

MEDICAL POLICY STATEMENT INDIANA MEDICAID

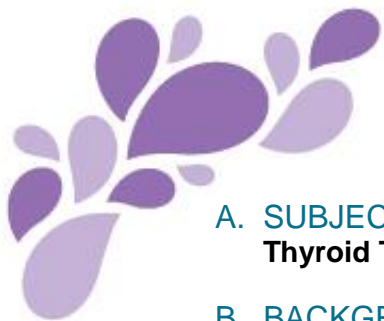
Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017
Policy Name		Policy Number
Thyroid Testing		MM-0181
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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 Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement 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.

Contents of Policy

MEDICAL POLICY STATEMENT	1
TABLE OF CONTENTS	1
A. SUBJECT	2
B. BACKGROUND	2
C. DEFINITIONS	2
D. POLICY	3
E. CONDITIONS OF COVERAGE	3
F. RELATED POLICIES/RULES	3
G. REVIEW/REVISION HISTORY	3
H. REFERENCES	3



A. SUBJECT

Thyroid Testing

B. BACKGROUND

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.

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.

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.

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 does not produce enough hormones causing weight gain, joint pain, infertility and heart disease
- Goiter: Enlargement of the thyroid gland
- Thyroid Nodules: lumps in the thyroid gland
- Thyroiditis: swelling of the thyroid gland
- Thyroid Stimulating Hormone (TSH): Hormone made in the pituitary gland that indicates how much thyroxine (T4) and triiodothyronine (T3) to make
- Thyroxine (T4): Hormone produced by the thyroid to regulate metabolism. A high level may indicate Hyperthyroidism and a low level may indicate Hypothyroidism
- Triiodothyronine (T3) Hormone produced by the thyroid to regulate metabolism. Testing of this hormone is used to confirm a hyperthyroidism diagnosis



D. POLICY

- I. CareSource does not require a prior authorization for thyroid testing.
- II. CareSource considers thyroid function testing medically necessary for the following:
 - A. Members who are clinically stable, performed up to 2 times per year
 - B. Members who have symptoms consistent with hypothyroidism
 - C. Members who have symptoms consistent with hyperthyroidism
 - D. Members who are asymptomatic and 60 years of age or older, performed every 5 years
 - E. Members who are asymptomatic but are considered high risk due to the following:
 1. Family or personal history of thyroid disease. This should be limited to a one-time screening.
 2. Family or personal history of Type I Diabetes or other autoimmune disorder. This should be limited to a one-time screening.
 3. Member who is prescribed medications that may interfere with thyroid function.

E. CONDITIONS OF COVERAGE AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New Policy.
Date Revised		
Date Effective	12/17/2017	

H. REFERENCES

1. National Coverage Determination (NCD) for Thyroid Testing (190.22). Retrieved 2/28/2017 from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=101&ncdver=1&bc=AgEAAAAAAAAAAAAA%3D%3D&>
2. Thyroid Tests. (2017, May 01). Retrieved September 06, 2017, from <https://www.niddk.nih.gov/health-information/diagnostic-tests/thyroid>
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=101&ncdver=1&bc=AgEAAAAAAAAAAAAA%3D%3D&>

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