NO. 91621-R5

THYROID-RELATED PROCEDURES

Effective date: 02/01/2026 **Last reviewed**: 11/2025

Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This medical policy addresses the following thyroid-related procedures:

- Screening for thyroid cancer
- Thyroid ultrasound (US)
- Thyroid fine needle aspiration (FNA) with associated cytopathology
- Thyroid molecular diagnostic tests
- Thyroidectomy (partial lobectomy, total lobectomy, subtotal, or complete)
- Radiofrequency Ablation of Benign Thyroid Nodules

SUMMARY OF CHANGES – R5

Changes:

- Radiofrequency ablation of benign thyroid nodules: If compressive symptoms (e.g. dysphagia, neck fullness/pressure, hoarseness, shortness of breath) are present, one radiofrequency ablation (RFA) treatment per benign nodule per year is considered medically necessary.

I. MEDICAL NECESSITY CRITERIA

A. **Screening for thyroid cancer**. screening for thyroid cancer in asymptomatic adults is considered NOT medically necessary (as the United States Preventive Service Task Force (USPSTF) recommends against screening for thyroid cancer in asymptomatic adults).

B. **Thyroid ultrasound (US).** A thyroid ultrasound (US) is considered medically necessary only when one or more of the following criteria are met:

1. A patient exhibits one or more clinical risk factors for thyroid cancer. Examples include:
    a. history of exposure to ionizing radiation, such as a history of radiation therapy administered for benign conditions of the head and neck
    b. family history of thyroid disease or multiple endocrine neoplasia (MEN) syndrome,
    c. RET gene mutation,
    d. history of goiter;
2. A thyroid nodule is known or is suspected on exam;
3. For an incidental thyroid nodule (ITN) – a thyroid nodule identified by an imaging study that was not previously detected or suspected clinically — a thyroid ultrasound (US) is a covered benefit only when the criteria from the American College of Radiology (ACR) are met.

C. **Thyroid fine needle aspirate (FNA).** Thyroid FNA with associated cytopathology is considered medically necessary only when a thyroid ultrasound meets the criteria from at least one of the following three guidelines:
    1. The American College of Radiology (ACR) Thyroid Imaging, Reporting and Data System (TI-RADS) [Tessler FN, et al, 2018]
    2. National Comprehensive Cancer Network® (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Thyroid Carcinoma
    3. American Thyroid Association (ATA) Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer [Haugen BR, et al. 2015]

D. A thyroid molecular diagnostic test is considered medically necessary when the criteria in the applicable EviCore Lab Management Guideline are met.

    To access Evicore guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

E. **Thyroidectomy (partial lobectomy, total lobectomy, subtotal, or complete)** is considered medically necessary when the applicable InterQual® criteria are met:
    1. *Thyroidectomy, Partial or Total*, or
    2. *Thyroidectomy, Partial or Total (Pediatric)*

    To access InterQual® guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

F. **Radiofrequency Ablation of Benign Thyroid Nodules**: If compressive symptoms (e.g. dysphagia, neck fullness/pressure, hoarseness, shortness of breath) are present, one radiofrequency ablation (RFA) treatment per benign nodule per year is considered medically necessary.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	L38968 – Thyroid Nodule Molecular Testing
Noridian Healthcare Solutions	L39682 - MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

III. BACKGROUND

Incidental thyroid nodules (ITNs): Many thyroid nodules not previously detected or suspected clinically are discovered incidentally by an imaging study. ITNs are seen in:

- 20%-67% of ultrasound studies
- Up to 25% of contrast-enhanced chest CT scans
- 16%-18% of CT and MR scans of the neck
- 1%-2% of 18FDG-PET scans

The American College of Radiology (ACR) has specific criteria for dedicated thyroid ultrasound for ITNs found by each modality.

Fine needle aspirates (FNAs): Evidence shows overuse of fine needle aspirates (FNAs) for analysis of thyroid nodules. The ACR, the NCCN, and the ATA all have evidence-based guidelines for which thyroid nodules should be aspirated. The incidence of detected thyroid cancer cases has been rising in the United States for both men and women, from 4.9 cases per 100,000 persons in 1975 to 14.3 cases per 100,000 persons in 2014. However, mortality rates have remained stable at about 0.5 per 100,000 persons per year. Differentiated thyroid cancer generally has a very good prognosis and accounts for about 90% of all cases of thyroid cancer. These finding support the overuse of FNA.

