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Preview questionnaire

Thyroidectomy, partial

For Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Effective Jan. 1, 2022

Thyroidectomy, partial

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *60210, *60212, *60220, *60225

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have a goiter and ONE of the following (A-C)? A. Airway compromise by imaging. B. Esophageal compression by imaging. C. Recurrent laryngeal nerve compression by endoscopy.

A

Possible answers: Yes No N/A

Q Does the patient have noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)?

A

Possible answers: Yes No N/A

Q Does the patient have thyroid cancer by fine needle aspiration and all of the following (A-C)? A. Papillary thyroid cancer. B. Head or neck, or whole-body radiation by history. C. Tumor size at least 1 cm and less than or equal to 4 cm.

A

Possible answers: Yes No N/A

Q Does the patient have a thyroid nodule by fine needle aspiration with a Bethesda I classification in two samples and ONE of the following ultrasound findings (A-E)? A. Microcalcifications. B. Nodule hypoechogenicity. C. Irregular margins. D. Intranodular vascularity. E. Taller than wide shape.

A

Possible answers: Yes No N/A

Q Does the patient have a thyroid nodule by fine needle aspiration with a Bethesda I classification in two samples and ONE of the following (A-E)? A. Thyroid cancer by family history. B. Known hereditary thyroid cancer-related genetic mutation. C. Head or neck, or whole-body radiation by history. D. Nodule growth or nodule greater than 4 cm by imaging. E. Cervical lymphadenopathy by physical examination or imaging. F. Compression of adjacent structures or recurrent laryngeal nerve compression by physical examination or testing. G. Symptoms of compression including hoarseness or dysphagia or dysphonia or dyspnea. H. Patient prefers surgery.

A

Possible answers: Yes No N/A

Q Does the patient have a thyroid nodule by fine needle aspiration with a Bethesda II classification and ONE of the following ultrasound findings (A-E)? A. Microcalcifications. B. Nodule hypoechogenicity. C. Irregular margins. D. Intranodular vascularity. E. Taller than wide shape.

A

Possible answers: Yes No N/A

Q Does the patient have a thyroid nodule by fine needle aspiration with a Bethesda II classification and ONE of the following (A-C)? A. Nodule growth or nodule greater than 4 cm by imaging. B. Compression of adjacent structures or recurrent laryngeal nerve compression by physical examination or testing. C. Symptoms of compression including hoarseness or dysphagia or dysphonia or dyspnea.

A

Possible answers: Yes No N/A

Q Does the patient have a thyroid nodule by fine needle aspiration with a Bethesda III, IV or V classification AND one of the following (A-G)? A. Tumor greater than 4 cm in diameter by imaging. B. Known metastases. C. Extrathyroidal extension. D. Poorly differentiated cytology. E. Bilateral lobe disease. F. Head or neck or whole body radiation by history. G. Radioactive iodine (RAI) therapy planned.

A

Possible answers: Yes No N/A