

Title: Thyroid Testing	Division: Medical Management Department: Utilization Management
Approval Date: 3/6/20	LOB: Medicaid, HIV SNP, HARP, Medicare, Ultracare, CHP, Essential 3 & 4
Effective Date: 3/6/2020	Policy Number: UM-MP252
Review Date: 2/23/2024	Cross Reference Number:
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1. POLICY DESCRIPTION:

Thyroid function studies are used to delineate the presence or absence of hormonal abnormalities of the thyroid and pituitary glands. These abnormalities may be either primary or secondary and often but not always accompany clinically defined signs and symptoms indicative of thyroid dysfunction.

Laboratory evaluation of thyroid function has become more scientifically defined. Tests can be done with increased specificity, thereby reducing the number of tests needed to diagnose and follow treatment of most thyroid disease. Measurements of serum sensitive thyroid-stimulating hormone (TSH) levels, complemented by determination of thyroid hormone levels [free thyroxine (fT-4) or total thyroxine (T4) with Triiodothyronine (T3) uptake] are used for diagnosis and follow-up of patients with thyroid disorders. Additional tests may be necessary to evaluate certain complex diagnostic problems or on hospitalized patients, where many circumstances can skew tests results. When a test for total thyroxine (total T4 or T4 radioimmunoassay) or T3 uptake is performed, calculation of the free thyroxine index (FTI) is useful to correct for abnormal results for either total T4 or T3 uptake due to protein binding effects.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:**4. POLICY:**

Thyroid function tests are used to define hyper function, euthyroidism, or hypofunction of thyroid disease.

Thyroid testing may be reasonable and 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
- Confirm or rule out primary hyperthyroidism

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- Monitor therapy in patients with hyperthyroidism

Thyroid function testing may be medically necessary in patients with disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be medically necessary in patients with 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 a wide array 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.

It may be medically necessary to do follow-up thyroid testing in patients with a history of malignant neoplasm of the endocrine system and in patients on long-term thyroid drug therapy.

5. LIMITATIONS/ EXCLUSIONS:

The following six (6) service codes are reimbursable maximum 2 times per calendar year: 84432, 84436, 84437, 84479, 84480, 84481

Testing may be covered up to two times a year in clinically stable patients; more frequent testing may be reasonable and necessary for patients whose thyroid therapy has been altered or in whom symptoms or signs of hyperthyroidism or hypothyroidism are noted.

When these tests are billed at a greater frequency than the norm (two per year), the ordering physician's documentation must support the medical necessity of this frequency.

All service codes listed in section 6 are covered and payable ONLY if billed with any of the ICD10 codes in section 7 of this policy.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
84432	Thyroglobulin
84436	Thyroxine; total

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84437	Thyroxine; requiring elution (eg, neonatal)
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	Triiodothyronine T3; free

7. APPLICABLE DIAGNOSIS CODES:

ICD-10 Code	Description
A18.81	Tuberculosis of thyroid gland
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C73	Malignant neoplasm of thyroid gland
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D27.9	Benign neoplasm of unspecified ovary
D34	Benign neoplasm of thyroid gland
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland

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ICD-10 Code	Description
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.9	Nutritional anemia, unspecified
D59.0	Drug-induced autoimmune hemolytic anemia
D59.10	Autoimmune hemolytic anemia, unspecified
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
*D89.84	*IgG4-related disease
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.0	Iodine-deficiency related diffuse (endemic) goiter
E01.1	Iodine-deficiency related multinodular (endemic) goiter
E01.2	Iodine-deficiency related (endemic) goiter, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter

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ICD-10 Code	Description
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.4	Atrophy of thyroid (acquired)
E03.5	Myxedema coma
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E04.0	Nontoxic diffuse goiter
E04.1	Nontoxic single thyroid nodule
E04.2	Nontoxic multinodular goiter
E04.8	Other specified nontoxic goiter
E04.9	Nontoxic goiter, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E07.0	Hypersecretion of calcitonin

