Thyroid Testing

Reimbursement Policy ID: RPC.0118.1200

Recent review date: 02/2025

Next review date: 11/2025

AmeriHealth Caritas North Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas North Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses laboratory testing of thyroid function. Thyroid function tests include serum testing for thyroid stimulating hormone (TSH) and levels of specific thyroid hormones, including total and free thyroxine, thyroid hormone (T3, T4) uptake, and thyroid hormone binding ratio (THBR). Thyroid gland hormones regulate the metabolic rate, affecting all body functions.

Exceptions

N/A

Reimbursement Guidelines

Thyroid function tests are used to determine the presence of hyperfunction, euthyroidism, or hypofunction of thyroid disease.

Thyroid testing may be necessary to:

- Distinguish between primary and secondary hypothyroidism.
- Confirm or rule out primary hypothyroidism.
- Monitor thyroid hormone levels (for example, patients with goiter, thyroid nodules, or thyroid cancer)
- Monitor drug therapy in patients with primary hypothyroidism.
- Conform or rule out primary hyperthyroidism; and
- Monitor therapy in patients with hyperthyroidism.

Thyroid function testing may be reimbursable in connection with diagnoses indicating disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be reimbursable in connection with diagnoses of metabolic disorders; malnutrition; hyperlipidemia; certain types of anemia; psychosis and non-psychotic personality disorders; unexplained depression; ophthalmologic disorders; various cardiac arrhythmias; disorders of menstruation; skin conditions; myalgias; and to help determine the origin of a number of signs and symptoms, including alterations in consciousness; malaise, hypothermia; symptoms of the nervous and musculoskeletal system' skin and integumentary system; nutrition and metabolism' cardiovascular; and gastrointestinal system. Follow-up thyroid testing may also be reimbursable in connection with diagnoses of malignant neoplasm of the endocrine system, or in connection with long-term thyroid drug therapy.

Thyroid testing includes:

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

If these codes are billed without an approved diagnosis, the claim will not be reimbursed. The list of approved diagnosis codes is attached to this Policy as a reference. This list may not be all inclusive and is subject to updates. See attachment.

Testing may be covered up to two times a year in a stable patient. More frequent testing may be covered if thyroid therapy has been altered or if symptoms or signs of hyperthyroidism or hypothyroidism are noted.

Definitions

Hyperthyroidism
Condition occurs when the thyroid gland produces too much thyroxine causing sudden weight loss, rapid or irregular heartbeat, sweating and nervousness.

Hypothyroidism
Condition occurs when the thyroid gland doesn't produce enough hormones causing weight gain, joint pain, infertility, and heart disease.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS), https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=101
V. The National Correct Coding Initiative (NCCI).
VI. North Carolina Medicaid Fee Schedule(s).

Attachments

See Appendix A

Associated Policies

RPC.0025.1200 Frequency

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Updated PDF to Appendix A
02/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas North Carolina from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section

