

2025 Thyroidectomy/Lobectomy

Surgical Services

SURG-THYROID-HH
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Preamble: Pediatric Surgical Services

HealthHelp's clinical guidelines for the Surgical Services program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

Thyroidectomy/Lobectomy

Thyroidectomy/Lobectomy Guideline

A lobectomy or thyroidectomy is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Goiter and **ANY** of the following:
 - a. Bilateral goiters
 - b. **Contraindication, intolerance or inadequate response** to anti-thyroid medications **OR** radioactive iodine therapy
 - c. Indeterminate cytology **OR** suspicion for malignancy (Bethesda III-V)
 - d. Large goiter with symptoms (eg, dysphagia, dyspnea, esophageal or tracheal compression)
 - e. Nodule measuring 4 cm or more
 - f. Substernal or retrosternal extension of thyroid with compressive symptoms
 - g. Thyroid gland in excess of 80 grams
 - h. Women of childbearing age, who wish to attempt achieving pregnancy **OR** who are in the process of lactating

References: [2] [10] [14] [6] [11] [8] [9] [12]

2. Graves' disease and **ANY** of the following:
 - a. Bilateral goiters
 - b. **Contraindication, intolerance or inadequate response** to anti-thyroid medications **OR** radioactive iodine therapy
 - c. Indeterminate cytology **OR** suspicion for malignancy (Bethesda III-V)
 - d. Large goiter with symptoms (eg, dysphagia, dyspnea, esophageal or tracheal compression)
 - e. Moderate to severe Graves' ophthalmopathy

- f. Nodule measuring 4 cm or more
- g. Significant adverse reactions to thionamide drugs which **CANNOT** be appropriately blocked before radioactive iodine administration
- h. Thyroid gland is in excess of 80 grams.
- i. Women of childbearing age, who wish to attempt achieving pregnancy **OR** who are in the process of lactating

References: [10] [14] [6] [11] [8] [3] [12]

3. High risk or known malignancy and **ANY** of the following:

- a. First degree relative with thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2)
- b. History of childhood radiation to head and neck
- c. History of thyroid cancer treated with lobectomy
- d. Indeterminate cytology **OR** suspicion for malignancy (Bethesda III-V) **OR** biopsy not appropriate
- e. Malignancy (primary or secondary) of the thyroid (Bethesda VI)
- f. RET gene or other high risk genes (eg, BRAF V600E, codon M918T, codon 634, A883F, MEN2A)
- g. Thyroid compressing esophagus, great vessels, or trachea
- h. Unilateral disease and tumor greater than 4 cm

References: [7] [6] [1] [4] [5] [12]

Thyroidectomy/Lobectomy Procedure Codes

Table 1. Thyroidectomy/Lobectomy Associated Procedure Codes

CODE	DESCRIPTION
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

CODE	DESCRIPTION
60271	Thyroidectomy, including substernal thyroid; cervical approach

Thyroidectomy/Lobectomy Summary of Changes

Thyroidectomy/Lobectomy guideline in 2025 had the following changes:

Table 1. 2025 Thyroidectomy/Lobectomy Summary of Changes

Date	Type of Change	Summary
11/10/2025	Annual Review	<ul style="list-style-type: none"> • Citations updated per the evidence • Evidence reviewed and indications remained the same. • Pediatric preamble added

Thyroidectomy/Lobectomy Definitions

A883F is a specific germline mutation in the RET proto-oncogene associated with Multiple Endocrine Neoplasia type 2B (MEN 2B). It involves an alanine (A) to phenylalanine (F) substitution at codon 883. While considered a high-risk mutation for MEN 2B, it may have a less aggressive course compared to the more common M918T mutation.

Antithyroid medications are drugs used to treat an overactive thyroid gland (hyperthyroidism), by reducing the amount of thyroid hormones produced. They work by blocking the thyroid gland's ability to produce thyroid hormones, effectively lowering their levels in the body.

