

Thyroidectomy, total

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: *60240, *60252, *60254, *60260, *60270, *60271

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

Q Does the patient need a completion thyroidectomy (previously had a partial thyroidectomy) and has at least ONE of the following (A-I)? A. Malignancy confirmed in resected lobe. B. Tumor > 4 cm in diameter. C. Incomplete resection. D. Extrathyroidal extension. E. Nodal metastasis confirmed in resected nodes. F. Vascular invasion confirmed in resected lobe. G. Poorly differentiated cytology. H. Positive resection margins. I. Radioactive iodine (RAI) therapy planned.

A

Possible answers: Yes No N/A

Q Does that 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 hyperthyroidism without a nodule with an elevated TSH and below normal T4?

A

Possible answers: Yes No N/A

Q Does the patient have hyperthyroidism without a nodule and ONE of the following (A-D)? A. Compression of adjacent structures or recurrent laryngeal nerve compression by physical examination or testing. B. Symptoms of compression including hoarseness or dysphagia or dysphonia or dyspnea. C. Persistent ophthalmic findings. D. Pregnancy planned.

A

Possible answers: Yes No N/A

Q Does the patient have hyperthyroidism without a nodule and ONE of the following (A-B)? A. Antithyroid medications unsuccessful or contraindicated. B. Radioactive iodine (RAI) therapy unsuccessful or contraindicated or refused.

A

Possible answers: Yes No N/A

Q Did the patient test positive for the RET genetic mutation associated with thyroid cancer?

A

Possible answers: Yes No N/A

Q Does the patient have medullary or anaplastic thyroid cancer by fine needle aspiration?

A

Possible answers: Yes No N/A

Q Does the patient have papillary thyroid cancer by fine needle aspiration and ONE of the following (A-H)? A. Tumor > 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. H. Tumor greater than or equal to 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 hypoechoogenicity. 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-H)? 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 > 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 hypoechoogenicity. 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 > 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-H)? A. Tumor > 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. H. None of the above.

A

Possible answers: Yes No N/A