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ICD-10 Code	Description
E07.1	Dyshormogenetic goiter
E07.89	Other specified disorders of thyroid
E07.9	Disorder of thyroid, unspecified
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

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ICD-10 Code	Description
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye

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E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye

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E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication

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ICD-10 Code	Description
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma

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ICD-10 Code	Description
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral

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E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

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E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye

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E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy

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E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema

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ICD-10 Code	Description
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye

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ICD-10 Code	Description
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye

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ICD-10 Code	Description
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye

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E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic- hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma

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ICD-10 Code	Description
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye

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ICD-10 Code	Description
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye

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ICD-10 Code	Description
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye

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ICD-10 Code	Description
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications

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ICD-10 Code	Description
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic- hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral

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ICD-10 Code	Description
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral

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E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye

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E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified

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ICD-10 Code	Description
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E20.0	Idiopathic hypoparathyroidism
E20.1	Pseudohypoparathyroidism
E20.810	Autosomal dominant hypocalcemia
E20.811	Secondary hypoparathyroidism in diseases classified elsewhere
E20.812	Autoimmune hypoparathyroidism
E20.818	Other specified hypoparathyroidism due to impaired parathyroid hormone secretion
E20.819	Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified

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E20.89	Other specified hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E22.1	Hyperprolactinemia
E22.8	Other hyperfunction of pituitary gland
E22.9	Hyperfunction of pituitary gland, unspecified
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism
E23.6	Other disorders of pituitary gland
E25.0	Congenital adrenogenital disorders associated with enzyme deficiency
E25.8	Other adrenogenital disorders
E25.9	Adrenogenital disorder, unspecified
E27.1	Primary adrenocortical insufficiency
E27.2	Addisonian crisis
E27.3	Drug-induced adrenocortical insufficiency
E27.40	Unspecified adrenocortical insufficiency
E27.49	Other adrenocortical insufficiency
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E31.0	Autoimmune polyglandular failure
E31.1	Polyglandular hyperfunction
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.22	Multiple endocrine neoplasia [MEN] type IIA
E31.23	Multiple endocrine neoplasia [MEN] type IIB
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E35	Disorders of endocrine glands in diseases classified elsewhere
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition

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E46	Unspecified protein-calorie malnutrition
E53.0	Riboflavin deficiency
E64.0	Sequelae of protein-calorie malnutrition
E67.1	Hypercarotenemia
E75.26	Sulfatase deficiency
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome
E87.0	Hyperosmolality and hypernatremia
E87.1	Hypo-osmolality and hyponatremia
E88.02	Plasminogen deficiency
E89.0	Postprocedural hypothyroidism
E89.2	Postprocedural hypoparathyroidism
E89.3	Postprocedural hypopituitarism
E89.6	Postprocedural adrenocortical (-medullary) hypofunction
F03.90	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features

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F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder due to known physiological condition
F06.70	Mild neurocognitive disorder due to known physiological condition without behavioral disturbance
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F12.23	Cannabis dependence with withdrawal
F22	Delusional disorders
F23	Brief psychotic disorder
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate

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F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32.A	Depression, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms

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F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F50.82	Avoidant/restrictive food intake disorder
F53.0	Postpartum depression
F53.1	Puerperal psychosis
F63.3	Trichotillomania
G12.23	Primary lateral sclerosis
G25.0	Essential tremor
G25.1	Drug-induced tremor
G25.2	Other specified forms of tremor
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.01	Pick's disease

