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 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 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) testing 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:
            1. Annually; or,
            2. When dosage or medication changes;
            3. 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, TPOAb, 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 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.

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

References:

1. Brent G. 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*. Jan 06 2015;162(1):35-45. doi:10.7326/m14-1456
3. Ross DS. Laboratory assessment of thyroid function. Updated January 2, 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. UpToDate. Updated January 9, 2024. 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 EJ, Rogol AD. Causes of short stature. Updated April 2, 2024. 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*. Mar 2017;27(3):315-389. doi:10.1089/thy.2016.0457
9. Ross DS. Diagnosis of hyperthyroidism Updated October 10, 2024. 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*. Mar 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*. Jan 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. UpToDate. 2022. Updated July 29, 2024. 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*. Feb 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. Updated October 3, 2022. 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. Accessed January 3, 2023, 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 July 16. 2024. 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*. Spring 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*. Aug 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*. Jun 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*. 1995/12/01 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*. Sep 26 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)*. Apr 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*. Mar 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*. May 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*. Sep 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*. Apr 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*. Sep 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*. Jun 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*. Dec 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*. Aug 20 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*. 2020/01/30 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)*. Apr 13 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*. Apr 2022;10(4):243-252. doi:10.1016/s2213-8587(22)00007-9
46. USPSTF. Thyroid Cancer: Screening. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/thyroid-cancer-screening
47. ACOG. Thyroid Disease in Pregnancy: ACOG Practice Bulletin, Number 223. *Obstet Gynecol*. Jun 2020;135(6):e261-e274. doi:10.1097/aog.0000000000003893
48. 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*. Nov-Dec 2012;18(6):988-1028. doi:10.4158/ep12280.gl
49. 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*. Oct 2011;21(10):1081-125. doi:10.1089/thy.2011.0087
50. 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*. Dec 1 2014;24(12):1670-751. doi:10.1089/thy.2014.0028
51. 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*. Oct 2016;26(10):1343-1421. doi:10.1089/thy.2016.0229
52. Kravets I. Hyperthyroidism: Diagnosis and Treatment. *American family physician*. Mar 1 2016;93(5):363-70.
53. Gaitonde DY, Rowley KD, Sweeney LB. Hypothyroidism: An Update. https://www.aafp.org/afp/2012/0801/p244.html
54. Donangelo I, Suh SY. Subclinical Hyperthyroidism: When to Consider Treatment. *American family physician*. Jun 1 2017;95(11):710-716.
55. Wilson SA, Stem LA, Bruehlman RD. Hypothyroidism: Diagnosis and Treatment. *American family physician*. May 15 2021;103(10):605-613.
56. AAFP. Thyroid Dysfunction Screening. https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/thyroid-dysfunction.html
57. Homan GJ. Failure to Thrive: A Practical Guide. *American family physician*. Aug 15 2016;94(4):295-9.
58. 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

59. Croker EE, McGrath SA, Rowe CW. Thyroid disease: Using diagnostic tools effectively. *Aust J Gen Pract*. Jan-Feb 2021;50(1-2):16-21. doi:10.31128/ajgp-10-20-5693
60. Li YH, Marren A. Recurrent pregnancy loss: A summary of international evidence-based guidelines and practice. *Aust J Gen Pract*. Jul 2018;47(7):432-436. doi:10.31128/AJGP-01-18-4459
61. 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*. May 2014;133(5):1270-7. doi:10.1016/j.jaci.2014.02.036
62. ASCP. Thirty Five Things Physicians and Patients Should Question. ABIM Foundation. Updated September 1, 2020. https://www.ascp.org/content/docs/default-source/get-involved-pdfs/istp_choosingwisely/ascp-35-things-list_2020_final.pdf
63. Endocrine Society. RECOMMENDATIONS The Endocrine Society of Australia. https://www.choosingwisely.org.au/recommendations/esa5
64. 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
65. 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*. 01 Feb. 2021 2021;9(6):281-295. doi:10.1159/000512790
66. 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*. Aug 2018;7(4):167-186. doi:10.1159/000490384
67. Mooij CF, Cheetham TD, Verburg FA, et al. 2022 European Thyroid Association Guideline for the management of pediatric Graves' disease. *Eur Thyroid J*. Jan 1 2022;11(1)doi:10.1530/ETJ-21-0073
68. Durante C, Hegedüs L, Czarniecka A, et al. 2023 European Thyroid Association Clinical Practice Guidelines for thyroid nodule management. *Eur Thyroid J*. Oct 1 2023;12(5)doi:10.1530/etj-23-0067
69. NICE. Thyroid disease: assessment and management. 2023. https://www.nice.org.uk/guidance/ng145
70. 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/
71. 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*. Dec 2017;19(12)doi:10.1038/gim.2017.107

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.
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