Molecular diagnostic tests: Several companies have developed and marketed molecular diagnostic tests that differentiate between benign and malignant pathology in patients with indeterminate thyroid nodule FNAs. Such tests include:

- Afirma® Genomic Sequencing Classifier (Veracyte, Inc.)
- ThyroSeq® Thyroid Genomic Classifier (Sonic Healthcare)

- ThyGeNEXT® Thyroid Oncogene Panel; ThyraMIR® Thyroid miRNA Classifier (Interpace Diagnostics).

These tests have demonstrated utility in reducing the number of diagnostic thyroidectomies.

Thyroidectomy: There is also evidence of the overuse of thyroidectomy, particularly as a diagnostic procedure following indeterminate FNA cytopathology. FNA cytopathology yields a final diagnosis in 70–80% of cases, and the remaining 20–30% of samples are characterized as indeterminate for malignancy. Thyroid nodules with indeterminate features on FNA cause a significant problem for the clinician and the patient, and until the advent of molecular diagnostic tests, surgical excision with histopathological analysis was an acceptable clinical approach. A high volume of diagnostic surgeries is performed every year in the USA and potentially results in morbidity and higher healthcare costs.

InterQual® Procedures criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Library, Choosing Wisely, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, and the National Institute of Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

Radiofrequency Ablation of Benign Thyroid Nodules

Total or partial thyroidectomy and thyroid hormone supplementation (levothyroxine) have been the primary treatment modalities for symptomatic benign thyroid nodules (BTNs), but an increasing body of evidence is available showing that thermal ablative approaches, including radiofrequency ablation (RFA), are now being used as an alternative to surgery (Muhammad et al., 2021). This may spare patients complications associated with thyroidectomy including voice changes, hypothyroidism, hypocalcemia, and cosmetic concerns such as scarring. RFA is hyperthermic ablation by high frequency alternating electric current (200 to 1200 kHz) which is applied by inserting an electrode into the thyroid nodule (Wong and Lang, 2013). Ultrasound (US) is used to guide the electrode to the correct position, generally the deepest part of the nodule, with the electrode gradually retracted to the nodule's superficial layers. The energy delivered locally produces temperatures in the range of 50 to 100 °C which cause necrosis of the nodular tissues. Treatment is concluded when the nodule is observed to be hyperechoic on US or when impedance increases (Muhammad et al., 2021). RFA of benign thyroid nodules is usually an outpatient procedure, guided by US and performed with the use of local anesthesia. (Hayes inc., 2024)

In a randomized controlled trial, microwave ablation (MWA) was compared to radiofrequency ablation for the management of benign thyroid nodules. Participants with

nonfunctioning, predominantly solid benign thyroid nodules from five institutions were randomly assigned with a 1:1 ratio to receive MWA or RFA treatment. Participants were followed up for at least 2 years. Primary outcomes were 6-month and 2-year volume reduction rate (VRR) of nodules after ablation. Secondary outcomes included VRR change over time, complications, and technique efficacy (defined as volumetric reduction ≥ 50% of the initial nodule volume). Continuous variables and categorical variables were compared using the *t* test and the χ^2 test or Fisher exact test, respectively. This study included 76 participants in the MWA group (mean age, 46 years ± 12 [SD]; 58 female participants) and 76 in the RFA group (mean age, 50 years ± 13; 56 female participants). MWA was noninferior to RFA in terms of 6-month (mean difference, -5.6%; *P* = .01) and 2-year (-2.4%; *P* < .001) VRR after ablation. Comparing MWA and RFA, no evidence of a difference was observed for VRR change over time (mean difference from mixed-effects analysis, 6.9% [95% CI: -0.5, 13.9]; *P* = .73) or technique efficacy (91% vs 86%; *P* = .40). The most common major complication was voice change, which occurred in 6.6% of participants in the MWA group and 1.3% of participants in the RFA group (*P* = .21). (Chen et al., 2024)

