# Thyroid Testing

Reimbursement Policy ID: RPC.0118.2400

Recent review date: 08/2026

*Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy addresses laboratory testing of thyroid function. Thyroid function tests include serum testing for thyroid stimulating hormone (TSH) and levels of specific thyroid hormones, including total and free thyroxine, thyroid hormone (T3, T4) uptake, and thyroid hormone binding ratio (THBR). Thyroid gland hormones regulate the metabolic rate, affecting all body functions.

## Exceptions

N/A

## Reimbursement Guidelines

Thyroid function tests are used to determine the presence of hyperfunction, euthyroidism, or hypofunction of thyroid disease.

Thyroid testing may be 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.
- Conform or rule out primary hyperthyroidism; and
- Monitor therapy in patients with hyperthyroidism.

Thyroid function testing may be reimbursable in connection with diagnoses indicating disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be reimbursable in connection with diagnoses of 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 to help determine the origin of a number 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. Follow-up thyroid testing may also be reimbursable in connection with diagnoses of malignant neoplasm of the endocrine system, or in connection with long-term thyroid drug therapy.

Thyroid testing includes:

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

If these codes are billed without an approved diagnosis, the claim will not be reimbursed. The list of approved diagnosis codes is attached to this Policy as a reference. This list may not be all inclusive and is subject to updates. See attachment.

Testing may be covered up to two times a year in a stable patient. More frequent testing may be covered if thyroid therapy has been altered or if symptoms or signs of hyperthyroidism or hypothyroidism are noted.

## 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.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.

II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS), https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=101
V. The National Correct Coding Initiative (NCCI).
VI. Applicable Medicaid Fee Schedule(s).

## Attachments

See Appendix A

## Associated Policies

RPC.0025.2400 Frequency

## Policy History

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|---|---|
| 09/2026 | • Removed the next review date<br>• Replaced the plan name with “the health plan” |
| 08/2026 | Reimbursement Policy Committee Approval |
| 08/2026 | Annual review<br>• No major changes |
| 09/2025 | Reimbursement Policy Committee Approval |
| 08/2025 | Annual Review<br>• No major changes |
| 12/2024 | Reimbursement Policy Committee Approval |

Appendix A

Thyroid Testing DX Codes.pdf

Thyroid Testing Dx Codes

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| A18.81 | E05.11 | E08.3411 | E08.610 | E09.3511 | E09.641 | E10.3533 | E11.21 | E11.3553 |
| C56.1 | E05.20 | E08.3412 | E08.618 | E09.3512 | E09.649 | E10.3539 | E11.22 | E11.3559 |
| C56.2 | E05.21 | E08.3413 | E08.620 | E09.3513 | E09.65 | E10.3541 | E11.29 | E11.3591 |
| C56.3 | E05.30 | E08.3419 | E08.621 | E09.3519 | E09.69 | E10.3542 | E11.311 | E11.3592 |
| C56.9 | E05.31 | E08.3491 | E08.622 | E09.3521 | E09.8 | E10.3543 | E11.319 | E11.3593 |
| C73 | E05.40 | E08.3492 | E08.628 | E09.3522 | E09.9 | E10.3549 | E11.3211 | E11.3599 |
| C79.81 | E05.41 | E08.3493 | E08.630 | E09.3523 | E10.10 | E10.3551 | E11.3212 | E11.36 |
| C79.9 | E05.80 | E08.3499 | E08.638 | E09.3529 | E10.11 | E10.3552 | E11.3213 | E11.37X1 |
| D09.3 | E05.81 | E08.3511 | E08.641 | E09.3531 | E10.21 | E10.3553 | E11.3219 | E11.37X2 |
| D09.8 | E05.90 | E08.3512 | E08.649 | E09.3532 | E10.22 | E10.3559 | E11.3291 | E11.37X3 |
| D27.0 | E05.91 | E08.3513 | E08.65 | E09.3533 | E10.29 | E10.3591 | E11.3292 | E11.37X9 |

