

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.128.PH
Last Review Date: 02/09/2018
Effective Date: 04/01/2018

MP.128.PH – Thyroid Nodule Molecular Testing

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers the following indications for **molecular testing of thyroid** Fine-Needle Aspiration (FNA) samples are based on the *Bethesda Reporting System of Thyroid Cytology*. Molecular testing of thyroid FNA samples is indicated for those members who meet both of the following criteria:

1. Member has been diagnosed with a thyroid nodule
2. Cytological diagnosis of the thyroid FNA sample must be classified as indeterminate under any one of the following categories;
 - a. AUS/FLUS
 - b. FN/SFN
 - c. SMC

Limitations

Molecular testing of thyroid FNA samples is not generally indicated and/or covered when FNA cytology diagnosis is benign or malignant. Exceptions to this may be made on a case by case basis by requesting prior authorization and documenting medical necessity.

Background

The American Cancer Society estimates that for thyroid cancer in the United States for 2015 there will be about 62,450 new cases of thyroid cancer and 1,950 deaths from thyroid cancer. A thyroid ultrasound is used to detect small thyroid nodules, discrete masses present in the thyroid gland. Fine-needle aspiration (FNA) is used to evaluate the nodules to exam for any benign lesions or malignant tumors.

The National Cancer Institute provides an overview on thyroid cancer and its four types: papillary, follicular, medullary, and anaplastic thyroid cancer. Papillary thyroid cancer is the most common type of thyroid cancer. Certain genetic conditions such as familial medullary thyroid cancer, multiple endocrine neoplasia type 2A syndrome and multiple endocrine neoplasia type 2B syndrome are identified risks known to increase the risk of thyroid cancer.

Codes:



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CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
81210	BRAF
81275	KRAS codons 12 & 13
81401	PAX/PPARG
81403	HRAS exon 2; KRAS exon 3, codon 61
81404	NRAS exon 1 & 2; RET common variants
81479	Unlisted molecular pathology procedure (PIK3CA, Guanine Nucleotide-binding Protein, TSHR, RET/PTC 1 Translocation, RET/PTC 3 Translocation, PTEN gene known fam var)
ICD-10 codes covered if selection criteria are met:	
C73	Malignant neoplasm of thyroid gland
D44.0	Neoplasm of uncertain behavior of thyroid gland
E01.2	Iodine-deficiency related (endemic) goiter, unspecified
E04.0-E04.9	Other nontoxic goiter
R22.0	Localized swelling, mass and lump, head
R22.1	Localized swelling, mass and lump, neck

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Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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