BlueCross BlueShield of New Mexico

Reimbursement Policy

Policy Number: RPLAB019	**Policy Title:** Thyroid Disease Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement 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 reimbursement policy 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's 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 New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting 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 ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & 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 and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

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. Measurement of thyroid stimulating hormone (TSH) **may be reimbursable** in **any** of the following situations:
    a. No more than one test every six weeks for the following conditions:
        i. For individuals with signs and symptoms consistent with hypothyroidism (See **Note 1**) or hyperthyroidism (See **Note 2**);
        ii. For individuals with suspected secondary hypothyroidism;
        iii. For individuals capable of becoming pregnant who have experienced two or more pregnancy losses;
        iv. For individuals with a thyroid nodule;
        v. For pregnant individuals with personal history of thyroid dysfunction.
    b. Once every three months 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).
    c. Once every three months for individuals taking medication known to cause thyrotoxicosis (e.g., amiodarone, interferon (IFN)-a, interleukin-2, lithium, tyrosine kinase inhibitors).
    d. Annual screening:
        i. For individuals with disease or neoplasm of the thyroid or other endocrine glands;
        ii. For individuals with chronic or acute urticaria;
        iii. For pediatric individuals diagnosed with short stature;
        iv. For pediatric individuals with a clinical finding of failure-to-thrive;
        v. For individuals with type 1 diabetes.
2. When TSH testing results are abnormal, the following reflex testing **may be reimbursable:**
    a. Free T4 (FT4) as a follow up to abnormal TSH findings;
    b. Total T3 (TT3) and free T3 (fT3) to confirm a diagnosis of hyperthyroidism when TSH levels are below the normal range;

c. fT4 and fT3 for individuals undergoing IRT.

3. Monitoring of TSH and/or fT4 levels **may be reimbursable** in **any** of the following situations:
    a. Once every four weeks for individuals who are pregnant or who are postpartum (See **Note 3**) and who have symptoms of thyroid dysfunction (See **Note 1 and Note 2**).
    b. For individuals being treated for primary hypothyroidism:
        i. Every six weeks when dosages are actively changing;
        ii. Annually in stable individuals.
    c. For individuals being treated for primary hyperthyroidism:
        i. Every eight weeks for the first year;
        ii. Annual monitoring after the first year (even if asymptomatic for risk of relapse of late-onset hypothyroidism).
    d. At the following frequencies for individuals with hypothalamic-pituitary disease:
        i. Biannually for individuals less than 18 years of age;
        ii. Annually for individuals 18 years of age or older.
    e. Annually for individuals diagnosed with primary mitochondrial disease.
4. For individuals being treated for secondary hypothyroidism, monitoring of fT4 every six weeks when dosages are actively changing and annually in stable individuals **may be reimbursable.**
5. For individuals who are pregnant or who are postpartum (See **Note 3**) 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.**
6. For individuals with hypothyroidism or hyperthyroidism who have not been diagnosed with autoimmune thyroid disease (e.g., Hashimoto disease, Graves' disease), testing once every three years for thyroid antibodies (e.g., Tg-Ab, TPOAb, thyroid-stimulating immunoglobulins [TSI]) **may be reimbursable.**
7. 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 carcinoma **may be reimbursable.**
8. Testing for thyroxine-binding globulin (TBG), thyrotropin-releasing hormone (TRH), reverse T3, or T3 uptake **is not reimbursable.**
9. For all other situations not mentioned above, testing for any thyroid function markers discussed in this policy (e.g., 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 the 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 an individual's appetite and the amount and type of food eaten remain the same or even increase;
- Rapid heartbeat (tachycardia) — commonly more than 100 beats a minute — irregular heartbeat (arrhythmia) or pounding of the heart (palpitations);
- Increased appetite;
- Nervousness, anxiety, and irritability;
- Tremor — usually a fine trembling in the 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 the 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.

