

Contractor's Policy Number

97-14-R2

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Thyroid Profiles with or without TSH (Including Component Test(s))

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HCFA National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

HCFA Region

Region III

HCFA Consortium

Northeast

Original Policy Effective Date

04/28/1997

Original Policy Ending Date

Revision Effective Date

12/17/2000

Revision Ending Date

12/16/2000

LMRP Description

- Thyroid function studies are used to delineate the presence or absence of hormonal abnormalities of the thyroid. These abnormalities may either be

primary or secondary and usually accompany clinically well-defined signs and symptoms indicative of thyroid **dysfunction**.

- Serum levels of thyroid hormone are useful to confirm clinical hyperfunction, hypofunction, or euthyroidism of the thyroid gland. Thyroid function levels do not determine the etiology of thyroid disease.
- Laboratory analysis to detect thyroid functions 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.
- The American Thyroid Association recommends the measurement of serum sensitive thyroid-stimulation hormone (STSH) levels complemented by an appropriate free thyroxin (FT4) estimate to represent the best and most efficient combination of blood tests for diagnosis and follow-up of most patients with thyroid disorders. This is true for most ambulatory patients. It is not meant for use with certain complex diagnostic problems or on an inpatient basis, where many circumstances can skew test results.

Indications and Limitations of Coverage and/or Medical Necessity

- Thyroid function levels do not determine the etiology of thyroid disease, but are necessary to define hyperfunction, euthyroidism, or hypofunction of thyroid disease.
- Screening testing using thyroid function tests is excluded from Medicare coverage by statutory exclusion.
- Thyroid test is used to:
 - Distinguish between primary and secondary hypothyroidism,
 - Confirm or rule out primary hypothyroidism,
 - Monitor drug therapy in patients with primary hypothyroidism, and ;
 - Confirm or rule out primary hyperthyroidism.

CPT/HCPCS Section & Benefit Category

Pathology and Laboratory/Chemistry

Type of Bill

13X, 14X, 83X

Revenue Codes

30X

CPT/HCPCS Codes

84436 *Thyroxine; total*
 84439 *free*
 84443 *Thyroid Stimulating Hormone (TSH)*
 84479 *Triiodothyronine (T3); resin uptake*

Note: Organ/Disease Panel Codes 80091 and 80092 have been deleted. To report, select the codes for the specific tests.

ICD-9 Codes That Support Medical Necessity**Covered for:**

193 Malignant neoplasm of thyroid gland
 198.82 Secondary malignant neoplasm other specified sites, genital organs
 226 Benign neoplasm of thyroid glands
 227.3 Benign neoplasm of pituitary gland and
 craniopharyngeal duct (pouch)
 234.8 Carcinoma in situ of other and unspecified sites, endocrine gland
 237.4 Neoplasm of other and unspecified endocrine glands
 239.7 Neoplasm of unspecified nature, thyroid gland
 240.0 Goiter, specified
 240.9 Goiter, unspecified
 241.0-241.1 Non-toxic goiter
 241.9 Unspecified non-toxic goiter
 242.00-242.01 Thyrotoxicosis with or without goiter
 242.10-242.11
 242.20-242.21
 242.30-242.31
 242.40-242.41
 242.80-242.81

242.90-242.91

243 Congenital hypothyroidism

244.0-244.3 Acquired Hypothyroidism

244.8.244.9

245.0-245.4 Thyroiditis

245.8-245.9

246.1-246.3 Other disorders of thyroid

246.8

252.1 Hypoparathyroidism

253.1 Other and unspecified anterior pituitary hyperfunction

253.2 Panhypopituitarism

253.3-253.4 Pituitary dwarfism and other anterior pituitary disorders

253.7 Iatrogenic Pituitary disorders

255.2 Adrenogenital disorders

255.4 Corticoadrenal insufficiency

258.0-258.1 Polyglandular activity in multiple endocrine
adenomatosis, up to and including polyglandular dysfunction,
unspecified

258.8-258.9

260 Kwashiorkor

261 Nutritional marasmus

262 Other severe protein-calorie malnutrition

266.0 Ariboflavinosis

272.0 Pure hypercholesterolemia

272.1-272.3 Disorders of calcium metabolism

272.4 Other and unspecified hyperlipidemia

275.40-275.42 Disorder of calcium metabolism

276.1 Hyperosmolality and/or hyponatremia

278.00-278.01 Obesity

278.1-278.4 Obesity and other hyperalimentation

278.8

290.20-290.21

290.3

293.0	Acute delirium
293.1	Subacute delirium
296.00-296.06	Manic disorder, single episode
296.10-296.16	Manic disorder, recurrent episode
296.20-296.26	Major depressive disorder, single episode
296.30-296.36	Major depressive disorder, recurrent episode
296.40-296.46	Bipolar affective disorder, manic
296.50-296.56	Bipolar affective disorder, depressed
296.60-296.66	Bipolar affective disorder, mixed
296.7	Bipolar affective disorder, unspecified
296.80-296.82	Manic-depressive psychosis, other and unspecified
296.89	
297.1	Paranoia
298.9	Unspecified psychosis
300.00-300.02	Anxiety states, up to generalized anxiety disorder
310.1	Organic personality syndrome
311	Depressive disorder, not elsewhere classified
331.0-331.2	Alzheimer's, up to senile degeneration of the brain
333.1	Essential and other specified forms of tremor
354.0	Carpal tunnel syndrome
356.9	Idiopathic peripheral neuropathy, unspecified
358.1	Myasthenic syndromes in diseases classified elsewhere
359.5	Myopathy in endocrine diseases classified elsewhere
368.2	Diplopia
374.41	Lid retraction or lag
376.21	Thyrotoxic exophthalmos
376.22	Exophthalmic ophthalmoplegia
376.30-376.31	Exophthalmic conditions, unspecified and constant
376.33-376.34	Orbital edema or congestion, intermittent exophthalmos
425.1	Hypertrophic obstructive cardiomyopathy
425.3	Endocardial fibroelastosis
425.7	Nutritional and metabolic cardiomyopathy
427.0	Paroxysmal supraventricular tachycardia

