Thyroid Disease Testing

DIAGNOSTIC LABORATORY OF OKLAHOMA

Blue Cross and Blue Shield of Oklahoma (BCBSOK)
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Condition	May Be Reimbursable in the Following Situations	May Not Be Reimbursable in the Following Situations
Hypothyroidism (signs/symptoms)	TSH to confirm or rule out primary hypothyroidism; fT4 follow up to abnormal TSH; TSH and fT4 for suspected secondary hypothyroidism; TSH and fT4 every 6 weeks upon dosage change and annually in stable individuals with primary hypothyroidism; fT4 every 6 weeks upon dosage change and annually in stable individuals with secondary hypothyroidism. See note 1 below.	Total T3 (TT3) and/or free T3 (fT3) for assessment of hypothyroidism; total or free T3 level to assess levothyroxine dose
Hyperthyroidism (signs/symptoms)	TSH to confirm or rule out overt hyperthyroidism; fT4 follow up to abnormal TSH; TT3 or fT3 to confirm a diagnosis; fT4 to distinguish overt and subclinical hyperthyroidism; TSH and fT4 every 8 weeks; annual monitoring after first year. See note 2 below.	Reverse T3, T3 uptake, total T4 for all other situations not mentioned
Asymptomatic Individuals	For individuals who are prescribed medications that may interfere with thyroid function that puts them at risk: TSH annually; when dosage or medication changes; if symptoms develop.	Reverse T3, T3 uptake, total T4 for all other situations not mentioned
Pregnancy / Postpartum	TSH and fT4 once every 4 weeks for symptoms; TT4, Tg-Ab, TRab, TPOAb for diagnosed hyperthyroidism. See note 3 below.	N/A
Other Indications	TSH for two or more pregnancy losses; TSH for thyroid nodule; one-time TSH screening for high-risk; TSH with reflex fT4 and fT3 when abnormal for immune reconstitution therapy (IRT); for individuals with relapsing MS on alemtuzumab. For those with HIV on HAART. Those on BMT or HSCT. Those with hypothalamic-pituitary disease. TSH and fT4 biannually (<18 years) and annually (18+); annual TSH and fT4 for primary mitochondrial disease.	TRH or TBG for the evaluation of cause of hyper/hypothyroidism. Thyroid dysfunction testing asymptomatic, non-pregnant individuals during a general exam
Antibody Testing	Thyroid antibodies (Tg-Ab, TPOAb, TRAB, thyroid-stimulating immunoglobulins/TSI) once every three years for those with hypothyroidism or hyperthyroidism.	N/A
Thyroid Cancer	Serum thyroglobulin and/or Tg-Ab for detection of tumor recurrence, postsurgical evaluation, surveillance maintenance.	N/A

Note 1 – Signs and symptoms of hypothyroidism - Fatigue, increased sensitivity to cold, constipation, dry skin, unexplained weight gain, puffy face, hoarseness, muscle weakness, elevated blood cholesterol level, muscle aches, tenderness and stiffness, pain, stiffness or swelling in your joints, heavier than normal or irregular menstrual periods, thinning hair, slowed heart rate, depression, impaired memory.

Note 2 – Signs and symptoms of hyperthyroidism - Sudden weight loss, even when your appetite and the amount and type of food you eat remain the same or even increase, rapid heartbeat (tachycardia) commonly more than 100 beats a minute, irregular heartbeat (arrhythmia) or pounding of your heart (palpitations), increased appetite, nervousness, anxiety, irritability, tremor, sweating, changes in menstrual patterns, increased sensitivity to heat, changes in bowel patterns, enlarged thyroid, fatigue, muscle weakness, difficulty sleeping, skin thinning, fine, brittle hair.

Note 3 - Due to significant changes in thyroid physiology during pregnancy, measurement of hormone levels should only be performed at labs that have trimester-specific normal ranges for their assay(s). While fT4 is the preferred test, TT4 may be useful if the TSH and fT4 results are discordant or when trimester-specific normal ranges for fT4 are unavailable.

To view the complete policy, please refer to the BCBSOK website referenced below:
https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/cpcplab019-8-8-2025.pdf

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Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Diagnostic Laboratory of Oklahoma (DLO) does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the billed payor.

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