Priority Health

MEDICAL POLICY
No. 91621-R4

THYROID-RELATED PROCEDURES

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I. POLICY/CRITERIA

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)

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

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:

   - history of exposure to ionizing radiation, such as a history of radiation therapy administered for benign conditions of the head and neck
   - family history of thyroid disease or multiple endocrine neoplasia (MEN) syndrome,
   - RET gene mutation,
   - 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 [Reference 6].

C. **Thyroid fine needle aspirate (FNA)**. A thyroid FNA (with associated cytopathology) is performed when certain sonographic features, typically in

combination, are revealed by a thyroid ultrasound. Sonographic features of thyroid nodules that are evaluated in consideration of a thyroid FNA include, but are not limited to, the following:

- Size
- Shape
- Composition (e.g., spongiform, mixed cystic and solid)
- Echogenicity (e.g., anechoic, hyperechoic, isoechoic, hypoechoic)
- Echogenicity of foci (e.g., large comet-tail artifacts, macrocalcifications, peripheral, punctate echogenic foci)
- Margin (e.g., lobulated, irregular, extrathyroidal extension)

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 clinical 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:

Thyroidectomy, Partial or Total
Thyroidectomy, Partial or Total (Pediatric)

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, 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, please refer to the Priority Health Provider Manual.

III. APPLICATION TO PRODUCTS

Coverage is subject to 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) and/or the Evidence of Coverage (EOC); 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 located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, 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.***

IV. 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.

V. CODING INFORMATION

ICD-10 Codes *that may apply*:

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 clinical 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.

VI. REFERENCES

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