

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Thyroid Disease Testing

Policy Number: CPCPLAB019

Version 1.0

Approval Date: April 28, 2025

Plan Effective Date: August 8, 2025

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Thyroid function testing **may be reimbursable** in the following situations:
 - a. For individuals with signs and symptoms consistent with hypothyroidism (See **Note 1**)
 - i. Thyroid stimulating hormone (TSH) to confirm or rule out primary hypothyroidism;
 - ii. Free T4 (fT4) testing as a follow up to abnormal TSH findings;
 - iii. TSH and fT4 testing in cases of suspected secondary hypothyroidism;
 - iv. For individuals being treated for primary hypothyroidism, monitoring with TSH and fT4 testing every 6 weeks upon dosage change and annually in stable individuals.
 - v. For individuals being treated for secondary hypothyroidism, monitoring with fT4 testing every 6 weeks upon dosage change and annually in stable individuals.
 - b. For individuals with signs and symptoms consistent with hyperthyroidism (See **Note 2**)
 - i. TSH testing to confirm or rule out overt hyperthyroidism;
 - ii. Free T4 testing as a follow up to abnormal TSH findings;
 - iii. Total T3 (TT3) or free T3 (fT3) testing to confirm a diagnosis of hyperthyroidism;
 - iv. Free T4 testing to distinguish between overt and subclinical hyperthyroidism;
 - v. Monitoring individuals after treatment for hyperthyroidism
 1. In patients being treated for hyperthyroidism, repeat testing of TSH and fT4 should occur every 8 weeks;
 2. Annual monitoring after first year even if asymptomatic for risk of relapse or late-onset hypothyroidism.
 - c. For asymptomatic individuals who have been prescribed drugs that can interfere with thyroid function and thus who are at an increased risk for thyroid disease, TSH testing at the following intervals:
 - i. Annually.
 - ii. When dosage or medication changes.
 - iii. If symptoms consistent with thyroid dysfunction develop.
 - d. TSH testing for individuals capable of becoming pregnant who have experienced two or more pregnancy losses;
 - e. TSH testing for individuals with a thyroid nodule;
 - f. One-time TSH screening;

- i. For asymptomatic individuals at high risk for thyroid disease due to:
 - 1. Personal or family history of thyroid dysfunction.
 - 2. Personal or family history of type 1 diabetes or other autoimmune disease.
 - ii. For individuals with disease or neoplasm of the thyroid or other endocrine glands;
 - iii. For individuals with chronic or acute urticaria;
 - iv. For pediatric individuals diagnosed with short stature.
 - v. For pediatric individuals with a clinical finding of failure-to-thrive.
 - g. TSH testing once every 3 months, with reflex fT4 and fT3 when TSH is abnormal, for individuals undergoing immune reconstitution therapy (IRT):
 - i. Individuals with active relapsing remitting multiple sclerosis (MS) undergoing therapy with alemtuzumab (Lemtrada);
 - ii. Individuals with HIV undergoing highly active antiretroviral therapy (HAART);
 - iii. Individuals following allogeneic bone marrow transplantation (BMT) or hematopoietic stem cell transplantation (HSCT);
 - h. For individuals with hypothalamic-pituitary disease, monitoring of TSH and fT4:
 - i. Biannually for individuals less than 18 years of age.
 - ii. Annually for individuals 18 years of age or older.
 - i. Annual screening of TSH and fT4 for individuals diagnosed with primary mitochondrial disease.
- 2. For individuals who are pregnant or who are postpartum **and** who have symptoms of thyroid dysfunction (see **Note 1 and Note 2**), TSH and fT4 testing (once every 4 weeks) **may be reimbursable**. (See **Note 3**).
- 3. For individuals who are pregnant or who are postpartum and who have been diagnosed with hyperthyroidism, total T4 (TT4), antithyroglobulin antibody (Tg-Ab), thyrotropin receptor antibodies (TRab), and antithyroid peroxidase antibody (TPOAb) **may be reimbursable**. (See **Note 3**)
- 4. For individuals with hypothyroidism or hyperthyroidism, testing once every three years for thyroid antibodies (i.e., Tg-Ab, TPO-Ab, TRAB, thyroid-stimulating immunoglobulins/TSI) **may be reimbursable**.
- 5. For individuals with thyroid cancer, testing for serum thyroglobulin and/or Tg-Ab levels for the detection of tumor recurrence, post-surgical evaluation, surveillance, and maintenance for differentiated thyroid carcinomas **may be reimbursable**.
- 6. For the evaluation of the cause of hyperthyroidism or hypothyroidism, testing for thyrotropin-releasing hormone (TRH) or thyroxine-binding globulin (TBG) **is not reimbursable**.

