



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Thyroid Surgeries

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " <b>Thyroid Surgeries</b> ," for medical necessity determinations. Refer to the Non-Medicare criteria below.

#### For Non-Medicare Members

#### Effective until January 1<sup>st</sup>, 2025

No medical necessity review required

Requires review for [Level of Care](#)

#### Effective January 1<sup>st</sup>, 2025

Kaiser Permanente has elected to use the Thyroidectomy MCG KP-S-1090 01012025 MCG\* Care Guideline for medical necessity determinations in addition to a review for [Level of Care](#).

**\*MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

**If requesting this service (or these services), please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

### Background

Thyroidectomy can be performed through a standard cervicotomy incision or via minimally invasive endoscopic and video-assisted techniques. A database analysis of thyroidectomy in 77,863 patients found, after multivariate adjustment, that surgery by a low-volume surgeon (1 to 3 thyroidectomies per year) was independently associated with a higher risk of postoperative complications (eg, hypocalcemia, hematoma) when compared with a high-volume surgeon performing 30 or more thyroidectomies per year. A multivariate analysis of 6327 thyroidectomies found that surgeries performed by low-volume surgeons (fewer than 40 cases per year) were independently associated with a higher risk of postoperative complications when compared with cases done by a high-volume surgeon performing 40 or more thyroidectomies per year. Adjusted analysis of 16,954 patients undergoing total thyroidectomy found that the likelihood of experiencing a complication decreased with increasing surgeon volume up to 26 procedures per year. A specialty society guideline concludes that when possible, thyroidectomy should be performed by a high-volume thyroid surgeon.

## Applicable Codes

### Thyroidectomy/Parathyroidectomy:

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met**

CPT® or HCPC Codes	Description
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus
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

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
08/02/2024	08/06/2024 <sup>MPC</sup> ,	08/06/2024

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
08/06/2024	MPC approved the hybrid criteria for Thyroidectomies for medical necessity determinations. 60-day notice required; effective 01/01/2025.