

Thyroid Disease Testing

Policy number: RPLAB019

Approval Date: May 15, 2026

Effective Date: September 4, 2026

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Test	May be reimbursable	Is not Reimbursable
Thyroid stimulating hormone (TSH)	Measurement of thyroid stimulating hormone (TSH) may be reimbursable in any of the following situations: - No more than one test every six weeks for the following conditions: - For individuals with signs and symptoms consistent with hypothyroidism (See Note 1) or hyperthyroidism (See Note 2) - For individuals with suspected secondary hypothyroidism - For individuals capable of becoming pregnant who have experienced two or more pregnancy losses - For individuals with a thyroid nodule - For pregnant individuals with personal history of thyroid dysfunction - Once every three months for individuals undergoing immune reconstitution therapy (IRT): - Individuals with active relapsing remitting multiple sclerosis (MS) undergoing therapy with alemtuzumab (Lemtrada) - Individuals with HIV undergoing highly active antiretroviral therapy (HAART) - Individuals following allogeneic bone marrow transplantation (BMT) or hematopoietic stem cell transplantation (HSCT) - Once every three months for individuals taking medication known to cause thyrotoxicosis (e.g., amiodarone, interferon (IFN)-α, interleukin-2, lithium, tyrosine kinase inhibitors). - Annual screening: - For individuals with disease or neoplasm of the thyroid or other endocrine glands - For individuals with chronic or acute urticaria - For pediatric individuals diagnosed with short stature - For pediatric individuals with a clinical finding of failure-to-thrive) - For individuals with type 1 diabetes	-
Free T4 (FT4)	When TSH testing results are abnormal, Free T4 (FT4) as a follow up to abnormal TSH findings may be reimbursable .	-
Total T3 (TT3) and free T3 (fT3)	When TSH testing results are abnormal, Total T3 (TT3) and free T3 (fT3) to confirm a diagnosis of hyperthyroidism when TSH levels are below the normal range may be reimbursable .	-
fT4 and fT3	When TSH testing results are abnormal, fT4 and fT3 for individuals undergoing IRT may be reimbursable .	-
TSH and/or fT4 levels	Monitoring of TSH and/or fT4 levels may be reimbursable in any of the following situations: - Once every four weeks for individuals who are pregnant or who are postpartum (See Note 3) and who have symptoms of thyroid dysfunction (See Note 1 and Note 2) - For individuals being treated for primary hypothyroidism: - Every six weeks when dosages are actively changing - Annually in stable individuals - For individuals being treated for primary hyperthyroidism: - Every eight weeks for the first year - Annual monitoring after the first year (even if asymptomatic for risk of relapse of late-onset hypothyroidism) - At the following frequencies for individuals with hypothalamic-pituitary disease: - Biannually for individuals less than 18 years of age - Annually for individuals 18 years of age or older - Annually for individuals diagnosed with primary mitochondrial disease	-
fT4	For individuals being treated for secondary hypothyroidism, monitoring of fT4 every six weeks when dosages are actively changing and annually in stable individuals may be reimbursable .	-

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. 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.

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Test	May be reimbursable	Is not Reimbursable
Total T4 (TT4), antithyroglobulin antibody (Tg-Ab), thyrotropin receptor antibodies (TRAb), and antithyroid peroxidase antibody (TPOAb)	For individuals who are pregnant or who are postpartum (See Note 3) and who have been diagnosed with hyperthyroidism, total T4 (TT4), antithyroglobulin antibody (Tg-Ab), thyrotropin receptor antibodies (TRAb), and antithyroid peroxidase antibody (TPOAb) may be reimbursable .	-
Thyroid antibodies (eg, Tg-Ab, TPOAb, thyroid-stimulating immunoglobulins [TSI])	For individuals with hypothyroidism or hyperthyroidism who have not been diagnosed with autoimmune thyroid disease (e.g., Hashimoto disease, Graves' disease), testing once every three years for thyroid antibodies (eg, Tg-Ab, TPOAb, thyroid-stimulating immunoglobulins [TSI]) may be reimbursable .	-
Thyroglobulin and/or Tg-Ab levels	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 carcinoma may be reimbursable .	-
Thyroxine-binding globulin (TBG), thyrotropin-releasing hormone (TRH), reverse T3, or T3 uptake	-	Testing for thyroxine-binding globulin (TBG), thyrotropin-releasing hormone (TRH), reverse T3, or T3 uptake is not reimbursable .
Any thyroid function markers discussed in this policy	-	For all other situations not mentioned above, testing for any thyroid function markers discussed in this policy (e.g., testing for thyroid dysfunction during a general exam without abnormal findings) is not reimbursable .

Note 1: Signs and symptoms of hypothyroidism 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 the joints
- Heavier than normal or irregular menstrual periods
- Thinning hair
- Slowed heart rate
- Depression
- Impaired memory

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Note 2: Hyperthyroidism can mimic other health problems, which may make it difficult for doctors to diagnose. It can also cause a wide variety of signs and symptoms, including:

- Sudden weight loss, even when an individual's appetite and the amount and type of food eaten remain the same or even increase
- Rapid heartbeat (tachycardia) - commonly more than 100 beats a minute - irregular heartbeat (arrhythmia) or pounding of the heart (palpitations)
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- Increased appetite
- Nervousness, anxiety, and irritability
- Tremor — usually a fine trembling in the 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 the 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 Blue Cross Blue Shield of Oklahoma policy document referenced below:

<https://www.bcbsook.com/docs/provider/ok/standards/cpcp/avalon/2026/rplab019-9-4-2026.pdf>

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