7. For all other situations not mentioned above, testing of reverse T3, T3 uptake and total T4 **is not reimbursable**.
8. For the assessment of hypothyroidism, measurement of total T3 (TT3) and/or free T3 (fT3) **is not reimbursable**.
9. To assess levothyroxine dose in hypothyroid individuals, measurement of total or free T3 level **is not reimbursable**.
10. For asymptomatic nonpregnant individuals, testing for thyroid dysfunction during a general exam without abnormal findings **is not reimbursable**.

Note 1: Signs and symptoms of hypothyroidism include:

- Fatigue
- Increased sensitivity to cold
- Constipation
- Dry skin
- Unexplained weight gain
- Puffy face
- Hoarseness
- Muscle weakness
- Elevated blood cholesterol level
- Muscle aches, tenderness, and stiffness
- Pain, stiffness or swelling in your joints
- Heavier than normal or irregular menstrual periods
- Thinning hair
- Slowed heart rate
- Depression
- Impaired memory

Note 2: Hyperthyroidism can mimic other health problems, which may make it difficult for doctors to diagnose. It can also cause a wide variety of signs and symptoms, including:

- Sudden weight loss, even when your appetite and the amount and type of food you eat remain the same or even increase
- Rapid heartbeat (tachycardia) — commonly more than 100 beats a minute — irregular heartbeat (arrhythmia) or pounding of your heart (palpitations)
- Increased appetite
- Nervousness, anxiety, and irritability
- Tremor — usually a fine trembling in your hands and fingers
- Sweating
- Changes in menstrual patterns
- Increased sensitivity to heat
- Changes in bowel patterns, especially more frequent bowel movements
- An enlarged thyroid gland (goiter), which may appear as a swelling at the base of your neck
- Fatigue, muscle weakness

- Difficulty sleeping
- Skin thinning
- Fine, brittle hair

Note 3: Due to significant changes in thyroid physiology during pregnancy, measurement of hormone levels should only be performed at labs that have trimester specific normal ranges for their assay(s). While fT4 is the preferred test, TT4 may be useful if the TSH and fT4 results are discordant or when trimester specific normal ranges for fT4 are unavailable.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
80438, 80439, 83519, 83520, 84432, 84436, 84439, 84442, 84443, 84445, 84479, 84480, 84481, 84482, 86376, 86800

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
04/28/2025	08/08/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed “are undergoing evaluation for infertility” from #1.d. Adjusted language of #1.d. following that update, now reads: “d) TSH testing for individuals capable of becoming pregnant who have experienced two or more pregnancy losses.” Added #1.e.: “e) TSH testing for individuals with a thyroid nodule.” Reformatted #4 and added specific thyroid antibodies. Now reads: “4) For individuals with hypothyroidism or hyperthyroidism, testing once every three years for thyroid antibodies (i.e., Tg-Ab, TPOAb, TRAB, thyroid-stimulating immunoglobulins [TSI]) may be reimbursable. References revised.
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: #1 edited to address appropriate type of thyroid function testing for all sub-criteria (previously only broken down in #1a and b). Central hypothyroidism and secondary hypothyroidism are the same, for clarity, wrapped former #1h into #1a, added appropriate fT4 monitoring for those diagnosed with secondary hypothyroidism. New #1.a.v. now reads “v) For individuals being treated for secondary hypothyroidism, monitoring with fT4 testing every 6 weeks upon dosage change and annually in stable individuals.” Former #1.c.iii. is now #1.c. Edited for clarity, added that TSH is the appropriate screening test. Now reads: “c) For asymptomatic individuals who have been prescribed drugs that can interfere with thyroid function and thus who are at an increased risk for thyroid disease, TSH testing at the following intervals: i) Annually. ii) When dosage or medication changes. iii) If symptoms consistent with thyroid dysfunction develop.” TSH is the appropriate marker for #1.d. New #1.e. to address all the reasons (former #s 1.c.i., 1.c.ii., #1.e., #1.f., #1.j, #1.k) for one time TSH screening: “e) One-time TSH screening: i) For asymptomatic individuals at high risk for thyroid disease due to: (a) Personal or family history of thyroid dysfunction. (b) Personal or family history of type 1 diabetes or other autoimmune disease. ii) For individuals with disease or neoplasm of the thyroid or other endocrine glands. iii) For individuals with chronic or acute urticaria. iv) For pediatric individuals diagnosed with short stature. v) For pediatric individuals with a clinical finding of failure-to-thrive.” Formerly #1.g., now #1.f., added TSH with reflex fT4 and fT3 when initial result is abnormal, as appropriate marker testing. New #1.g., “g) For individuals with hypothalamic-pituitary disease,

	monitoring of TSH and fT4: i) Biannually for individuals less than 18 years of age. ii) Annually for individuals 18 years of age or older." Former #1.i., now #1.h., edited for clarity and consistency. Added code 83520. References revised.
09/13/2024	01/01/2025: New policy.