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SHP Injectable Hormone Pellets

AUTH: SHP Medical 157 v4 (AC)

MCG Health
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[Link to Codes](#)

- [Coverage](#)
- [Application to Products](#)
- [Authorization Requirements](#)
- [Description of Item or Service](#)
- [Exceptions and Limitations](#)
- [Clinical Indications for Procedure](#)
- [Document History](#)
- [Coding Information](#)
- [References](#)
- [Codes](#)

Coverage

[Return to top of SHP Injectable Hormone Pellets - AC](#)

Refer to the Pharmacy Medical PA form for testosterone pellet injections.

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

[Return to top of SHP Injectable Hormone Pellets - AC](#)

Policy is applicable to all products.

Authorization Requirements

[Return to top of SHP Injectable Hormone Pellets - AC](#)

Pre-certification by the Plan is required.

Description of Item or Service

[Return to top of SHP Injectable Hormone Pellets - AC](#)

Hormone pellets are injected under the skin to boost hormone levels.

Exceptions and Limitations

[Return to top of SHP Injectable Hormone Pellets - AC](#)

- There is insufficient scientific evidence to support the medical necessity of Estradiol injectable hormone pellets as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

[Return to top of SHP Injectable Hormone Pellets - AC](#)

- NA

Document History

[Return to top of SHP Injectable Hormone Pellets - AC](#)

- Revised Dates:
 - 2022: July
 - 2021: November
 - 2020: October
 - 2015: March
- Reviewed Dates:
 - 2021: October
 - 2019: December
 - 2018: August
 - 2017: December
 - 2016: February
 - 2014: February
 - 2013: February
 - 2012: February
- Effective Date: February 2011

Coding Information

[Return to top of SHP Injectable Hormone Pellets - AC](#)

- CPT/HCPCS codes covered if policy criteria is met:
 - NONE
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 11980 - Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)

References

[Return to top of SHP Injectable Hormone Pellets - AC](#)

References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Codes

[Return to top of SHP Injectable Hormone Pellets - AC](#)

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