

NCD - Thyroid Testing (190.22)

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Tracking Information

Publication Number

100-3

Manual Section Number

190.22

Manual Section Title

Thyroid Testing

Version Number

1

Effective Date of this Version

11/25/2002

Implementation Date

01/01/2003

Description Information

Benefit Category

Diagnostic Laboratory Tests

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

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 and Limitations of Coverage

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.

Note: Scroll down for links to the quarterly Covered Code Lists (including narrative).

Cross Reference

Also see the [Medicare Claims Processing Manual](#), Chapter 120, Clinical Laboratory Services Based on Negotiated Rulemaking.

Transmittal Information

Transmittal Number

17

Coverage Transmittal Link

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/r17ncd.pdf>

Revision History

07/2002 - Implemented NCD. Effective date 11/25/02. Implementation date 1/01/03. ([TN AB-02-110](#)) (CR 2130)

07/2004 - Published NCD in the NCD Manual without change to narrative contained in PM AB-02-110. Coding guidance now published in Medicare Lab NCD Manual. Effective and Implementation dates NA. ([TN 17](#)) (CR 2130)

Other

Covered Code Lists (including narrative)

July 2022 (PDF) ([ICD-10](#))
April 2022 (PDF) ([ICD-10](#))
January 2022 (PDF) ([ICD-10](#))
October 2021 (PDF) ([ICD-10](#))
July 2021 (PDF) ([ICD-10](#))
April 2021 (PDF) ([ICD-10](#))
January 2021 (PDF) ([ICD-10](#))
October 2020 (PDF) ([ICD-10](#))
July 2020 (PDF) ([ICD-10](#))
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April 2018 (PDF) ([ICD-10](#))
January 2018 ([ICD-10](#))
October 2017 ([ICD-10](#))
July 2017 ([ICD-10](#))
April 2017 ([ICD-10](#))
January 2017 ([ICD-10](#))
October 2016 ([ICD-10](#))
January 2016 ([ICD-10](#))
October 2015 ([ICD-10](#), [ICD-9](#))
October 2014 ([ICD-10](#), [ICD-9](#))

Changes to Lab NCD Edit Software

[April 2022](#)
[January 2022](#)
[October 2021](#)
[July 2021](#)
[October 2020](#)
[April 2020](#)
[January 2020](#)
[October 2019](#)
[July 2019](#)
[January 2019](#)
[October 2018](#)

[April 2018](#)
[January 2018](#)
[July 2017](#)
[April 2017](#)
[January 2017](#)
[January 2016](#)
[October 2014](#)

Coding Analyses for Labs (CALs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with CALs, from the Coding Analyses for Labs database.

- Original Consideration for Thyroid Testing (Inclusion of ICD-9-CM Code 733.02 for Idiopathic Osteoporosis) (CAG-00254N)
- Original Consideration for Thyroid Testing (Addition of ICD-9-CM 783.0, Anorexia, as a covered indication) (CAG-00337N)

Additional Information

Other Versions

| Title | Version | Effective Between |
|-----------------|---------|-------------------|
| Thyroid Testing | 1 | 11/25/2002 - N/A |