Code	Description
80438	TRH STIMULATION PANEL
80439	TRH STIMULATION PANEL
83519	RIA NONANTIBODY
83520	IMMUNOASSAY QUANT NOS NONAB
84432	ASSAY OF THYROGLOBULIN
84436	ASSAY OF TOTAL THYROXINE
84439	ASSAY OF FREE THYROXINE
84442	ASSAY OF THYROID ACTIVITY
84443	ASSAY THYROID STIM HORMONE
84445	ASSAY OF TSI GLOBULIN
84479	ASSAY OF THYROID (T3 OR T4)
84480	ASSAY TRIIODOTHYRONINE (T3)
84481	FREE ASSAY (FT-3)
84482	T3 REVERSE
86376	MICROSOMAL ANTIBODY EACH
86800	THYROGLOBULIN ANTIBODY

References

1. Brent GA. Thyroid hormone action. Updated May 28, 2024. https://www.uptodate.com/contents/thyroid-hormone-action
2. Rugge JB, Bougatsos C, Chou R. Screening and treatment of thyroid dysfunction: an evidence review for the U.S. Preventive Services Task Force. *Annals of internal medicine*. 2015;162(1):35-45. doi:10.7326/m14-1456
3. Ross DS. Laboratory assessment of thyroid function. Updated August 26, 2025. https://www.uptodate.com/contents/laboratory-assessment-of-thyroid-function
4. AACE. All About the Thyroid. https://www.aace.com/disease-and-conditions/thyroid/all-about-thyroid
5. Ross DS. Thyroid hormone synthesis and physiology. Updated September 30, 2025. https://www.uptodate.com/contents/thyroid-hormone-synthesis-and-physiology
6. Ross DS. Diagnosis of and screening for hypothyroidism in nonpregnant adults. Updated July 15, 2024. https://www.uptodate.com/contents/diagnosis-of-and-screening-for-hypothyroidism-in-nonpregnant-adults
7. Richmond Padilla EJ, Rogol AD. Causes of short stature. Updated December 31, 2025. https://www.uptodate.com/contents/causes-of-short-stature
8. Alexander EK, Pearce EN, Brent GA, et al. 2017 Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and the Postpartum. *Thyroid : official journal of the American Thyroid Association*. 2017;27(3):315-389. doi:10.1089/thy.2016.0457

9. Ross DS. Diagnosis of hyperthyroidism Updated November 20, 2025. https://www.uptodate.com/contents/diagnosis-of-hyperthyroidism
10. Haymart MR, Repplinger DJ, Leverson GE, et al. Higher serum thyroid stimulating hormone level in thyroid nodule patients is associated with greater risks of differentiated thyroid cancer and advanced tumor stage. *J Clin Endocrinol Metab*. 2008;93(3):809-14. doi:10.1210/jc.2007-2215
11. AlSaedi AH, Almalki DS, ElKady RM. Approach to Thyroid Nodules: Diagnosis and Treatment. *Cureus*. 2024;16(1):e52232. doi:10.7759/cureus.52232
12. Hoang J. Thyroid nodules and evaluation of thyroid cancer risk. *Australasian Journal of Ultrasound in Medicine*. 2010;13(4):33-36. doi:10.1002/j.2205-0140.2010.tb00177.x
13. AAFP. Thyroid Nodules: Advances in Evaluation and Management. 2020. https://www.aafp.org/pubs/afp/issues/2020/0901/p298.pdf
14. Bomeli SR, Lebeau SO, Ferris RL. Evaluation of a Thyroid Nodule. *Otolaryngologic Clinics of North America*. 2010;43(2):229-238. doi:10.1016/j.otc.2010.01.002
15. ATA. Thyroiditis. 2025. https://www.thyroid.org/thyroiditis/
16. Ross DS. Overview of thryoid disease and pregnancy. Updated July 9, 2025. https://www.uptodate.com/contents/overview-of-thyroid-disease-and-pregnancy
17. Luewan S, Chakkabut P, Tongsong T. Outcomes of pregnancy complicated with hyperthyroidism: a cohort study. *Archives of gynecology and obstetrics*. 2011;283(2):243-7. doi:10.1007/s00404-010-1362-z
18. Leung AM, Brent GA. The Influence of Thyroid Hormone on Growth Hormone Secretion and Action. *Growth Hormone Deficiency: Physiology and Clinical Management*. 2016:29-46. doi:10.1007/978-3-319-28038-7_4
19. Thomas K. Thyroid Function Testing. https://www.testing.com/thyroid-function-testing/
20. EverlyWell. Check your thyroid from the comfort of home. https://www.everlywell.com/products/thyroid-test/
21. LetsGetChecked. Home Thyroid Testing. https://www.letsgetchecked.com/home-thyroid-test/
22. Paloma Health. Complete Thyroid Blood Test Kit. https://www.palomahealth.com/home-thyroid-blood-test-kit
23. myLABBOX. At Home Thyroid Health Screening Test. https://www.mylabbox.com/product/at-home-thyroid-health-screening-test/
24. TellmeGEN. Thyroid Function. https://www.tellmegen.com/en/results/dna-traits-test/thyroid-function-tsh-levels
25. Hogan MB, Shepherd MW. Common variable immunodeficiency in children. Updated November 5, 2025. https://www.uptodate.com/contents/common-variable-immunodeficiency-in-children
26. Kazerouni F, Amirrasouli H. Performance characteristics of three automated immunoassays for thyroid hormones. *Caspian journal of internal medicine*. 2012;3(2):400-104.
27. Masika LS, Zhao Z, Soldin SJ. Is measurement of TT3 by immunoassay reliable at low concentrations? A comparison of the Roche Cobas 6000 vs. LC-MSMS. *Clinical biochemistry*. 2016;49(12):846-9. doi:10.1016/j.clinbiochem.2016.02.004
28. Gomes-Lima C, Burman KD. Reverse T3 or perverse T3? Still puzzling after 40 years. *Cleveland Clinic journal of medicine*. 2018;85(6):450-455. doi:10.3949/ccjm.85a.17079

