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


**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 or the following:
   a. Tumor > 4 cm in diameter by imaging
   b. Known metastases
   c. Extrathyroidal extension
   d. Poorly differentiated cytology
   e. Bilateral lobe disease
Authorization criteria: Thyroidectomy, Total

For Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

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 hypoechogeticity
      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 hypoechogeticity
      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

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