| D27.1 | E06.0 | E08.3519 | E08.69 | E09.3539 | E10.311 | E10.3592 | E11.3293 | E11.39 |
|---|---|---|---|---|---|---|---|---|
| D27.9 | E06.1 | E08.3521 | E08.8 | E09.3541 | E10.319 | E10.3593 | E11.3299 | E11.40 |
| D34 | E06.2 | E08.3522 | E08.9 | E09.3542 | E10.3211 | E10.3599 | E11.3311 | E11.41 |
| D35.2 | E06.3 | E08.3523 | E09.00 | E09.3543 | E10.3212 | E10.36 | E11.3312 | E11.42 |
| D35.3 | E06.4 | E08.3529 | E09.01 | E09.3549 | E10.3213 | E10.37X1 | E11.3313 | E11.43 |
| D44.0 | E06.5 | E08.3531 | E09.10 | E09.3551 | E10.3219 | E10.37X2 | E11.3319 | E11.44 |
| D44.2 | E06.9 | E08.3532 | E09.11 | E09.3552 | E10.3291 | E10.37X3 | E11.3391 | E11.49 |
| D44.9 | E07.0 | E08.3533 | E09.21 | E09.3553 | E10.3292 | E10.37X9 | E11.3392 | E11.51 |
| D49.7 | E07.1 | E08.3539 | E09.22 | E09.3559 | E10.3293 | E10.39 | E11.3393 | E11.52 |
| D89.82 | E07.89 | E08.3541 | E09.29 | E09.3591 | E10.3299 | E10.40 | E11.3399 | E11.59 |
| D89.89 | E07.9 | E08.3542 | E09.311 | E09.3592 | E10.3311 | E10.41 | E11.3411 | E11.610 |
| E00.0 | E08.00 | E08.3543 | E09.319 | E09.3593 | E10.3312 | E10.42 | E11.3412 | E11.618 |
| E00.1 | E08.01 | E08.3549 | E09.3211 | E09.3599 | E10.3313 | E10.43 | E11.3413 | E11.620 |
| E00.2 | E08.10 | E08.3551 | E09.3212 | E09.36 | E10.3319 | E10.44 | E11.3419 | E11.621 |
| E00.9 | E08.11 | E08.3552 | E09.3213 | E09.37X1 | E10.3391 | E10.49 | E11.3491 | E11.622 |
| E01.0 | E08.21 | E08.3553 | E09.3219 | E09.37X2 | E10.3392 | E10.51 | E11.3492 | E11.628 |
| E01.1 | E08.22 | E08.3559 | E09.3291 | E09.37X3 | E10.3393 | E10.52 | E11.3493 | E11.630 |
| E01.2 | E08.29 | E08.3591 | E09.3292 | E09.37X9 | E10.3399 | E10.59 | E11.3499 | E11.638 |
| E01.8 | E08.311 | E08.3592 | E09.3293 | E09.39 | E10.3411 | E10.610 | E11.3511 | E11.641 |
| E02 | E08.319 | E08.3593 | E09.3299 | E09.40 | E10.3412 | E10.618 | E11.3512 | E11.649 |
| E03.0 | E08.3211 | E08.3599 | E09.3311 | E09.41 | E10.3413 | E10.620 | E11.3513 | E11.65 |
| E03.1 | E08.3212 | E08.36 | E09.3312 | E09.42 | E10.3419 | E10.621 | E11.3519 | E11.69 |
| E03.2 | E08.3213 | E08.37X1 | E09.3313 | E09.43 | E10.3491 | E10.622 | E11.3521 | E11.8 |
| E03.3 | E08.3219 | E08.37X2 | E09.3319 | E09.44 | E10.3492 | E10.628 | E11.3522 | E11.9 |
| E03.4 | E08.3291 | E08.37X3 | E09.3391 | E09.49 | E10.3493 | E10.630 | E11.3523 | E13.00 |
| E03.5 | E08.3292 | E08.37X9 | E09.3392 | E09.51 | E10.3499 | E10.638 | E11.3529 | E13.01 |
| E03.8 | E08.3293 | E08.39 | E09.3393 | E09.52 | E10.3511 | E10.641 | E11.3531 | E13.10 |
| E03.9 | E08.3299 | E08.40 | E09.3399 | E09.59 | E10.3512 | E10.649 | E11.3532 | E13.11 |
| E04.0 | E08.3311 | E08.41 | E09.3411 | E09.610 | E10.3513 | E10.65 | E11.3533 | E13.21 |
| E04.1 | E08.3312 | E08.42 | E09.3412 | E09.618 | E10.3519 | E10.69 | E11.3539 | E13.22 |
| E04.2 | E08.3313 | E08.43 | E09.3413 | E09.620 | E10.3521 | E10.8 | E11.3541 | E13.29 |
| E04.8 | E08.3319 | E08.44 | E09.3419 | E09.621 | E10.3522 | E10.9 | E11.3542 | E13.311 |
| E04.9 | E08.3391 | E08.49 | E09.3491 | E09.622 | E10.3523 | E11.00 | E11.3543 | E13.319 |
| E05.00 | E08.3392 | E08.51 | E09.3492 | E09.628 | E10.3529 | E11.01 | E11.3549 | E13.3211 |
| E05.01 | E08.3393 | E08.52 | E09.3493 | E09.630 | E10.3531 | E11.10 | E11.3551 | E13.3212 |
| E05.10 | E08.3399 | E08.59 | E09.3499 | E09.638 | E10.3532 | E11.11 | E11.3552 | E13.3213 |