

## Reimbursement Policy Statement Illinois Medicaid

|   |                           |                                   |                      |
|---|---------------------------|-----------------------------------|----------------------|
| <b>Effective Date</b>                   | <b>Next Annual Review</b> | <b>Policy Number</b>              |                      |
| 12/01/2020                              | 12/01/2026                | ABHIL-RP-0018                     |                      |
| <b>Policy Name</b>                      |                           | <b>Department</b>                 |                      |
| Insulin & Thyroid Testing in Pediatrics |                           | Claims Operations Medical Payment |                      |
| <b>Policy Type</b>                      |                           |                                   |                      |
| Medical                                 | Administrative            | Pharmacy                          | <b>Reimbursement</b> |

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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### A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of Laboratory- Insulin and Thyroid testing in pediatrics. This policy aligns with guidance from the Centers for Medicare & Medicaid Services (CMS).

### B. Overview

This policy outlines the coding and editing guidelines for reporting laboratory testing of insulin and thyroid for pediatric patients. Insulin and thyroid testing are laboratory blood tests that measure insulin production or thyroid function. Abnormal test results can indicate hypothyroidism, hyperthyroidism, insulin resistance, insulin production concerns or other related pituitary- thyroid related concerns. Testing can also be helpful in monitoring concerns already identified.

A diagnosis of *Screening* or *Obesity* alone, is not considered an appropriate indication for insulin and thyroid testing of pediatric patients. This policy applies to all professional and facility claims.

### C. Definitions

| Term   | Definition   |
|--|--|
| Aetna Better Health® of Illinois (ABHIL)                     | A subsidiary of CVS Health®, that provides plan management and other administrative services for the Illinois Medicaid program.  |
| American Medical Association (AMA)                           | A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.   |
| Centers for Medicare & Medicaid Services (CMS)               | The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.  |
| Current Procedural Terminology (CPT)                         | A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes. |
| Illinois Department of Health Care and Family Services (HFS) | The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.   |



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|  |   |
|--|---|
| International Statistical Classification of Diseases (ICD-10-CM) | The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.   |
| Medicaid   | The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government. |
| Medicare   | Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).                                     |
| Pediatric Patient  | Persons aged greater than or equal to 1 year or less than or equal to 17 years.   |

#### D. Reimbursement Guidelines

ABH IL will only reimburse for insulin or thyroid testing in pediatric patients when appropriately reported

- Reporting the test with an appropriate ICD-10-CM diagnosis code

Submitted claims will be denied when

- The only diagnosis code reported for the test is considered inappropriate under this policy

The medical record documentation is expected to support the specific CPT code(s) and ICD-10-CM diagnosis codes reported.



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**E. Codes/Condition of Coverage**

CPT Codes

|             |   |
|-------------|---|
| 83525-83527 | Insulin   |
| 84436       | Thyroxine; total  |
| 84439       | Thyroxine; free   |
| 84443       | Thyroid stimulating hormone (TSH)   |
| 84479       | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) |
| 84480-84482 | Triiodothyronine T3   |

Inappropriate ICD-10-CM Diagnosis Codes

|                     |   |
|---------------------|---|
| E66.01-<br>E66.09   | Obesity due to excess calories  |
| E66.1               | Drug-induced obesity  |
| E66.3               | Overweight  |
| E66.811-<br>E66.813 | Other obesity   |
| E66.9               | Obesity, unspecified  |
| Z00.00              | Encounter for general adult medical examination without abnormal findings |
| Z00.129             | Encounter for routine child health examination without abnormal findings  |
| Z00.8               | Encounter for other general examination                                   |
| Z68.52-<br>Z68.54   | Body mass index [BMI] pediatric   |

**F. Frequently Asked Questions**

N/A

**G. Review/Revision Date**

| Action         | Date       | Comments   |
|----------------|------------|--|
| Revision       | 2/10/2026  | Policy template updated; Policy name change for clarity from Thyroid testing in Pediatrics. Correction made to pediatric patient definition. |
| Effective Date | 12/01/2020 |  |

**H. Resources**

1. American Medical Association. *CPT Professional Edition 2025, AMA; 2024.*
2. American Medical Association. *ICD-10-CM 2025 the Complete Official Codebook, AMA; 2024.*