

Thyroid Testing

MEDICAL POLICY NUMBER: 206

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| Effective Date: 6/1/2023 | COVERAGE CRITERIA | 2 |
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INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

- I. A thyroid function test used to define hyper function, euthyroidism, or hypofunction of thyroid disease may be considered **medically necessary**.
- II. A thyroid function test may be considered **medically necessary** to achieve any of the following (A-F):
 - A. Distinguish between primary and secondary hypothyroidism; **or**
 - B. Confirm or rule out primary hypothyroidism; **or**
 - C. Monitor thyroid hormone levels (for example, patients with goiter, thyroid nodules, or thyroid cancer); **or**
 - D. Monitor drug therapy in patients with primary hypothyroidism; **or**
 - E. Confirm or rule out primary hyperthyroidism; **or**
 - F. Monitor therapy in patients with hyperthyroidism.
- III. A thyroid function test may be **medically necessary** in patients with disease or neoplasm of the thyroid and other endocrine glands.
- IV. A thyroid function test may be **medically necessary** in patients with any of the following conditions (A-I):
 - A. Metabolic disorders; **or**
 - B. Malnutrition; **or**
 - C. Hyperlipidemia; **or**
 - D. Certain types of anemia; **or**
 - E. Psychosis and non-psychotic personality disorders; **or**
 - F. Unexplained depression; ophthalmologic disorders; various cardiac arrhythmias; **or**

- G. Disorders of menstruation; skin conditions; **or**
- H. Myalgias; **or**
- I. A wide array of signs and symptoms (see [Policy Guidelines](#)).

- V. A follow-up thyroid test in patients with a personal history of malignant neoplasm of the endocrine system and in patients on long-term thyroid drug therapy may be **medically necessary**.
- VI. A thyroid function test is considered **not medically necessary** if criterion I.-V. above are not met.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- National Coverage Determination (NCD) for Thyroid Testing (190.22)
- Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).^{1,2}

DEFINITIONS

Examples of signs and symptoms that may be considered medically necessary and covered include: alterations in consciousness; malaise; hypothermia; symptoms of the nervous and musculoskeletal system; skin and integumentary system; nutrition and metabolism; cardiovascular; and gastrointestinal system.

BACKGROUND

Thyroid function studies are used to delineate the presence or absence of hormonal abnormalities of the thyroid and pituitary glands. These abnormalities may be either primary or secondary and often but not always accompany clinically defined signs and symptoms indicative of thyroid dysfunction.

Laboratory evaluation of thyroid function has become more scientifically defined. Tests can be done with increased specificity, thereby reducing the number of tests needed to diagnose and follow treatment of most thyroid disease. Measurements of serum sensitive thyroid-stimulating hormone (TSH) levels, complemented by determination of thyroid hormone levels [free thyroxine (fT-4) or total thyroxine (T4) with Triiodothyronine (T3) uptake] are used for diagnosis and follow-up of patients with thyroid disorders.

Additional tests may be necessary to evaluate certain complex diagnostic problems or on hospitalized patients, where many circumstances can skew tests results. When a test for total thyroxine (total T4 or T4 radioimmunoassay) or T3 uptake is performed, calculation of the free thyroxine index (FTI) is useful to correct for abnormal results for either total T4 or T3 uptake due to protein binding effects.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

BILLING GUIDELINES AND CODING

The CPT/HCPCS codes below are **covered** when billed with one of the ICD-10 codes included in the most recent “Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM),” available for download at [“Lab NCDs – ICD-10.”](#) Please see the coding policy manual for a complete list of diagnosis codes.

| CODES* | | |
|--------|-------|---|
| CPT | 84436 | Thyroxine; total |
| | 84439 | Thyroxine; free |
| | 84443 | Thyroid stimulating hormone (TSH) |
| | 84479 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) |

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services National Coverage Determination (NCD) for Thyroid Testing (190.22). Effective 11/25/2002. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=101>. Published 2003. Accessed 3/7/2023.
2. Centers for Medicare & Medicaid. NCD Coding Policy Manual and Change Report (ICD-10-CM). Effective 1.2023. <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 3/7/2023.

POLICY REVISION HISTORY

| DATE | REVISION SUMMARY |
|-------------|--|
| 2/2023 | Converted to new policy template. |
| 5/2023 | Annual review, updating list of diagnosis codes that may be medically necessary when billed with the CPT codes on the policy, based on NCDC Coding Policy Manual |