

MARYLAND MEDICARE PART A

Policy No: 97-14

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

Beginning Effective Date

April 28, 1997

Ending Effective Date

August 27, 1999

Description:

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

HCPCS Codes:

80091 Thyroid panel

This panel must include the following tests:

	Thyroxine, total (84436)
	Triiodothyronie (T3); resin uptake (84479)
80092	Thyroid panel with thyroid stimulating hormone (TSH) (84443)
84436	Thyroxine; total
84439	free
84443	Thyroid Stimulating Hormone (TSH)
84479	Triiodothyronine (T3); resin uptake

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.

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
272.4	Other and unspecified hyperlipidemia
275.4	Disorders of calcium metabolism
276.1	Hyperosmolality and/or hyponatremia
278.00-278.01	Obesity
278.1-278.4	Obesity and other hyperalimentation
278.8	
290.0	Senile dementia, unspecified
290.10-290.13	
290.20-290.21	

290.3	
293.0	Acute delirium
	293.1 Subacute delirium
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 else were 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
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
 780.7 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
 783.2 Abnormal loss of weight
 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

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 other 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:

Thyroid panel (80091) must include **all** of the following:

84436	Thyroxine; total
84479	Triiodothyronine (T3); resin uptake

Thyroid panel with thyroid stimulating hormone (TSH) (80092) must include **all** of the following:

84436	Thyroxine; total
84443	Thyroid stimulating hormone
84479	Triiodothyronine (T3); resin uptake

Only the test or combination of test 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 80091 (thyroid panel), including T4 total and T3 (resin uptake), or;
80092 (thyroid panel), including T4 total, T3 (resin uptake) and TSH

If procedure code 84436 (thyroxine, total) and 84479 (Triiodothyronine (T3), resin uptake) are performed on the same day of service as 80091, the individual components will be combined and paid as code 80091.

If procedure codes 84436, 84479, and 84443 (TSH) are performed on the same day of service as 80092, the individual components will be combined and paid as code 80092.

Medicare will monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

Dates:

Issued Date: March 28, 1997

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Revision Date: