



CLINICAL MEDICAL POLICY	
Policy Name:	Thyroid Disorder Laboratory Testing
Policy Number:	MP-149-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	05/01/2026
Effective Date:	07/01/2026
Next Annual Review:	02/2027
Implementation Date:	02/18/2026
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 8

Policy History

Date	Action
07/01/2026	Provider Effective date
02/18/2026	QI/UM Committee review
02/18/2026	Policy initially developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the laboratory benefits of the Company’s Medicaid products for medically necessary thyroid disorder laboratory testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Hyperthyroidism - occurs when the thyroid gland makes too much thyroid hormone. This condition also is called overactive thyroid. Hyperthyroidism speeds up the body's metabolism. That can cause many symptoms, such as weight loss, hand tremors, and rapid or irregular heartbeat.

Hypothyroidism - occurs when the thyroid gland doesn't make enough thyroid hormone. This condition also is called underactive thyroid. Hypothyroidism may not cause noticeable symptoms in its early stages. Over time, hypothyroidism that isn't treated can lead to other health problems, such as high cholesterol and heart problems.

Procedures

1. Requests for testing of blood or other body fluids in the evaluation and management of thyroid disease are reviewed using the following criteria. This guideline does not address molecular (i.e. nucleic acid) testing such as BRAF and TERT mutations, anatomic pathology examinations of fine needle aspirates or biopsies, imaging by any modality, or other assessments of the thyroid besides in-vitro chemistry and antibody testing.

Thyroid Stimulating Hormone (TSH; Thyrotropin) (84443) testing may be considered medically necessary in the following circumstances:

- A. Signs and symptoms of hyperthyroidism or hypothyroidism; OR
- B. Abnormal thyroid exam (e.g., enlarged thyroid) or thyroid imaging study; OR
- C. Suspected iodine deficiency; OR
- D. History of thyroid surgery, radiation treatment to thyroid, or treatment with antithyroid drugs; OR
- E. Monitoring thyroid treatment of overt or subclinical hypothyroidism, including but not limited to levothyroxine therapy, watchful waiting, or immune modulating therapies; OR
- F. Monitoring treatment of overt or subclinical hyperthyroidism, including but not limited to surgery, radioactive iodine, thyroid modifying drugs, or watchful waiting; OR
- G. Monitoring and risk-stratifying treatment of thyroid cancers, including but not limited to watchful waiting, surgery, radioactive iodine, and anti-thyroid drugs; OR
- H. History of a disorder that may be associated with thyroid disease (e.g., other autoimmune conditions besides Grave's disease or Hashimoto's thyroiditis); OR
- I. Use of medications that may compromise thyroid function, such as lithium or amiodarone; OR
- J. Family history of thyroid disease in a first-degree relative; OR
- K. Infertility; OR
- L. Psychiatric disorder(s).

Note: Population-based thyroid disease screening with TSH is considered medically necessary for newborns and individuals over age 60. Outside of these populations, population screening is not considered medically necessary in the absence of symptoms or increased risk.

Thyroxine (T4) Testing

Thyroxine (T4), Total (84436), Thyroxine (T4) requiring elution (e.g. neonatal thyroxine) (84437), Free Thyroxine (Free T4) (84439), Thyroid Hormone (T3 OR T4) Uptake or Thyroid Hormone Binding Ratio (THBR) (84479) may be considered medically necessary in the following circumstances:

- A. Signs and symptoms of hyperthyroidism or hypothyroidism; OR
- B. Abnormal thyroid exam (e.g., enlarged thyroid) or thyroid imaging study; OR
- C. Suspected iodine deficiency; OR
- D. History of thyroid surgery, radiation treatment to thyroid, or taking anti-thyroid drugs; OR
- E. Monitoring thyroid treatment of overt or subclinical hypothyroidism, including but not limited to levothyroxine therapy, watchful waiting, or immune modulating therapies; OR
- F. Monitoring treatment of overt or subclinical hyperthyroidism, including but not limited to surgery, radioactive iodine, thyroid modifying drugs, or watchful waiting; OR
- G. Monitoring treatment of thyroid cancers, including but not limited to watchful waiting, surgery, radioactive iodine, and anti-thyroid drugs; OR
- H. History of autoimmune conditions not primarily of the thyroid (e.g. type 1 diabetes mellitus, pernicious anemia, or systemic lupus erythematosus); OR
- I. Use of medications that may compromise thyroid function, such as lithium or amiodarone; OR
- J. Family history of thyroid disease in a first-degree relative; OR
- K. Infertility; OR
- L. Psychiatric disorder(s).

Note: Population-based thyroid disease screening is considered medically necessary for individuals over age 60. Outside of this population, population screening is not considered medically necessary in the absence of symptoms or increased risk.

Only one form of thyroxine (T4) testing should be necessary per date of service, and the treating provider should select the single most informative test for the circumstances. The only exception is when thyroid hormone (T3 or T4) uptake (CPT 84479) is performed with total thyroxine (CPT 84436) to generate a free T4 index in pregnant women.

Triiodothyronine (T3)

Triiodothyronine (T3) (84480), Free Triiodothyronine (free T3) (84481) testing may be considered medically necessary in the following circumstances:

- A. Signs or symptoms of hyperthyroidism when thyroxine (T4) measurements are normal; OR
- B. Monitoring treatment of overt or subclinical hyperthyroidism from any cause.

Note: T3 testing is not considered medically necessary for hypothyroidism screening and monitoring, or for population-based thyroid disease screening.

Only one form of triiodothyronine (T3) testing should be necessary per date of service and the treating provider should select the single most informative test for the circumstances.

TSH Receptor Antibodies (TRAb/TSI)

TSH receptor antibodies (TRAb) (CPT 83519, 83520) or Thyroid Stimulating Immunoglobulins (TSI) (84445) testing may be considered medically necessary for:

- A. Testing for Grave's disease when screening results suggest hyperthyroidism; OR
- B. Monitoring treatment of Grave's disease.

Note: TRAb or TSI is medically necessary twice per year to confirm or rule out a diagnosis of Grave's disease in an individual with hyperthyroidism.

TRAb or TSI is medically necessary up to 4 times per year for monitoring Grave's disease.

Only one form of TRAb or TSI testing (83519, 83520, 84445) should be necessary per date of service, and the treating provider should select the single most informative test for the circumstances.

TRAb and TSI are not indicated as screening tests for hypothyroidism or hyperthyroidism and is therefore not medically necessary in the absence of a specific indication.

Microsomal Antibodies (Anti-tissue Peroxidase Antibodies (TPOAb)) (86376) may be considered medically necessary to:

- A. Confirm Hashimoto's thyroiditis when screening results suggest hypothyroidism; OR
- B. As a secondary confirmatory test for Grave's Disease if the primary confirmatory test, TRAb/TSI, is equivocal and the index of suspicion for Grave's Disease remains high.

Note: TPOAb is medically necessary once per year to confirm or rule out a diagnosis of Hashimoto's thyroiditis.

TPOAb is medically necessary once per year to confirm or rule out a diagnosis of Grave's disease.

TPOAb is not considered medically necessary for monitoring the treatment of either Hashimoto's thyroiditis or Grave's Disease.

TPOAb is not indicated as a screening test for hypothyroidism or hyperthyroidism and is therefore not medically necessary in the absence of a specific indication.

Thyroglobulin (Tg) and Thyroglobulin Antibody (anti-Tg Ab)

Thyroglobulin (84432), Thyroglobulin antibody (86800) may be considered medically necessary to:

- A. Help stage and risk stratify differentiated thyroid cancers; OR
- B. Monitor the treatment of differentiated thyroid cancers.

Note: Anti-Tg Ab is considered medically necessary as an aid for interpreting the Tg test.

Tg and anti-Tg Ab are medically necessary up to 6 times per year to monitor the treatment of differentiated thyroid cancer and provide an aid to risk stratification of the cancer.

Tg and anti-Tg Ab are not indicated as screening tests for hypothyroidism or hyperthyroidism and are therefore not medically necessary in the absence of a specific indication.

Thyroxine Binding Globulin

Thyroxine Binding Globulin (TBG) (84442) may be considered medically necessary as a secondary test for interpreting thyroxine (T4) results that are diagnostic conundrums and where a binding globulin disorder is suspected as an explanation for the unexpected T4 result.

TBG is not indicated as a screening test for hypothyroidism or hyperthyroidism and is therefore not medically necessary in the absence of a specific indication.

Reverse T3

Reverse T3 (84482) is considered Experimental/Investigational. There is insufficient data to support that a test accurately assesses the outcome of interest (analytical and clinical validity) and significantly improves patient health outcomes (clinical utility).

In the case of laboratory testing, FDA approval or clearance is not a reliable standard given the number of laboratory developed tests that currently fall outside of FDA oversight. In addition, FDA approval or clearance often does not include an assessment of clinical utility.

2. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

3. Place of Service

The proper place of service for thyroid disorder laboratory testing is outpatient.

Governing Bodies Approval

CLIA

Thyroid disorder tests are offered as laboratory-developed tests under Clinical Laboratory Improvement Amendments (CLIA) licensed laboratories. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratories offering such tests as a clinical service must meet general regulatory standards of CLIA and must be licensed by CLIA for high complexity testing.

Coding Requirements

Thyroid Stimulating Hormone (TSH; Thyrotropin) (84443)

Population-based thyroid disease screening with TSH is reimbursable for newborns and individuals over age 60. Outside of these populations, population screening is not reimbursable in the absence of symptoms or increased risk.

Thyroxine (T4) Testing

Thyroxine (T4), Total (84436), Thyroxine (T4) requiring elution (e.g. neonatal thyroxine) (84437), Free Thyroxine (Free T4) (84439), Thyroid Hormone (T3 OR T4) Uptake or Thyroid Hormone Binding Ratio (THBR) (84479)

When testing is otherwise reimbursable, the following billing and reimbursement limitations apply, as only one form of thyroxine testing is necessary per date of service:

- When CPT 84439 is billed with 84436 or 84437 or 84479, only 84439 will be reimbursed.
- When CPT 84437 is billed with 84436 or 84479, only 84437 will be reimbursed.
- CPT 84436 is reimbursable with CPT 84479. Population-based thyroid disease screening is reimbursable for individuals over age 60. Outside of this population, population screening is not reimbursable in the absence of symptoms or increased risk.

Triiodothyronine (T3)

Triiodothyronine (T3) (84480), Free Triiodothyronine (free T3) (84481) Free T3 (CPT 84481) or total T3 (CPT 84480) is reimbursable only when the claim includes an ICD code from Table: *Indications for Free T3 or Total T3 Testing* (see below).

When testing is otherwise reimbursable:

- Because only one form of T3 testing is necessary per date of service, when CPT 84480 is billed with 84481, only 84481 will be reimbursed.

Thyroglobulin (Tg) and Thyroglobulin Antibody (anti-Tg Ab)

Thyroglobulin (84432), Thyroglobulin antibody (86800) Tg and/or anti-Tg Ab testing will be reimbursable when billed with a diagnosis code in Table: *Indications for Thyroglobulin and Thyroglobulin Antibody Testing* (see below).

Reverse T3 (84482) testing is not reimbursable.

Procedure Codes

CPT Code	Description
83519	TSH receptor antibodies (TRAb)
83520	
84432	Thyroglobulin
84436	Thyroxine (T4), Total
84437	Thyroxine (T4) requiring elution (e.g, neonatal thyroxine)
84439	Free Thyroxine (free T4)
84442	Thyroxine Binding Globulin
84443	Thyroid Stimulating Hormone (TSH; Thyrotropin)
84445	Thyroid Stimulating Immunoglobulins (TSI)
84479	Thyroid hormone (T3 OR T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine (T3)
84481	Free Triiodothyronine (free T3)
84482	Reverse T3
86376	Microsomal (Thyroid peroxidase)
86800	Thyroglobulin antibody

Diagnosis Codes

Indications for Thyroglobulin and Thyroglobulin Antibody Testing

ICD-10 Code or Range	Description
C73	Malignant neoplasm of thyroid gland
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z51.0	Encounter for antineoplastic radiation therapy

Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z85.850	Personal history of malignant neoplasm of thyroid
Z85.858	Personal history of malignant neoplasm of endocrine glands

Indications for Free T3 or Total T3 Testing

Codes and Descriptions for CPT 84480 and 84481

ICD-10 Code or Range	Description
C7A.X	Malignant neuroendocrine tumors
C73	Malignant neoplasm of thyroid gland
D35.2	Benign neoplasm of pituitary gland
D3A.X	Benign neuroendocrine tumors
D34	Benign neoplasm of thyroid gland
D44.0	Neoplasm of uncertain behavior of thyroid gland
E05.X	Thyrotoxicosis [hyperthyroidism]
E06.X	Thyroiditis
E23.X	Hypofunction and other disorders of the pituitary gland
F01.X-F99.X	Mental, Behavioral, and Neurodevelopmental disorders
G47.9	Sleep disorder, unspecified
H05.2X	Exophthalmic conditions
H05.83X	Thyroid orbitopathy
I47.1	Supraventricular tachycardia
I48.X	Atrial fibrillation and flutter
L65.9	Nonscarring hair loss, unspecified
M62.81	Muscle weakness, generalized
N91.X	Absent, scanty and rare menstruation
N92.6	Irregular menstruation, unspecified
R00.0	Tachycardia, unspecified
R00.2	Palpitations
R19.4	Change in bowel habit
R19.7	Diarrhea, unspecified
R25.1	Tremor, unspecified
R45.0	Nervousness
R45.1	Restless and agitation
R61	Hyperhidrosis
R63.2	Polyphagia
R63.4	Abnormal weight loss
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.1	Excessive and frequent menstruation with irregular cycle

N92.6	Irregular menstruation, unspecified
R94.6	Abnormal results of thyroid function studies

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

Reference Sources

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