


| | |
|--|--|
| MEDICAL POLICY | Thyroid Testing (All Lines of Business Except Medicare) |
| Effective Date: 6/1/2021  6/1/2021 | Medical Policy Number: 206 |
| | Medical Policy Committee Approved Date: 5/2021 |
| Medical Officer | Date |

See Policy CPT/HCPSC CODE section below for any prior authorization requirements

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”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid 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.

POLICY CRITERIA

Note: Policy criteria are based on the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Thyroid Testing (190.22) and the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).^{1,2}

- I. A thyroid function test used to define hyper function, euthyroidism, or hypofunction of thyroid disease may be considered **medically necessary and covered**.
- II. A thyroid function test may be considered **medically necessary and covered** to achieve of any of the following (A-F):
 - A. Distinguish between primary and secondary hypothyroidism; **or**

| | |
|-----------------------|--|
| MEDICAL POLICY | Thyroid Testing (All Lines of Business Except Medicare) |
|-----------------------|--|

- 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 may be **medically necessary and covered** in patients with disease or neoplasm of the thyroid and other endocrine glands.
- IV. A thyroid function test may be **medically necessary and covered** 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 and covered**.
- VI. A thyroid function test is considered **not medically necessary and not covered** if criterion I.-V. above are not met.

POLICY GUIDELINES

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.

BILLING GUIDELINES

| | |
|-----------------------|--|
| MEDICAL POLICY | Thyroid Testing (All Lines of Business Except Medicare) |
|-----------------------|--|

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.

Testing may be covered up to two times a year in clinically stable patients; more frequent testing may be reasonable and necessary for patients whose thyroid therapy has been altered or in whom symptoms or signs of hyperthyroidism or hypothyroidism are noted.

Thyroid testing, billed with any of the CPT codes below, is limited to a frequency of 4 per rolling calendar year.

CPT/HCPCS CODES

| All Lines of Business Except Medicare | |
|---------------------------------------|---|
| No Prior Authorization Required | |
| 84436 | Thyroxine; total |
| 84439 | Thyroxine; free |
| 84443 | Thyroid stimulating hormone (TSH) |
| 84479 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) |

DESCRIPTION

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.

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

| | |
|-----------------------|--|
| MEDICAL POLICY | Thyroid Testing (All Lines of Business Except Medicare) |
|-----------------------|--|

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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

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.

REGULATORY STATUS

Mental Health Parity Statement

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.

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 3/17/2021.
2. Centers for Medicare & Medicaid. NCD Coding Policy Manual and Change Report (ICD-10-CM). Effective 1/2021. <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Accessed 3/17/2021.