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G31.09	Other frontotemporal neurocognitive disorder
G31.1	Senile degeneration of brain, not elsewhere classified
G31.84	Mild cognitive impairment of uncertain or unknown etiology
G47.00	Insomnia, unspecified
G47.01	Insomnia due to medical condition
G47.09	Other insomnia
G47.30	Sleep apnea, unspecified
G47.39	Other sleep apnea
G47.62	Sleep related leg cramps
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
G56.00	Carpal tunnel syndrome, unspecified upper limb
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.03	Carpal tunnel syndrome, bilateral upper limbs
G56.13	Other lesions of median nerve, bilateral upper limbs
G56.23	Lesion of ulnar nerve, bilateral upper limbs
G56.33	Lesion of radial nerve, bilateral upper limbs
G56.43	Causalgia of bilateral upper limbs
G56.83	Other specified mononeuropathies of bilateral upper limbs
G56.93	Unspecified mononeuropathy of bilateral upper limbs
G57.83	Other specified mononeuropathies of bilateral lower limbs
G57.93	Unspecified mononeuropathy of bilateral lower limbs
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.82	Multifocal motor neuropathy
G71.9	Primary disorder of muscle, unspecified
G72.9	Myopathy, unspecified
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G73.7	Myopathy in diseases classified elsewhere
G93.31	Postviral fatigue syndrome
G93.32	Myalgic encephalomyelitis/chronic fatigue syndrome
G93.39	Other post infection and related fatigue syndromes
H02.531	Eyelid retraction right upper eyelid

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H02.532	Eyelid retraction right lower eyelid
H02.533	Eyelid retraction right eye, unspecified eyelid
H02.534	Eyelid retraction left upper eyelid
H02.535	Eyelid retraction left lower eyelid
H02.536	Eyelid retraction left eye, unspecified eyelid
H02.539	Eyelid retraction unspecified eye, unspecified lid
H02.841	Edema of right upper eyelid
H02.842	Edema of right lower eyelid
H02.843	Edema of right eye, unspecified eyelid
H02.844	Edema of left upper eyelid
H02.845	Edema of left lower eyelid
H02.846	Edema of left eye, unspecified eyelid
H02.849	Edema of unspecified eye, unspecified eyelid
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H05.20	Unspecified exophthalmos
H05.221	Edema of right orbit
H05.222	Edema of left orbit
H05.223	Edema of bilateral orbit
H05.229	Edema of unspecified orbit
H05.241	Constant exophthalmos, right eye
H05.242	Constant exophthalmos, left eye
H05.243	Constant exophthalmos, bilateral
H05.249	Constant exophthalmos, unspecified eye
H05.251	Intermittent exophthalmos, right eye
H05.252	Intermittent exophthalmos, left eye
H05.253	Intermittent exophthalmos, bilateral
H05.259	Intermittent exophthalmos, unspecified eye
H05.89	Other disorders of orbit
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye

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H10.823	Rosacea conjunctivitis, bilateral
H11.421	Conjunctival edema, right eye
H11.422	Conjunctival edema, left eye
H11.423	Conjunctival edema, bilateral
H11.429	Conjunctival edema, unspecified eye
H11.431	Conjunctival hyperemia, right eye
H11.432	Conjunctival hyperemia, left eye
H11.433	Conjunctival hyperemia, bilateral
H11.439	Conjunctival hyperemia, unspecified eye
H49.00	Third [oculomotor] nerve palsy, unspecified eye
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.10	Fourth [trochlear] nerve palsy, unspecified eye
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.20	Sixth [abducent] nerve palsy, unspecified eye
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.40	Progressive external ophthalmoplegia, unspecified eye
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
H49.889	Other paralytic strabismus, unspecified eye
H49.9	Unspecified paralytic strabismus
H53.2	Diplopia
I10	Essential (primary) hypertension

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I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
*I1A.0	*Resistant hypertension
I31.31	Malignant pericardial effusion in diseases classified elsewhere
I31.39	Other pericardial effusion (noninflammatory)
I31.9	Disease of pericardium, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I47.10	Supraventricular tachycardia, unspecified
I47.11	Inappropriate sinus tachycardia, so stated
I47.19	Other supraventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I49.2	Junctional premature depolarization
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified

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I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I51.7	Cardiomegaly
I5A	Non-ischemic myocardial injury (non-traumatic)
J91.8	Pleural effusion in other conditions classified elsewhere
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia

