism includes conditions such as: testicular failure due to cryptorchidism, bilateral torsion, orchitis, or vanishing testis syndrome; inborn errors in testosterone biosynthesis; or bilateral orchidectomy. Hypogonadotropic hypogonadism (secondary hypogonadism conditions include gonadotropin-releasing hormone (GnRH) deficiency or pituitary-hypothalamic injury as a result of surgery, tumors, trauma, or radiation, and are the most common forms of hypogonadism seen in older adults.

If testosterone implants are to be used for treatment of androgen deficiency due to primary or secondary hypogonadism, the usual adult dosage is 150 to 450 mg subcutaneously every three to four months, or, in some cases, as long as six months. Dosage adjustment is needed to accommodate individual clinical requirements for such life changes as induction of puberty, development of secondary sexual characteristics, impotence due to testicular failure, or infertility due to oligospermia.

For treatment of delayed male puberty, a 6-month-or-shorter course of androgen is indicated for induction of puberty in patients with familial delayed puberty, a condition characterized by spontaneous, nonpathologic, late-onset puberty, if the patient does not respond to psychological treatment. If subcutaneous testosterone implants are to be used, the usual dosage is to be determined by the physician. Low doses are used initially and increased gradually as puberty progresses.

## POSITION STATEMENT

Implantable testosterone pellets (Testopel™) **are considered medically necessary** for EITHER of the following:

- As second line testosterone replacement therapy in males with congenital or acquired endogenous androgen absence or deficiency associated with 257.2 primary or secondary hypogonadism when neither oral nor intra-muscular testosterone replacement therapy is effective or appropriate; **OR**,
- For third or fourth line treatment of delayed male puberty following IM injections, Testosterone gel and or oral preparations.

## CODING

### CPT®\* Codes

**11980** Subcutaneous hormone pellet implantation (implantation of testosterone pellets beneath the skin)

**ICD-9-CM Procedure Codes** - Not applicable

### HCPCS Level II© Codes

**S0189\*** Testosterone pellet, 75 mg

\* Note: S-Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes For Medicare, bill the appropriate CPT code listed above.

### ICD-9-CM Diagnosis Codes

**257.2** Primary or Secondary Hypogonadism

**259.0** Delay in sexual development and puberty, not elsewhere classified

\*Current Procedural Terminology (CPT®) 2012 American Medical Association: Chicago, IL.

## REFERENCES

### Peer Reviewed

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**Government Agencies, Professional and Medical Organizations - N/A**

## HISTORY AND REVISIONS

| Date      | Action                                 |
|-----------|--|
| 5/3/2012  | • Approved by MPC. No changes.         |
| 12/1/2011 | • New template design approved by MPC. |
| 7/7/2011  | • Approved by MPC. No changes.         |