Bethesda System for Reporting Thyroid Cytopathology (TBSRTC) is a standardized system for interpreting fine needle aspiration (FNA) results of thyroid nodules, categorizing them into six categories based on their risk of malignancy, aiding in clinical management and communication.

Be-thesda category	Cytopathology	Cytologic descriptions
I	Non-diagnostic	<ul style="list-style-type: none"> • Acellular specimen • Cyst fluid only • Obscuring factors
II	Benign	<ul style="list-style-type: none"> • Benign follicular nodule • Chronic lymphocytic thyroiditis • Granulomatous thyroiditis

Bethesda category	Cytopathology	Cytologic descriptions
III	Atypia of undetermined significance (AUS) or follicular lesion of undetermined significance (FLUS)	<ul style="list-style-type: none"> Atypia: Cytologic (focal nuclear changes, extensive but mild nuclear changes, atypical cyst lining cells, or "histiocytoid" cells) and/or architectural (predominantly microfollicles, sparsely cellular); Hurthle cells
IV	Follicular neoplasm or suspicious for follicular neoplasm	<ul style="list-style-type: none"> Follicular-patterned cases with mild nuclear changes (increased nuclear size, nuclear contour irregularity, and/or chromatin clearing), and lacking true papillae and intranuclear pseudo-inclusions
V	Suspicious for malignancy	<ul style="list-style-type: none"> Features suspicious for Papillary thyroid carcinoma (PTC), Medullary thyroid carcinoma (MTC), lymphoma, or other malignancy
VI	Malignant	<ul style="list-style-type: none"> Features conclusive for malignancy: <ul style="list-style-type: none"> PTC (true papillae, psammoma bodies, nuclear pseudo-inclusions) MTC Poorly differentiated/Anaplastic thyroid carcinoma (ATC) Non-endocrine malignancy (squamous cell, lymphoma, metastatic)

BRAF V600E mutation is a specific mutation (change) in the BRAF gene (a gene that provides instructions for making a protein that helps transmit chemical signals from outside the cell to the cell's nucleus), which makes a protein that is involved in sending signals in cells and in cell growth. This BRAF gene mutation may be found in some types of cancer, including melanoma and colorectal cancer. It may increase the growth and spread of cancer cells.

Codon 634 refers to a specific location within the gene sequence where mutations are frequently associated with Multiple Endocrine Neoplasia type 2 (MEN2), particularly MEN2A, and increased risk of medullary thyroid cancer (MTC).

Codon M918T refers to a specific mutation in the RET proto-oncogene where a methionine (M) at codon 918 is replaced by a threonine (T), and it's a major cause of Multiple Endocrine Neoplasia type 2B (MEN2B).

Compression is reducing in size, quantity or volume, as if by squeezing.

Dysphagia is defined as difficulty or inability to swallow. It involves an impairment in the normal process of moving food or liquid from the mouth through the throat (pharynx) and into the esophagus. Dysphagia can affect individuals of all ages and can be caused by a variety of factors, including neurological disorders, structural abnormalities, and muscle weakness. It can range in severity from mild discomfort to an inability to swallow anything at all.

Dyspnea refers to difficulty or shortness of breath. Dyspnea can manifest as a feeling of tightness in the chest, difficulty inhaling, or a sense of suffocation. It can range in severity from mild to life-threatening.

Esophageal or tracheal compression refers to the narrowing or squeezing of the esophagus or trachea (windpipe) due to external pressure. This compression can be caused by various factors, including tumors, vascular abnormalities, or enlarged organs. The consequences can range from mild breathing or swallowing difficulties to severe respiratory distress or even life-threatening situations.

Goiter is the enlargement of the thyroid gland and is a general term that conveys the information that the volume of the thyroid gland is larger than normal.

Graves' disease is an autoimmune disorder that causes the thyroid gland to produce excessive thyroid hormones, leading to hyperthyroidism.

