

Division of Medicaid State of Mississippi Provider Policy Manual	New: X	Date: 01/01/10
	Revised:	Date:
	Current:	
Section: Physician	Section: 55.18	
	Pages: 1	
Subject: Implantable Testosterone Pellets (Testopel)	Cross Reference:	

Mississippi Medicaid covers Implantable Testosterone Pellets (Testopel) for the following indications only:

- Treatment of delayed male puberty
- Treatment of male hypogonadism (primary or hypogonadotropic)

Related ICD-9 diagnosis codes required for administration and billing of Implantable Testosterone Pellets (Testopel) are:

- 253.4 (Pituitary hypogonadism)
- OR
- 257.2 (Testicular hypogonadism)

Implantable Testosterone Pellets (Testopel) are considered experimental and investigational for all other indications and will not be covered.

Implantable Testosterone Pellets (Testopel) are covered as a subcutaneous implantation and will be covered for administration no more than every three (3) months.

Division of Medicaid	New: X	Date: 01/01/10
State of Mississippi	Revised:	Date:
Provider Policy Manual	Current:	
Section: General Medical Policy	Section: 53.40	
	Pages: 1	
Subject: Implantable Testosterone Pellets (Testopel)	Cross Reference:	
	Physician 55.18	

Refer to Provider Policy Manual Section 55.18 for Implantable Testosterone Pellets (Testopel) policy.