427.2	Paroxysmal tachycardia, unspecified
427.31	Atrial fibrillation
427.89	Other unspecified cardiac dysrhythmia
427.9	Cardiac dysrhythmia, unspecified
428.0	Congestive heart failure
428.1	Left heart failure
560.1	Paralytic ileus
564.0	Constipation
564.7	Megacolon, other than Hirschsprung's
611.1	Hypertrophy of breast
625.3	Menorrhagia/dysmenorrhea
626.0-626.2	Absence of menstruation, up to and including excessive or frequent menstruation
648.10-648.14	Thyroid dysfunction, other current conditions in the mother classified elsewhere, but complicating pregnancy, childbirth, or the puerperium
676.20-676.24	Engorgement of breast associated with childbirth and disorders of lactation
701.1	Keratoderma, acquired (dry skin)
703.8	Other specified diseases of nail (brittle nails)
704.00	Alopecia, unspecified
729.1	Myalgia and myositis, unspecified
729.82	Cramp of limb (muscle cramp)
733.09	Osteoporosis, drug induced
750.15	Macroglossia
758.0	Down's syndrome
759.2	Abnormal of other endocrine glands
775.3	Neonatal thyrotoxicosis
780.09	Alteration in mental states, other
780.2	Syncope and collapse
780.71	Chronic fatigue syndrome
780.79	Other malaise and fatigue
780.8	Excessive sweating

781.0	Abnormal involuntary movements
781.3	Lack of coordination, ataxia
782.8	Changes in skin texture
783.1	Abnormal weight gain
783.21	Loss of weight
783.22	Underweight
784.1	Throat and neck pain
784.2	Swelling, mass, or lump in head and neck
784.49	Other voice disturbance
785.0	Tachycardia, unspecified
785.1	Palpitations
786.1	Stridor
787.2	Dysphagia
787.91	Diarrhea
790.6	Other abnormal blood chemistry, lithium
794.5	Thyroid, abnormal scan or uptake
799.2	Nervousness
V58.69	Long term (current) use of other medications

Note: Use this code to bill thyroid testing for purposes of monitoring a patient on Lithium.

Reasons for Denial

- All other indications not listed in the ‘Indications and Limitations of Coverage’ section of this policy,
- The services is for screening purposes,
- The services is not medically necessary,
- The medical record does not verify that the service described by the HCPCS code was provided, and ;
- The service does not follow the guidelines of this policy.

Non-covered ICD-9-CM Code(s)

All diagnoses not listed in the ‘ICD-9-CM codes that Support Medical Necessity’ section of this policy.

Coding Guidelines

- To report these services, use the appropriate HCPCS code(s),
- All the coverage criteria must be met before this service can be reimbursed by Medicare,
 - ICD-9-CM code V82.9 (special screening tests for other conditions, unspecified condition), should be used in the absence of any signs or symptoms, to indicate screening,
 - Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity, and;
 - The diagnosis code (s) must be representative of the patient's condition.

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Medicare upon request.
- The ordering physician must include evidence in the patient's clinical record that an evaluation of the history and physical must have preceded the ordering of thyroid function tests and that evidence of thyroid disease was present to warrant the function testing.
- When these tests are billed at a greater frequency than the norm (two per year), the ordering physician's documentation must support the medical necessity of this frequency.

Other Comments

- Only the test or combination of tests which best addresses the clinical thyroid condition will be covered:
 - **Hyperthyroidism:** 84436 (T4) or
84439 (free T4) and /or
84443 (TSH)
 - **Hypothyroidism:** 84436 (T4) 84443 (TSH)

- **Thyroid binding abnormality resin** 84436 (T4 total) and 84479 (T3, uptake), or; 84436 (T4 total), resin uptake), and
84479 (T3
84443 (TSH)
- Medicare will monitor the utilization of these laboratory tests through the Medical Review process.

Sources of Information and Basis for Decision

- TrailBlazer Health Enterprises, Inc., 09/27/1996 Provider Bulletin.
- Initial policy based on policy developed by TrailBlazer Health Enterprises, Inc., in order to maintain consistency between the Intermediary and the Carrier for billing and reimbursement. (See THE, Inc., Provider Bulletin No. 013, 9/27/1996.)
- 7/28/1999-Addition of ICD-9-CM codes to expand coverage of codes. (See Part A 7/28/1999 Provider Bulletin)
- 11/17/2000-Deletion of Organ Disease Panel Codes 80091 and 80092, based on *CPT 2001*. Addition and revision of ICD-9 Codes based on changes to ICD-9-CM. (Refer to 11/17/2000 Provider Bulletin for further clarification.)

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Advisory Committee meeting date:

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

March 28, 1997

Revision History

<u>Number</u>	<u>Date</u>	<u>Changes</u>
97-14-R-1	07/28/1999	Limited coverage expanded to maintain consistency in policies between intermediary and carrier. See 07/28/1999 Provider Bulletin for specific changes.
97-14-R-2	11/17/2000	HCPCS codes 80091 and 80092 deleted from <i>CPT</i> 2000. Policy modified to accommodate
ICD-9-CM		changes and to maintain consistency in policies between intermediary and carrier. See 11/17/2000 Provider Bulletin for specific changes.

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