

# Thyroid Testing



CPT: 84436, 84439, 84443, 84479

## CMS National Coverage Policy

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

### Coverage Indications, Limitations, and/or Medical Necessity

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.

### Indications

Thyroid function tests are used to define hyper function, euthyroidism, or hypofunction of thyroid disease. Thyroid testing may be reasonable and 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
- Confirm or rule out primary hyperthyroidism
- Monitor therapy in patients with hyperthyroidism

Thyroid function testing may be medically necessary in patients with disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be medically necessary in patients with 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 a wide array 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.

It may be medically necessary to do follow-up thyroid testing in patients with a history of malignant neoplasm of the endocrine system and in patients on long-term thyroid drug therapy.

### Limitations

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.

Visit [MAKOMedical.com/coverageguidance](http://MAKOMedical.com/coverageguidance) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

[www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf)

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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

*\*Note—Bolded diagnoses below have the highest utilization*

Code	Description
D64.9	Anemia, unspecified
E03.8	Other specified hypothyroidism
<b>E03.9</b>	<b>Hypothyroidism, unspecified</b>
E04.2	Nontoxic multinodular goiter
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
<b>E11.9</b>	<b>Type 2 diabetes mellitus without complications</b>
E78.00	Pure hypercholesterolemia, unspecified
<b>E78.2</b>	<b>Mixed hyperlipidemia</b>
E78.49	Other hyperlipidemia
<b>E78.5</b>	<b>Hyperlipidemia, unspecified</b>
E89.0	Postprocedural hypothyroidism
<b>I10</b>	<b>Essential (primary) hypertension</b>
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R73.03	Prediabetes
R94.6	Abnormal results of thyroid function studies
Z79.899	Other long term (current) drug therapy

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### Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. The Alliance does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.