

Summary: Thyroid Testing

NCD 190.22

The terms of Medicare National Coverage Determinations (NCDs) are binding on all fee-for-service (Part A/B) Medicare Administrative Contractors (MACs) and Medicare Advantage (MA) plans. NCDs are not binding, however, on Medicaid and other governmental payers, nor are they binding on commercial payers in their non-MA lines of business.

Item/Service Description*

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; and
- 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 personal 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.

*This language is a direct quote from the NCD.

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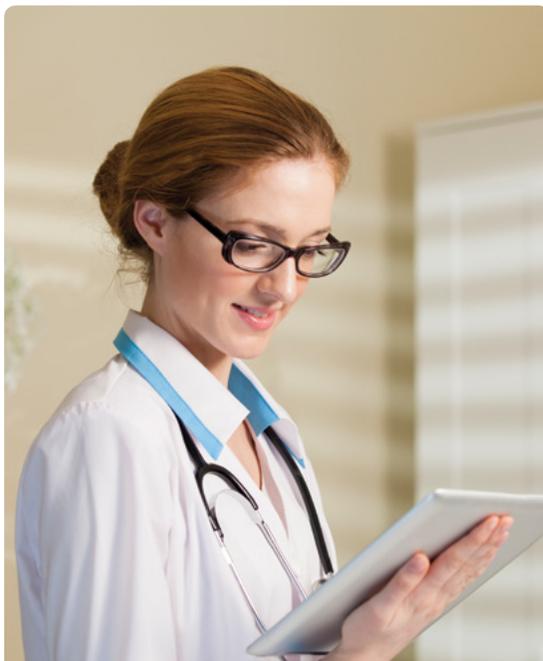
Representative List of Covered ICD-10-CM Diagnosis Codes

The following diagnosis codes are among those identified as “ICD-10 Codes Covered by Medicare Program” in the CMS “Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10)” section that identifies covered diagnosis codes for the above-described NCD.

ICD-10 Code	Description
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D64.9	Anemia, unspecified
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E04.1	Nontoxic single thyroid nodule
E04.2	Nontoxic multinodular goiter
E04.9	Nontoxic goiter, unspecified
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E07.9	Disorder of thyroid, unspecified
E10.9	Type 1 diabetes mellitus without complications
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E29.1	Testicular hypofunction
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia

ICD-10 Code	Description
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
F41.9	Anxiety disorder, unspecified
I10	Essential (primary) hypertension
I48.91	Unspecified atrial fibrillation
N91.2	Amenorrhea, unspecified
N92.6	Irregular menstruation, unspecified
R00.2	Palpitations
R53.1	Weakness
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R73.03	Prediabetes
R94.6	Abnormal results of thyroid function studies
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

To view a full list of codes covered by Medicare and the complete NCD, please refer to the CMS website reference, www.cms.gov.



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