

For Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

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

Completion thyroidectomy

ONE of the following must be met:

1. Malignancy confirmed in resected lobe
2. Tumor > 4 cm in diameter
3. Incomplete resection
4. Extrathyroidal extension
5. Nodal metastasis confirmed in resected nodes
6. Vascular invasion confirmed in resected lobe
7. Poorly differentiated cytology
8. Positive resection margins
9. Radioactive iodine (RAI) therapy planned

Goiter

ONE of the following must be met:

1. Airway compromise by imaging
2. Esophageal compression by imaging
3. Recurrent laryngeal nerve compression by endoscopy

Hyperthyroidism without a nodule

ALL the following must be met:

1. Must have BOTH:
 - a. TSH < normal
 - b. Free T4 > normal
2. Must have ONE of the following:
 - 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
3. Must have ONE of the following:
 - a. Antithyroid medications unsuccessful or contraindicated
 - b. Radioactive iodine (RAI) therapy unsuccessful or contraindicated or refused

Positive rearranged during transfection (RET) gene mutation

If patient has positive rearranged during transfection (RET) gene mutation criteria is met.

Thyroid cancer by fine needle aspiration (FNA)

ONE of the following must be met:

1. Medullary or anaplastic thyroid cancer
2. Papillary thyroid cancer and ONE of the following:
 - a. Tumor > 4 cm in diameter by imaging
 - b. Known metastases
 - c. Extrathyroidal extension
 - d. Poorly differentiated cytology
 - e. Bilateral lobe disease

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- f. Head or neck or whole body radiation by history
- g. Radioactive iodine (RAI) therapy planned
- h. Tumor ≥ 1 cm and ≤ 4 cm

Thyroid nodule by fine needle aspiration (FNA)

ONE the following must be met:

1. Bethesda I x2 samples and ONE of the following:
 - a. Ultrasound (US) findings suggestive of malignancy with ONE or more of the following:
 - i. Microcalcifications
 - ii. Nodule hypoechoogenicity
 - iii. Irregular margins
 - iv. Intranodular vascularity
 - v. Taller than wide shape
 - b. ONE of the following:
 - i. Thyroid cancer by family history
 - ii. Known hereditary thyroid cancer-related genetic mutation
 - iii. Head or neck or whole body radiation by history
 - iv. Nodule growth or nodule > 4 cm by imaging
 - v. Cervical lymphadenopathy by physical examination or imaging
 - vi. Compression of adjacent structures or recurrent laryngeal nerve compression by physical examination or testing
 - vii. Symptoms of compression including hoarseness or dysphagia or dysphonia or dyspnea
 - viii. Patient prefers surgery
2. Bethesda II and ONE of the following:
 - a. Ultrasound (US) findings suggestive of malignancy with ONE or more of the following:
 - i. Microcalcifications
 - ii. Nodule hypoechoogenicity
 - iii. Irregular margins
 - iv. Intranodular vascularity
 - v. Taller than wide shape
 - b. ONE of the following:
 - i. Nodule growth or nodule > 4 cm by imaging
 - ii. Compression of adjacent structures or recurrent laryngeal nerve compression by physical examination or testing
 - iii. Symptoms of compression including hoarseness or dysphagia or dysphonia or dyspnea
3. Bethesda III, IV or V and ONE of the following:
 - 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

References

Change Healthcare's InterQual[®] 2022 Thyroidectomy, Total