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J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
K14.8	Other diseases of tongue
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K56.0	Paralytic ileus
K56.7	Ileus, unspecified
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K59.00	Constipation, unspecified
K59.01	Slow transit constipation
K59.02	Outlet dysfunction constipation
K59.04	Chronic idiopathic constipation
K59.09	Other constipation
K59.39	Other megacolon
L11.0	Acquired keratosis follicularis
L29.9	Pruritus, unspecified
L60.1	Onycholysis
L60.2	Onychogryphosis
L60.3	Nail dystrophy
L60.4	Beau's lines
L60.5	Yellow nail syndrome
L60.8	Other nail disorders
L62	Nail disorders in diseases classified elsewhere
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia

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L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L80	Vitiligo
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L86	Keratoderma in diseases classified elsewhere
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L87.2	Elastosis perforans serpiginosa
M04.1	Periodic fever syndromes
M04.2	Cryopyrin-associated periodic syndromes
M04.8	Other autoinflammatory syndromes
M04.9	Autoinflammatory syndrome, unspecified
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
M33.00	Juvenile dermatomyositis, organ involvement unspecified

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M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.13	Other dermatomyositis without myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M34.0	Progressive systemic sclerosis
M34.1	CR(E)ST syndrome
M34.2	Systemic sclerosis induced by drug and chemical
M34.81	Systemic sclerosis with lung involvement
M34.82	Systemic sclerosis with myopathy
M34.83	Systemic sclerosis with polyneuropathy
M34.89	Other systemic sclerosis
M34.9	Systemic sclerosis, unspecified
M35.00	Sjogren syndrome, unspecified
M35.01	Sjogren syndrome with keratoconjunctivitis
M35.02	Sjogren syndrome with lung involvement
M35.03	Sjogren syndrome with myopathy
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy
M35.05	Sjogren syndrome with inflammatory arthritis
M35.06	Sjogren syndrome with peripheral nervous system involvement

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M35.07	Sjogren syndrome with central nervous system involvement
M35.08	Sjogren syndrome with gastrointestinal involvement
M35.09	Sjogren syndrome with other organ involvement
M35.0A	Sjogren syndrome with glomerular disease
M35.0B	Sjogren syndrome with vasculitis
M35.0C	Sjogren syndrome with dental involvement
M35.1	Other overlap syndromes
M35.5	Multifocal fibrosclerosis
M35.81	Multisystem inflammatory syndrome
M35.89	Other specified systemic involvement of connective tissue
M35.9	Systemic involvement of connective tissue, unspecified
M36.0	Dermato(poly)myositis in neoplastic disease
M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere
M60.80	Other myositis, unspecified site
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.829	Other myositis, unspecified upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.839	Other myositis, unspecified forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.849	Other myositis, unspecified hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg
M60.871	Other myositis, right ankle and foot

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ICD-10 Code	Description
M60.872	Other myositis, left ankle and foot
M60.879	Other myositis, unspecified ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified site
M62.511	Muscle wasting and atrophy, not elsewhere classified, right shoulder
M62.512	Muscle wasting and atrophy, not elsewhere classified, left shoulder
M62.519	Muscle wasting and atrophy, not elsewhere classified, unspecified shoulder
M62.521	Muscle wasting and atrophy, not elsewhere classified, right upper arm
M62.522	Muscle wasting and atrophy, not elsewhere classified, left upper arm
M62.529	Muscle wasting and atrophy, not elsewhere classified, unspecified upper arm
M62.531	Muscle wasting and atrophy, not elsewhere classified, right forearm
M62.532	Muscle wasting and atrophy, not elsewhere classified, left forearm
M62.539	Muscle wasting and atrophy, not elsewhere classified, unspecified forearm
M62.541	Muscle wasting and atrophy, not elsewhere classified, right hand
M62.542	Muscle wasting and atrophy, not elsewhere classified, left hand
M62.549	Muscle wasting and atrophy, not elsewhere classified, unspecified hand
M62.551	Muscle wasting and atrophy, not elsewhere classified, right thigh
M62.552	Muscle wasting and atrophy, not elsewhere classified, left thigh
M62.559	Muscle wasting and atrophy, not elsewhere classified, unspecified thigh
M62.561	Muscle wasting and atrophy, not elsewhere classified, right lower leg
M62.562	Muscle wasting and atrophy, not elsewhere classified, left lower leg
M62.569	Muscle wasting and atrophy, not elsewhere classified, unspecified lower leg
M62.571	Muscle wasting and atrophy, not elsewhere classified, right ankle and foot
M62.572	Muscle wasting and atrophy, not elsewhere classified, left ankle and foot
M62.579	Muscle wasting and atrophy, not elsewhere classified, unspecified ankle and foot
M62.58	Muscle wasting and atrophy, not elsewhere classified, other site
M62.59	Muscle wasting and atrophy, not elsewhere classified, multiple sites
M62.5A0	Muscle wasting and atrophy, not elsewhere classified, back, cervical
M62.5A1	Muscle wasting and atrophy, not elsewhere classified, back, thoracic
M62.5A2	Muscle wasting and atrophy, not elsewhere classified, back, lumbosacral