29. Burmeister LA. Reverse T3 Does Not Reliably Differentiate Hypothyroid Sick Syndrome from Euthyroid Sick Syndrome. *Thyroid : official journal of the American Thyroid Association*. 1995;5(6):435-441. doi:10.1089/thy.1995.5.435
30. Koike E, Noguchi S, Yamashita H, et al. Ultrasonographic Characteristics of Thyroid Nodules: Prediction of Malignancy. *Archives of Surgery*. 2001;136(3):334-337. doi:10.1001/archsurg.136.3.334
31. Li D, Radulescu A, Shrestha RT, et al. Association of Biotin Ingestion With Performance of Hormone and Nonhormone Assays in Healthy Adults. *Jama*. 2017;318(12):1150-1160. doi:10.1001/jama.2017.13705
32. Livingston M, Birch K, Guy M, Kane J, Heald AH. No role for tri-iodothyronine (T3) testing in the assessment of levothyroxine (T4) over-replacement in hypothyroid patients. *British journal of biomedical science*. 2015;72(4):160-3.
33. Yazici P, Mihmanli M, Bozkurt E, Ozturk FY, Uludag M. Which is the best predictor of thyroid cancer: thyrotropin, thyroglobulin or their ratio? *Hormones (Athens, Greece)*. 2016;15(2):256-263. doi:10.14310/horm.2002.1677
34. Gholve C, Kumarasamy J, Kulkarni S, Rajan MGR. In-House Solid-Phase Radioassay for the Detection of Anti-thyroglobulin Autoantibodies in Patients with Differentiated Thyroid Cancer. *Indian journal of clinical biochemistry : IJCB*. 2017;32(1):39-44. doi:10.1007/s12291-016-0568-7
35. Biktagirova EM, Sattarova LI, Vagapova GR, et al. [Biochemical and immunological markers of autoimmune thyroiditis]. *Biomeditsinskaia khimiia*. 2016;62(4):458-65. Biokhimicheskie i immunologicheskie markery khronicheskogo limfotsitarnogo tireoidita. doi:10.18097/pbmc20166204458
36. Diana T, Krause J, Olivo PD, et al. Prevalence and clinical relevance of thyroid stimulating hormone receptor-blocking antibodies in autoimmune thyroid disease. *Clinical and experimental immunology*. 2017;189(3):304-309. doi:10.1111/cei.12980
37. Kluesner JK, Beckman DJ, Tate JM, et al. Analysis of current thyroid function test ordering practices. *Journal of evaluation in clinical practice*. 2018;24(2):347-352. doi:10.1111/jep.12846
38. Jin HY. Prevalence of subclinical hypothyroidism in obese children or adolescents and association between thyroid hormone and the components of metabolic syndrome. *Journal of paediatrics and child health*. 2018;54(9):975-980. doi:10.1111/jpc.13926
39. Muraresku CC, McCormick EM, Falk MJ. Mitochondrial Disease: Advances in clinical diagnosis, management, therapeutic development, and preventative strategies. *Curr Genet Med Rep*. 2018;6(2):62-72. doi:10.1007/s40142-018-0138-9
40. Sarkar D. Recurrent pregnancy loss in patients with thyroid dysfunction. *Indian J Endocrinol Metab*. 2012;16(Suppl 2):S350-1. doi:10.4103/2230-8210.104088
41. Korevaar TIM, Derakhshan A, Taylor PN, et al. Association of Thyroid Function Test Abnormalities and Thyroid Autoimmunity With Preterm Birth: A Systematic Review and Meta-analysis. *Jama*. 2019;322(7):632-641. doi:10.1001/jama.2019.10931
42. Kiel S, Ittermann T, Völzke H, Chenot J-F, Angelow A. Frequency of thyroid function tests and examinations in participants of a population-based study. *BMC Health Services Research*. 2020;20(1):70. doi:10.1186/s12913-020-4910-7