Appendix A

Thyroid Testing DX Codes.pdf

Thyroid Testing Dx Codes

A18.81	E05.11	E08.3411	E08.610	E09.3511	E09.641	E10.3533	E11.21	E11.3553
C56.1	E05.20	E08.3412	E08.618	E09.3512	E09.649	E10.3539	E11.22	E11.3559
C56.2	E05.21	E08.3413	E08.620	E09.3513	E09.65	E10.3541	E11.29	E11.3591
C56.3	E05.30	E08.3419	E08.621	E09.3519	E09.69	E10.3542	E11.311	E11.3592
C56.9	E05.31	E08.3491	E08.622	E09.3521	E09.8	E10.3543	E11.319	E11.3593
C73	E05.40	E08.3492	E08.628	E09.3522	E09.9	E10.3549	E11.3211	E11.3599
C79.81	E05.41	E08.3493	E08.630	E09.3523	E10.10	E10.3551	E11.3212	E11.36
C79.9	E05.80	E08.3499	E08.638	E09.3529	E10.11	E10.3552	E11.3213	E11.37X1
D09.3	E05.81	E08.3511	E08.641	E09.3531	E10.21	E10.3553	E11.3219	E11.37X2
D09.8	E05.90	E08.3512	E08.649	E09.3532	E10.22	E10.3559	E11.3291	E11.37X3
D27.0	E05.91	E08.3513	E08.65	E09.3533	E10.29	E10.3591	E11.3292	E11.37X9
D27.1	E06.0	E08.3519	E08.69	E09.3539	E10.311	E10.3592	E11.3293	E11.39
D27.9	E06.1	E08.3521	E08.8	E09.3541	E10.319	E10.3593	E11.3299	E11.40
D34	E06.2	E08.3522	E08.9	E09.3542	E10.3211	E10.3599	E11.3311	E11.41
D35.2	E06.3	E08.3523	E09.00	E09.3543	E10.3212	E10.36	E11.3312	E11.42
D35.3	E06.4	E08.3529	E09.01	E09.3549	E10.3213	E10.37X1	E11.3313	E11.43
D44.0	E06.5	E08.3531	E09.10	E09.3551	E10.3219	E10.37X2	E11.3319	E11.44
D44.2	E06.9	E08.3532	E09.11	E09.3552	E10.3291	E10.37X3	E11.3391	E11.49
D44.9	E07.0	E08.3533	E09.21	E09.3553	E10.3292	E10.37X9	E11.3392	E11.51
D49.7	E07.1	E08.3539	E09.22	E09.3559	E10.3293	E10.39	E11.3393	E11.52
D89.82	E07.89	E08.3541	E09.29	E09.3591	E10.3299	E10.40	E11.3399	E11.59
D89.89	E07.9	E08.3542	E09.311	E09.3592	E10.3311	E10.41	E11.3411	E11.610
E00.0	E08.00	E08.3543	E09.319	E09.3593	E10.3312	E10.42	E11.3412	E11.618
E00.1	E08.01	E08.3549	E09.3211	E09.3599	E10.3313	E10.43	E11.3413	E11.620
E00.2	E08.10	E08.3551	E09.3212	E09.36	E10.3319	E10.44	E11.3419	E11.621
E00.9	E08.11	E08.3552	E09.3213	E09.37X1	E10.3391	E10.49	E11.3491	E11.622
E01.0	E08.21	E08.3553	E09.3219	E09.37X2	E10.3392	E10.51	E11.3492	E11.628
E01.1	E08.22	E08.3559	E09.3291	E09.37X3	E10.3393	E10.52	E11.3493	E11.630
E01.2	E08.29	E08.3591	E09.3292	E09.37X9	E10.3399	E10.59	E11.3499	E11.638
E01.8	E08.311	E08.3592	E09.3293	E09.39	E10.3411	E10.610	E11.3511	E11.641
E02	E08.319	E08.3593	E09.3299	E09.40	E10.3412	E10.618	E11.3512	E11.649
E03.0	E08.3211	E08.3599	E09.3311	E09.41	E10.3413	E10.620	E11.3513	E11.65
E03.1	E08.3212	E08.36	E09.3312	E09.42	E10.3419	E10.621	E11.3519	E11.69
E03.2	E08.3213	E08.37X1	E09.3313	E09.43	E10.3491	E10.622	E11.3521	E11.8
E03.3	E08.3219	E08.37X2	E09.3319	E09.44	E10.3492	E10.628	E11.3522	E11.9
E03.4	E08.3291	E08.37X3	E09.3391	E09.49	E10.3493	E10.630	E11.3523	E13.00

E03.5	E08.3292	E08.37X9	E09.3392	E09.51	E10.3499	E10.638	E11.3529	E13.01
E03.8	E08.3293	E08.39	E09.3393	E09.52	E10.3511	E10.641	E11.3531	E13.10
E03.9	E08.3299	E08.40	E09.3399	E09.59	E10.3512	E10.649	E11.3532	E13.11
E04.0	E08.3311	E08.41	E09.3411	E09.610	E10.3513	E10.65	E11.3533	E13.21
E04.1	E08.3312	E08.42	E09.3412	E09.618	E10.3519	E10.69	E11.3539	E13.22
E04.2	E08.3313	E08.43	E09.3413	E09.620	E10.3521	E10.8	E11.3541	E13.29
E04.8	E08.3319	E08.44	E09.3419	E09.621	E10.3522	E10.9	E11.3542	E13.311
E04.9	E08.3391	E08.49	E09.3491	E09.622	E10.3523	E11.00	E11.3543	E13.319
E05.00	E08.3392	E08.51	E09.3492	E09.628	E10.3529	E11.01	E11.3549	E13.3211
E05.01	E08.3393	E08.52	E09.3493	E09.630	E10.3531	E11.10	E11.3551	E13.3212
E05.10	E08.3399	E08.59	E09.3499	E09.638	E10.3532	E11.11	E11.3552	E13.3213