

Thyroid disease testing

Policy Number: AHS – G2045

Revision Date: 03/05/2025

Revision Effective Date: 8/15/2025

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Condition/Test	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria
Thyroid Function Testing – Hypothyroidism	For individuals with signs and symptoms consistent with hypothyroidism (see Note 1 on page 4 for signs and symptoms of hypothyroidism): <ol style="list-style-type: none"> i. thyroid stimulating hormone (TSH) testing to confirm or rule out primary hypothyroidism ii. free T4 (fT4) testing as a follow-up to abnormal TSH finding iii. TSH and fT4 testing in cases of suspected secondary hypothyroidism iv. for individuals being treated for primary hypothyroidism, monitoring with TSH and fT4 testing every 6 weeks upon dosage change and annually in stable individuals v. for individuals being treated for secondary hypothyroidism, monitoring with fT4 testing every 6 weeks upon dosage change and annually in stable individuals 	—
Thyroid Function Testing – Hyperthyroidism	For individuals with signs and symptoms consistent with hyperthyroidism (see Note 2 on page 4 and 5 for signs and symptoms associated with hyperthyroidism): <ol style="list-style-type: none"> i. TSH testing to confirm or rule out overt hyperthyroidism ii. fT4 testing as a follow-up to abnormal TSH findings iii. Total T3 (TT3) or free T3 (fT3) testing to confirm a diagnosis of hyperthyroidism iv. fT4 testing to distinguish between overt and subclinical hyperthyroidism v. monitoring individuals after treatment for hyperthyroidism <ol style="list-style-type: none"> a. in patients being treated for hyperthyroidism, repeat testing of TSH and fT4 should occur every 8 weeks b. annual monitoring after first year even if asymptomatic for risk of relapse or late-onset hypothyroidism 	—
Drug-Induced Thyroid Risk	For asymptomatic individuals who have been prescribed drugs that can interfere with thyroid function and thus who are at an increased risk for thyroid disease, TSH testing at the following intervals: <ol style="list-style-type: none"> i. annually ii. when dosage or medication changes iii. if symptoms consistent with thyroid dysfunction develop 	—
TSH for Pregnancy Loss	TSH testing for individuals capable of becoming pregnant who have experienced two or more pregnancy losses	—
TSH for Thyroid Nodule	TSH testing for individuals with a thyroid nodule	—

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One-Time TSH Screening	One-time TSH screening: <ul style="list-style-type: none"> i. For asymptomatic individuals at high risk for thyroid disease due to: <ul style="list-style-type: none"> a. personal or family history of thyroid dysfunction b. personal or family history of type 1 diabetes or other autoimmune disease ii. for individuals with disease or neoplasm of the thyroid or other endocrine glands iii. for individuals with chronic or acute urticaria iv. for pediatric individuals diagnosed with short stature v. for pediatric individuals with a clinical finding of failure-to-thrive 	—
TSH With Reflex for IRT	TSH testing once every 3 months, with reflex fT4 and fT3 when TSH is abnormal, for individuals undergoing immune reconstitution therapy (IRT): <ul style="list-style-type: none"> vi. individuals with active relapsing remitting multiple sclerosis (MS) undergoing therapy with alemtuzumab (Lemtrada) vii. individuals with HIV undergoing highly active antiretroviral therapy (HAART) viii. individuals following allogeneic bone marrow transplantation (BMT) or hematopoietic stem cell transplantation (HSCT) 	—
Hypothalamic-Pituitary Disease	For individuals with hypothalamic-pituitary disease, monitoring of TSH and fT4: <ul style="list-style-type: none"> i. biannually for individuals less than 18 years of age ii. annually for individuals 18 years of age or older 	—
Primary Mitochondrial Disease	Annual screening of TSH and fT4 for individuals diagnosed with primary mitochondrial disease	—
Pregnancy or Postpartum With Symptoms	For individuals who are pregnant or who are postpartum and who have symptoms of thyroid dysfunction (see Note 1 on page 4 for signs and symptoms of hypothyroidism and see Note 2 on page 4 and 5 for signs and symptoms associated with hyperthyroidism), TSH and fT4 testing (once every 4 weeks) (see Note 3 on page 5 for testing requirements)	—

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Pregnancy or Postpartum – Diagnosed Hyperthyroidism	For individuals who are pregnant or who are postpartum and who have been diagnosed with hyperthyroidism, total T4 (TT4), antithyroglobulin antibody (Tg-Ab), thyrotropin receptor antibodies (TRAb), and antithyroid peroxidase antibody (TPOAb) (see Note 3 on page 5 for testing requirements)	—
Thyroid Antibody Testing	For individuals with hypothyroidism or hyperthyroidism, testing once every three years for thyroid antibodies (ie, Tg-Ab, TPOAb, TRAb, thyroid-stimulating immunoglobulins [TSI])	—
Thyroid Cancer Testing	For individuals with thyroid cancer, testing for serum thyroglobulin and/or Tg-Ab levels for the detection of tumor recurrence, post-surgical evaluation, surveillance, and maintenance for differentiated thyroid carcinomas	—
TRH or TBG Testing	—	For the evaluation of the cause of hyperthyroidism or hypothyroidism, testing for thyrotropin-releasing hormone (TRH) or thyroxine-binding globulin (TBG)
Reverse T3, T3 Uptake, TT4	—	For all other situations not mentioned above, testing of reverse T3, T3 uptake, and TT4
TT3 or fT3 for Hypothyroidism	—	For the assessment of hypothyroidism, measurement of TT3 and/or
T3 to Assess Levothyroxine Dose	—	To assess levothyroxine dose in hypothyroid patients, measurement of total or fT3 level

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Screening Asymptomatic Non-Pregnant Individuals	—	For asymptomatic nonpregnant individuals, testing for thyroid dysfunction during a general exam without abnormal findings

Note 1: Hypothyroidism signs and symptoms include:

- 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: Hyperthyroidism signs and symptoms include:

- 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

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- Nervousness, anxiety, and irritability
- tremor, usually a fine trembling in your hands and fingers
- sweating
- changes in menstrual patterns
- Increased sensitivity to heat
- changes in bowel patterns, especially more frequent bowel movements
- an enlarged thyroid gland (goiter), which may appear as a swelling at the base of your neck
- 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 Presbyterian Health Plan policy document referenced below:

https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028559

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