A 2024 systematic review and meta-analysis by Xu and colleagues analyzed five-year follow-up results of thermal ablation for benign thyroid nodules. Studies of patients who received RFA for BTNs with follow up through at least 5 years were included. Pooled volume reduction rates (VRRs) at 6, 12, 24, 36, 48, and 60 months after thermal ablation were assessed. Five studies, involving 939 patients, met the inclusion criteria through database searches. 137 patients experienced local nodules recurrence during a mean pooled 59.25-month follow-up. Seventeen of them proved to be non-benign. Fifty of all patients with nodules regrowth had a secondary surgery, while 35 had a secondary thermal ablation. The pooled mean major complication rate was 7.70 %, with no patient experiencing life-threatening or delayed complications. (Xu et al., 2024)

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
US Preventive Services Task Force	USPSTF Recommendation Statement: Screening for Thyroid Cancer (2017)
American Institute of Ultrasound in Medicine (AIUM)	Practice Guideline for the Performance of Ultrasound Examinations of the Head and Neck (2014)
American College of Radiology	Thyroid Imaging Reporting and Data System (ACR TI-RADS) (2025)
Society of Radiologists in Ultrasound	Guidelines for Assessment of Thyroid Nodules (2025)
Korean Society of Thyroid Radiology	Indications for Fine Needle Aspiration in Thyroid Nodules (2013)
American Thyroid Association (ATA)	American Thyroid Association Management Guidelines for Adult Patients with Differentiated Thyroid Cancer (2025)
American Head and Neck Society Endocrine Surgery Section with the Asia Pacific Society of Thyroid Surgery, Associazione Medici Endocrinologi, British Association of Endocrine and	Radiofrequency ablation and related ultrasound-guided ablation technologies for treatment of benign and malignant thyroid disease: An international

Thyroid Surgeons, European Thyroid Association, Italian Society of Endocrine Surgery Units, Korean Society of Thyroid Radiology, Latin American Thyroid Society, and Thyroid Nodules Therapies Association	multidisciplinary consensus statement (2022)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

VI. CODING

ICD-10 Codes that may support medical necessity

C73 Malignant neoplasm of thyroid gland
D09.3 Carcinoma in situ of thyroid and other endocrine glands
D34 Benign neoplasm of thyroid gland
D44.0 Neoplasm of uncertain behavior of thyroid gland

E07.89 Other specified disorders of thyroid
R94.6 Abnormal results of thyroid function studies

Z15.09 Genetic susceptibility to other malignant neoplasm
Z40.09 Encounter for prophylactic removal of other organ
Z40.8 Encounter for other prophylactic surgery
Z41.8 Encounter for other procedures for purposes other than remedying health state
Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified

Z80.8 Family history of malignant neoplasm of other organs or systems
Z80.9 Family history of malignant neoplasm, unspecified
Z85.850 Personal history of malignant neoplasm of thyroid

CPT/HCPCS Codes

No prior authorization required

10021 Fine needle aspiration; without imaging guidance
10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion
10006 Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)

60100 Biopsy thyroid, percutaneous core needle

76536 Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), real time with image documentation

78013 Thyroid imaging (including vascular flow, when performed);

78014 Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015 Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)
78016 Thyroid carcinoma metastases imaging; with additional studies (e.g., urinary recovery)
78018 Thyroid carcinoma metastases imaging; whole body
78020 Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)

Prior Authorization Required

60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212 Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240 Thyroidectomy, total or complete
60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254 Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270 Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271 Thyroidectomy, including substernal thyroid; cervical approach
60660 Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
60661 Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)

C7555 Thyroidectomy, total or complete with parathyroid autotransplantation (ASC Only)

Thyroid molecular diagnostic tests managed by eviCore (PA required)

To access Evicore guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

81546 [Afirma Genomic Sequencing Classifier] Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)

0026U [ThyroSeq Genomic Classifier] Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or Negative, low probability of malignancy")
0287U [ThyroSeq CRC] Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)

0245U [ThyGeNEXT Thyroid Oncogene Panel] Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage

0018U [ThyraMIR miRNA Gene Expression Classifier] Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy

Not Covered

0673T Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance.

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

To access Evicore guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

To access InterQual® guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.

- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

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Radiofrequency Ablation of Benign Thyroid Nodules

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