



REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Policy Name		Policy Number	Effective Date
Thyroid Testing		PY-0903	05/01/2020-11/30/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Thyroid Testing

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Thyroid function studies are used to detect 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. CareSource considers testing thyroid function medically necessary for members consistent with symptoms of thyroid disease.

C. Definitions

- **Hyperthyroidism:** Condition occurs when the thyroid gland produces too much thyroxine causing sudden weight loss, rapid or irregular heartbeat, sweating and nervousness.
- **Hypothyroidism:** Condition occurs when the thyroid gland doesn't produce enough hormones causing weight gain, joint pain, infertility and heart disease.

D. Policy

I. CareSource does not require a prior authorization for thyroid testing.

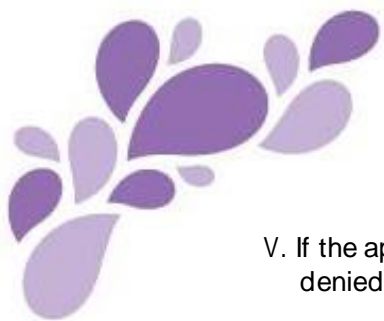
II. Thyroid testing are used to test for thyroid function and disease. Thyroid testing may be reasonable and necessary to:

- A. Distinguish between primary and secondary hypothyroidism
- B. Confirm or rule out primary hypothyroidism
- C. Monitor thyroid hormone levels (for example, patients with goiter, thyroid nodules, or thyroid cancer)
- D. Monitor drug therapy in patients with primary hypothyroidism
- E. Confirm or rule out primary hyperthyroidism
- F. Monitor therapy in patients with hyperthyroidism

III. Thyroid 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.

- A. 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 must be made available upon CareSource's request.

IV. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the thyroid testing CPT code.



V. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.

Note: Although this service does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Georgia Medicaid approved HCPCS codes and the appropriate modifiers, if applicable. The appropriate ICD-10 diagnosis code must match the correct CPT and/or HCPCS code within this policy. Please refer to the Georgia Medicaid fee schedule for appropriate codes.

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.

CPT Code	Description
84436	Thyroxine; total
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)

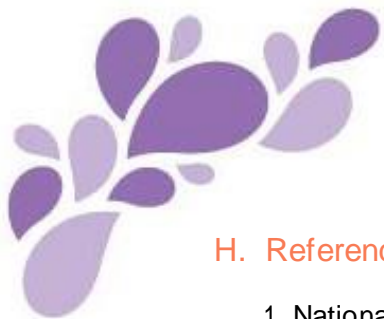
ICD 10 Codes								
A18	D3A	E06	E24	E43	E88	F32	G47	R06
C56	D44	E07	E25	E44	E89	F33	I48	R61
C73	D49	E08	E27	E45	F03	F34	N91	Z00
C79	D89	E09	E28	E46	F05	F39	N92	Z01
C7A	E00	E10	E29	E66	F06	F41	N94	Z86
C7B	E01	E11	E31	E67	F07	F53	N97	
D09	E02	E13	E35	E78	F22	F63	O90	
D27	E03	E20	E40	E79	F23	G25	O92	
D34	E04	E22	E41	E83	F30	G30	O99	
D35	E05	E23	E42	E87	F31	G31	R00	

F. Related Policies

N/A

G. Review/Revision History

DATE		ACTION
Date Issued	05/01/2020	New policy
Date Revised		
Date Effective	05/01/2020	
Date Archived	11/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy



H. References

1. National Coverage Determination (NCD) for Thyroid Testing (190.22). Retrieved July 26, 2019, from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=101&ncdver=1&bc=AgEAAAAAAAAAAAAA%3D%3D&>
2. Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report ICD-10-CM. Retrieved July 26, 2019, from https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/Downloads/manual201601_ICD10.pdf

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

GA-P-0832

Date Issued 05/01/2020

DCH Approved 1/28/2020