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M62.5A9	Muscle wasting and atrophy, not elsewhere classified, back, unspecified level
M62.81	Muscle weakness (generalized)
M62.9	Disorder of muscle, unspecified
M63.80	Disorders of muscle in diseases classified elsewhere, unspecified site
M63.811	Disorders of muscle in diseases classified elsewhere, right shoulder
M63.812	Disorders of muscle in diseases classified elsewhere, left shoulder
M63.819	Disorders of muscle in diseases classified elsewhere, unspecified shoulder
M63.821	Disorders of muscle in diseases classified elsewhere, right upper arm
M63.822	Disorders of muscle in diseases classified elsewhere, left upper arm
M63.829	Disorders of muscle in diseases classified elsewhere, unspecified upper arm
M63.831	Disorders of muscle in diseases classified elsewhere, right forearm
M63.832	Disorders of muscle in diseases classified elsewhere, left forearm
M63.839	Disorders of muscle in diseases classified elsewhere, unspecified forearm
M63.841	Disorders of muscle in diseases classified elsewhere, right hand
M63.842	Disorders of muscle in diseases classified elsewhere, left hand
M63.849	Disorders of muscle in diseases classified elsewhere, unspecified hand
M63.851	Disorders of muscle in diseases classified elsewhere, right thigh
M63.852	Disorders of muscle in diseases classified elsewhere, left thigh
M63.859	Disorders of muscle in diseases classified elsewhere, unspecified thigh
M63.861	Disorders of muscle in diseases classified elsewhere, right lower leg
M63.862	Disorders of muscle in diseases classified elsewhere, left lower leg
M63.869	Disorders of muscle in diseases classified elsewhere, unspecified lower leg
M63.871	Disorders of muscle in diseases classified elsewhere, right ankle and foot
M63.872	Disorders of muscle in diseases classified elsewhere, left ankle and foot
M63.879	Disorders of muscle in diseases classified elsewhere, unspecified ankle and foot
M63.88	Disorders of muscle in diseases classified elsewhere, other site
M63.89	Disorders of muscle in diseases classified elsewhere, multiple sites
M79.10	Myalgia, unspecified site
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M81.6	Localized osteoporosis [Lequesne]

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M81.8	Other osteoporosis without current pathological fracture
M86.9	Osteomyelitis, unspecified
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.3	Primary oligomenorrhea
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N94.4	Primary dysmenorrhea
N94.5	Secondary dysmenorrhea
N94.6	Dysmenorrhea, unspecified
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O16.4	Unspecified maternal hypertension, complicating childbirth

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O16.5	Unspecified maternal hypertension, complicating the puerperium
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O36.8310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O36.8311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O36.8312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O36.8313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O36.8314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O36.8315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O36.8319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O36.8320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O36.8321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O36.8322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O36.8323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O36.8324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O36.8325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5

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O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O36.8390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O36.8391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O36.8392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O36.8393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O36.8394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O36.8395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O36.8399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester

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O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
O90.5	Postpartum thyroiditis
O92.29	Other disorders of breast associated with pregnancy and the puerperium
O99.280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
O99.285	Endocrine, nutritional and metabolic diseases complicating the puerperium
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P05.09	Newborn light for gestational age, 2500 grams and over
Q38.2	Macroglossia
Q89.2	Congenital malformations of other endocrine glands
R00.0	Tachycardia, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations

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R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.1	Stridor
R06.83	Snoring
R06.89	Other abnormalities of breathing
R07.0	Pain in throat
R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R18.0	Malignant ascites
R18.8	Other ascites
R19.4	Change in bowel habit
R19.7	Diarrhea, unspecified
R19.8	Other specified symptoms and signs involving the digestive system and abdomen
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R23.4	Changes in skin texture
R23.8	Other skin changes
R23.9	Unspecified skin changes
R25.0	Abnormal head movements
R25.1	Tremor, unspecified
R25.2	Cramp and spasm

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R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R25.9	Unspecified abnormal involuntary movements
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R29.2	Abnormal reflex
R29.700	NIHSS score 0
R29.701	NIHSS score 1
R29.702	NIHSS score 2
R29.703	NIHSS score 3
R29.704	NIHSS score 4
R29.705	NIHSS score 5
R29.706	NIHSS score 6
R29.707	NIHSS score 7
R29.708	NIHSS score 8
R29.709	NIHSS score 9
R29.710	NIHSS score 10
R29.711	NIHSS score 11
R29.712	NIHSS score 12
R29.713	NIHSS score 13
R29.714	NIHSS score 14
R29.715	NIHSS score 15
R29.716	NIHSS score 16
R29.717	NIHSS score 17
R29.718	NIHSS score 18
R29.719	NIHSS score 19
R29.720	NIHSS score 20
R29.721	NIHSS score 21
R29.722	NIHSS score 22
R29.723	NIHSS score 23
R29.724	NIHSS score 24
R29.725	NIHSS score 25

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R29.726	NIHSS score 26
R29.727	NIHSS score 27
R29.728	NIHSS score 28
R29.729	NIHSS score 29
R29.730	NIHSS score 30
R29.731	NIHSS score 31
R29.732	NIHSS score 32
R29.733	NIHSS score 33
R29.734	NIHSS score 34
R29.735	NIHSS score 35
R29.736	NIHSS score 36
R29.737	NIHSS score 37
R29.738	NIHSS score 38
R29.739	NIHSS score 39
R29.740	NIHSS score 40
R29.741	NIHSS score 41
R29.742	NIHSS score 42
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department

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R40.2213	Coma scale, best verbal response, none, at hospital admission
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission

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R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
*R40.2A	*Nontraumatic coma due to underlying condition
R40.4	Transient alteration of awareness
R41.0	Disorientation, unspecified
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness

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R45.0	Nervousness
R45.1	Restlessness and agitation
R45.3	Demoralization and apathy
R45.4	Irritability and anger
R45.81	Low self-esteem
R45.82	Worries
R45.84	Anhedonia
R45.86	Emotional lability
R45.87	Impulsiveness
R45.88	Nonsuicidal self-harm
R45.89	Other symptoms and signs involving emotional state
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.89	Other speech disturbances
R47.9	Unspecified speech disturbances
R49.0	Dysphonia
R49.21	Hypernasality
R49.22	Hyponasality
R49.8	Other voice and resonance disorders
R50.2	Drug induced fever
R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.83	Postvaccination fever
R50.84	Febrile nonhemolytic transfusion reaction
R50.9	Fever, unspecified
R52	Pain, unspecified
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue

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ICD-10 Code	Description
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
R61	Generalized hyperhidrosis
R63.0	Anorexia
R63.2	Polyphagia
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R68.0	Hypothermia, not associated with low environmental temperature
R68.81	Early satiety
R68.83	Chills (without fever)
R68.89	Other general symptoms and signs
R73.03	Prediabetes
R90.89	Other abnormal findings on diagnostic imaging of central nervous system
R93.811	Abnormal radiologic findings on diagnostic imaging of right testicle
R93.812	Abnormal radiologic findings on diagnostic imaging of left testicle
R93.813	Abnormal radiologic findings on diagnostic imaging of testicles, bilateral
R93.819	Abnormal radiologic findings on diagnostic imaging of unspecified testicle
R93.89	Abnormal findings on diagnostic imaging of other specified body structures
R94.6	Abnormal results of thyroid function studies
T66.XXXA	Radiation sickness, unspecified, initial encounter
U07.1	COVID-19
U09.9	Post COVID-19 condition, unspecified
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out

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Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.81	Observation and evaluation of newborn for suspected condition related to home physiologic monitoring device ruled out
Z05.89	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z28.310	Unvaccinated for COVID-19
Z28.311	Partially vaccinated for COVID-19
Z31.7	Encounter for procreative management and counseling for gestational carrier
Z79.3	Long term (current) use of hormonal contraceptives
Z79.620	Long term (current) use of immunosuppressive biologic
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs

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Approval Date: 3/6/20	LOB: Medicaid, HIV SNP, HARP, Medicare, Ultracare, CHP, Essential 3 & 4
Effective Date: 3/6/2020	Policy Number: UM-MP252
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ICD-10 Code	Description
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z83.430	Family history of elevated lipoprotein(a)
Z84.82	Family history of sudden infant death syndrome
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.520	Personal history of malignant carcinoid tumor of kidney
Z85.821	Personal history of Merkel cell carcinoma
Z85.850	Personal history of malignant neoplasm of thyroid
Z85.858	Personal history of malignant neoplasm of other endocrine glands
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.32	Personal history of gestational diabetes
Z86.39	Personal history of other endocrine, nutritional and metabolic disease

8. REFERENCES:

CMS National Coverage Determination (NCD) for Thyroid Testing (190.22)
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=101&ncdver=1&DocID=190.22&bc=gAAAABAAAA&>

AACE Clinical Practice Guidelines for the Diagnosis and Management of Thyroid Nodules, Endocrine Practice (1996) 2:1, pp. 78-84.

AACE Clinical Practice Guidelines for Evaluation and Treatment of Hyperthyroidism and Hypothyroidism, Endocrine Practice (1995) 1:1, pp. 54-62. AACE Clinical Practice Guidelines for Management of Thyroid Carcinoma, Endocrine Practice (1997) 3:1, pp. 60-71.

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Cooper DS. Treatment of thyrotoxicosis. In Braverman LE, Utiger RD, eds. Werner and Ingbar's The Thyroid: A Fundamental and Clinical Text. 6th ed. Philadelphia, Pa: JB Lippincott Co; 1991:887-916.

Endocrinology. DeGroot LJ, et. al. Eds. 3rd ed. Philadelphia, Pa: W.B.Saunders Co.; 1995.

Endocrinology and Metabolism. Felig, P, Baxter, JD, Frohman, LA, eds.3rd ed. McGraw-Hill, Inc.: 1995.

Franklyn JA. The Management of Hyperthyroidism. N Engl J Med. 1994; 330(24):1731-1738.

Glenn GC and the Laboratory Testing Strategy Task Force of the College of American Pathologists. Practice parameter on laboratory panel testing for screening and case finding in asymptomatic adults. Arch Pathol LabMed. 1996:120:929-43.

Larsen PR, Ingbar SH. The Thyroid Gland. In: Wilson JD, Foster DW, eds. Williams Textbook of Endocrinology. 9th ed. Philadelphia, Pa: WB Saunders Co; 1992:357-487. The Merck Manual, 16th Edition, pp. 1072-1081.

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9. REVISION LOG:

REVISIONS	DATE
Creation date	3/6/20
Revised applicable LOBs	1/21/21
Annual Review. ICD-10 list updated.	1/28/22
Annual Review. ICD-10 list updated.	1/31/23
Annual Review. ICD-10 list updated.	2/23/24

Approved:**Date:**

Sanjiv Shah, MD
Chief Medical Officer

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Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.