

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.128.MH  
Last Review Date: 05/19/2016  
Effective Date: 07/01/2016

### MP.128.MH – Thyroid Nodule Molecular Testing

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Thyroid Nodule Molecular Testing** medically necessary for the following indications:

The following indications for molecular testing of thyroid 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

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endocrine neoplasia type 2B syndrome are identified risks known to increase the risk of thyroid cancer.

### Codes:

<b>CPT Codes / HCPCS Codes / ICD-10 Codes</b>	
Code	Description
<b>CPT Codes</b>	
81210	BRAF
81275-81276	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 Nuc-binding Pro, TSHR, RET/PTC 1 Translocation, RET/PTC 3 Translocation, PTEN gene known fam var)
<b>ICD-9 codes covered if selection criteria are met:</b>	
193	Malignant neoplasm of thyroid gland
237.4	Neoplasm of uncertain behavior of Thyroid gland
240.0	Goiter, specified as simple
240.9	Goiter, unspecified
241.0 – 241.9	Nontoxic nodular goiter
246.2	Cyst of Thyroid Gland
784.2	Swelling, mass, or lump in head and neck
<b>ICD-10 codes covered if selection criteria are met:</b>	
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

### References

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