43. Degrandi R, Prodam F, Genoni G, et al. The Prevalence of Thyroid Autoimmunity in Children with Developmental Dyslexia. *Biomed Res Int*. 2021;2021:7656843. doi:10.1155/2021/7656843
44. Wang JJ, Zhuang ZH, Shao CL, et al. Assessment of causal association between thyroid function and lipid metabolism: a Mendelian randomization study. *Chin Med J (Engl)*. 2021;134(9):1064-1069. doi:10.1097/CM9.0000000000001505
45. Toloza FJK, Derakhshan A, Männistö T, et al. Association between maternal thyroid function and risk of gestational hypertension and pre-eclampsia: a systematic review and individual-participant data meta-analysis. *Lancet Diabetes Endocrinol*. 2022;10(4):243-252. doi:10.1016/s2213-8587(22)00007-9
46. Liu Y, Osinga JAJ, Maraka S, et al. Risk Factors for Thyroid Function Test Abnormalities During Pregnancy: A Systematic Review of the Literature to Validate Current Risk Factors and Identify Novel Ones. *Thyroid : official journal of the American Thyroid Association*. May 2025;35(5):553-575. doi:10.1089/thy.2024.0743
47. USPSTF. Thyroid Cancer: Screening. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/thyroid-cancer-screening
48. ACOG. Thyroid Disease in Pregnancy: ACOG Practice Bulletin, Number 223. *Obstet Gynecol*. 2020;135(6):e261-e274. doi:10.1097/aog.0000000000003893
49. Garber JR, Cobin RH, Gharib H, et al. Clinical practice guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. *Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists*. 2012;18(6):988-1028. doi:10.4158/ep12280.gl
50. Stagnaro-Green A, Abalovich M, Alexander E, et al. Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and postpartum. *Thyroid : official journal of the American Thyroid Association*. 2011;21(10):1081-125. doi:10.1089/thy.2011.0087
51. Jonklaas J, Bianco AC, Bauer AJ, et al. Guidelines for the treatment of hypothyroidism: prepared by the american thyroid association task force on thyroid hormone replacement. *Thyroid : official journal of the American Thyroid Association*. 2014;24(12):1670-751. doi:10.1089/thy.2014.0028
52. Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. *Thyroid : official journal of the American Thyroid Association*. 2016;26(10):1343-1421. doi:10.1089/thy.2016.0229
53. Ringel MD, Sosa JA, Baloch Z, et al. 2025 American Thyroid Association Management Guidelines for Adult Patients with Differentiated Thyroid Cancer. *Thyroid : official journal of the American Thyroid Association*. Aug 2025;35(8):841-985. doi:10.1177/10507256251363120
54. Kravets I. Hyperthyroidism: Diagnosis and Treatment. *American family physician*. 2016;93(5):363-70.
55. Gaitonde DY, Rowley KD, Sweeney LB. Hypothyroidism: An Update. https://www.aafp.org/afp/2012/0801/p244.html