Graves' ophthalmopathy, also known as thyroid eye disease (TED), is an autoimmune condition that affects the tissues around the eyes, often in people with Graves' disease, an overactive thyroid condition. It causes inflammation and swelling in the muscles and tissues behind the eyes, leading to symptoms like bulging eyes, double vision, and eyelid retraction.

Indeterminate cytology refers to a result from a cytopathology test (like a fine-needle aspiration biopsy) where the cells examined show some abnormalities, but not enough to definitively classify them as either benign or malignant. It's a "gray area" where a clear diagnosis cannot be made.

Malignancy refers to cells that grow uncontrollably and spread locally and/or to distant sites. Malignant tumors are cancerous (ie, they invade other sites). They spread to distant sites via the bloodstream or the lymphatic system.

MEN2, or Multiple Endocrine Neoplasia type 2, is a rare, inherited disorder that predisposes individuals to tumors in the endocrine glands, particularly the thyroid, parathyroid, and adrenal glands, and is characterized by subtypes MEN2A, MEN2B, and FMTC.

MEN2A is a rare, genetic disorder that affects the endocrine glands and causes a type of thyroid cancer called medullary thyroid cancer, pheochromocytoma, and parathyroid gland cancer. It may also cause benign (noncancerous) tumors in the parathyroid glands and adrenal glands. The affected endocrine glands may make high levels of hormones, which can lead to other medical problems such as high blood pressure and kidney stones. An itchy skin condition may also occur. MEN2A syndrome is caused by a mutation (change) in a gene called RET. Also called MEN2A, multiple endocrine adenomatosis type 2A, multiple endocrine neoplasia type 2A syndrome, and Sipple syndrome.

Nodule is a small, often solid, rounded lump or growth in tissue, which can occur in various parts of the body, including under the skin, or in organs. They can be caused by a range of factors, including infections, inflammation, or tissue overgrowth, and can be either benign (non-cancerous) or malignant (cancerous).

Radioactive iodine (iodine-131) therapy is a medical treatment that uses radioactive iodine to target and destroy thyroid cells, both in the thyroid gland itself and in any areas where thyroid cancer may have spread. It's primarily used to treat hyperthyroidism (overactive thyroid) and thyroid cancer.

RET gene is a gene that makes a protein that plays an important role in cell growth and differentiation and in the development of nerve cells in the body. Mutations (changes) in the RET gene may cause the protein made by this gene to become overactive, which may cause abnormal cells, including cancer cells, to grow. RET gene mutations have been found in certain genetic conditions, including MEN2 syndrome and Hirschsprung disease, and in some types of cancer, including non-small cell lung cancer and thyroid cancer. The RET gene is a type of proto-oncogene and a type of receptor tyrosine kinase gene.

Retrosternal means located or situated behind the sternum.

Substernal means located or situated below the sternum, which is the flat bone in the center of the chest. It can also refer to the area behind the sternum.

Thionamide is a class of drugs that are used to treat thyrotoxicosis, which is a condition characterized by an overactive thyroid gland. These medications are also known as antithyroid drugs (ATDs).

Thyroid is a small, butterfly-shaped endocrine gland located in the front of the neck, below the Adam's apple. It produces and secretes hormones that regulate metabolism, growth, and development.

Thyroidectomy is a surgical procedure to remove all or part of the thyroid gland. This gland, located in the front of the neck, produces hormones that regulate metabolism. The surgery is often performed for conditions like thyroid cancer, hyperthyroidism, or large goiters. Depending on the extent of removal, it can be a total thyroidectomy (entire gland) or a partial thyroidectomy (lobe or isthmus).

Thyroid lobectomy is a surgical procedure to remove one lobe (half) of the thyroid gland, along with the isthmus (the connecting tissue between the lobes). It's a type of thyroidectomy, which is any surgery to remove all or part of the thyroid gland. Lobectomy is often used to treat certain thyroid conditions, including small, low-risk thyroid cancers or benign nodules.

Unilateral disease refers to a condition that affects only one side of the body or one specific area

Thyroidectomy/Lobectomy References

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Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review

and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)



NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.



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Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394
11395 11396 11565