56. Donangelo I, Suh SY. Subclinical Hyperthyroidism: When to Consider Treatment. *American family physician*. 2017;95(11):710-716.
57. Wilson SA, Stem LA, Bruehlman RD. Hypothyroidism: Diagnosis and Treatment. *American family physician*. 2021;103(10):605-613.
58. AAFP. Thyroid Dysfunction Screening. https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/thyroid-dysfunction.html
59. Homan GJ. Failure to Thrive: A Practical Guide. *American family physician*. 2016;94(4):295-9.
60. ASRM. Subclinical hypothyroidism in the infertile female population: a guideline. https://www.asrm.org/globalassets/_asrm/practice-guidance/practice-guidelines/pdf/subclinical_hypothyroidism_in_the_infertile_female_population.pdf
61. Croker EE, McGrath SA, Rowe CW. Thyroid disease: Using diagnostic tools effectively. *Aust J Gen Pract*. 2021;50(1-2):16-21. doi:10.31128/ajgp-10-20-5693
62. Li YH, Marren A. Recurrent pregnancy loss: A summary of international evidence-based guidelines and practice. *Aust J Gen Pract*. 2018;47(7):432-436. doi:10.31128/AJGP-01-18-4459
63. Bernstein JA, Lang DM, Khan DA, et al. The diagnosis and management of acute and chronic urticaria: 2014 update. *The Journal of allergy and clinical immunology*. 2014;133(5):1270-7. doi:10.1016/j.jaci.2014.02.036
64. ASCP. Thirty Five Things Physicians and Patients Should Question. ABIM Foundation. https://www.ascp.org/content/docs/default-source/get-involved-pdfs/istp_choosingwisely/ascp-35-things-list_2020_final.pdf
65. Endocrine Society of Australia. Recommendations. https://www.choosingwisely.org.au/recommendations/esa5
66. Muller I, Moran C, Lecumberri B, et al. 2019 European Thyroid Association Guidelines on the Management of Thyroid Dysfunction following Immune Reconstitution Therapy. *European Thyroid Journal*. 2019;8(4):173-185. doi:10.1159/000500881
67. Poppe K, Bisschop P, Fugazzola L, Minziori G, Unuane D, Weghofer A. 2021 European Thyroid Association Guideline on Thyroid Disorders prior to and during Assisted Reproduction. *European Thyroid Journal*. 2021;9(6):281-295. doi:10.1159/000512790
68. Kahaly GJ, Bartalena L, Hegedus L, Leenhardt L, Poppe K, Pearce SH. 2018 European Thyroid Association Guideline for the Management of Graves' Hyperthyroidism. *Eur Thyroid J*. 2018;7(4):167-186. doi:10.1159/000490384
69. Mooij CF, Cheetham TD, Verburg FA, et al. 2022 European Thyroid Association Guideline for the management of pediatric Graves' disease. *Eur Thyroid J*. 2022;11(1)doi:10.1530/ETJ-21-0073
70. Durante C, Hegedüs L, Czarniecka A, et al. 2023 European Thyroid Association Clinical Practice Guidelines for thyroid nodule management. *Eur Thyroid J*. 2023;12(5)doi:10.1530/etj-23-0067
71. ADA. Children and Adolescents: Standards of Care in Diabetes—2026. https://diabetesjournals.org/care/article/49/Supplement_1/S297/163923/14-Children-and-Adolescents-Standards-of-Care-in
72. NICE. Thyroid disease: assessment and management. 2023. https://www.nice.org.uk/guidance/ng145

73. BC Guidelines. Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder. https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/thyroid-testing#tsh
74. Society for Maternal-Fetal Medicine. Choosing Wisely: Eighteen Things Physicians and Patients Should Question. 2022. https://publications.smfm.org/publications/460-choosing-wisely-eighteen-things-physicians-and-patients-should/
75. Parikh S, Goldstein A, Karaa A, et al. Patient care standards for primary mitochondrial disease: a consensus statement from the Mitochondrial Medicine Society. *Genet Med*. 2017;19(12)doi:10.1038/gim.2017.107

Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made to Reimbursement Information: #1: Edited and divided into multiple criteria to create a cascade approach for TSH vs fT4/fT3/TT3. All situations and conditions for which TSH is appropriate as the first line test remain in CC1 with indicated frequency of testing. New #2 (follow up testing for abnormal TSH results), new #3 (monitoring of TSH and fT4 when conditions allow for initial monitoring of fT4 without requiring abnormal TSH), and new #4 (monitoring of fT4 without additional measurement of TSH for secondary hypothyroidism) Former #2 is now #3.a. Former #3, now #5, edited for clarity Former #4, now #6, added “who have not been diagnosed with autoimmune thyroid disease (e.g., Hashimoto disease, Graves’ disease)” Former #6, now #8, edited to only include TBG, TRH, and reverse T3 intake, which are not reimbursable. Now reads: “8) Testing for thyroxine-binding globulin (TBG), thyrotropin-releasing hormone (TRH), reverse T3, or T3 uptake is not reimbursable.” Former #8, #9, and #10 combined and edited into new #9, which summarizes that thyroid markers already addressed within the policy are not reimbursable for indications already addressed. #9 now reads: “9) For all other situations not mentioned above, testing for any thyroid function markers discussed in this policy (e.g., testing for thyroid dysfunction during a general exam without abnormal findings) is not reimbursable.” References revised.

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 (e.g., Tg-Ab, TPOAb, TRAB, thyroid-stimulating immunoglobulins/TSI) may be reimbursable. References revised.
10/30/2024	01/15/2025; 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 updated; some added, others revised; some removed.
06/15/2023	06/15/2023; Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	11/01/2022; New policy