



PROVIDER POLICIES & PROCEDURES

RADIOFREQUENCY ABLATION FOR THYROID NODULES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for radiofrequency ablation for thyroid nodules. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Radiofrequency ablation (RFA) is a minimally invasive procedure that can reduce the size of benign or malignant nodules in the body. A needle with a tiny electrode inside is inserted with ultrasound guidance into the affected tissue site and radiofrequency waves travel through the probe to heat nearby cells. The heated cells die, and the immune system removes the dead cells from the body thereby reducing the size of the nodule. RFA is an alternative to surgery or radioactive iodine therapy when used to treat benign or malignant thyroid nodules.

Benefit and Prior Authorization Requirements:

- Prior authorization is required for CPT codes 60660 and 60661, RFA treatment of nodules specific to the thyroid. Please see Clinical Guideline section below.
- Prior authorization is not required for CPT codes 20982, 32998, 47380, and 47382. These CPT codes are specific to RFA treatment of tumors that have metastasized to distant sites (e.g., bone, pulmonary, liver)

CLINICAL GUIDELINE

Coverage guidelines for radiofrequency ablation for thyroid nodules will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Radiofrequency ablation may be considered medically necessary for any of the following conditions:

A. Benign thyroid nodules when:

1. The individual is considered a high-risk candidate for lobectomy/thyroidectomy; and
2. The individual is symptomatic (e.g., voice changes, difficulty swallowing); and
3. Fine needle aspiration confirms non-malignancy;

OR

- ##### B. Locoregional recurrent differentiated thyroid cancer (papillary, follicular, oncocytic) with limited burden nodal disease.

Radiofrequency ablation for any other thyroid indications is considered experimental, investigational, or unproven and therefore not medically necessary.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Requests for coverage of radiofrequency ablation for thyroid nodules will be reviewed in accordance with procedures in place for reviewing requests for medical-surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for radiofrequency ablation for thyroid nodules:

1. Fully completed authorization request via on-line web portal; and
2. Documentation from the requesting physician supporting medical necessity.

EFFECTIVE DATE

This Clinical Guideline is effective for prior authorization requests for individuals covered under the HUSKY A, B, C, and D programs on or after November 1, 2025.

LIMITATIONS

N/A

CODES:

Code	Description
60660	Ablation of one or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
60661	Ablation of one or more thyroid nodule(s), additional lobe, percutaneous, with imaging guidance, radiofrequency [list separately in addition to code for primary service]

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).

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5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.
8. **Prior authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- American Association of Endocrine Surgeons. Practice Guidelines & Tools. Accessed January 28, 2025. Available at URL address: <https://www.endocrinesurgery.org/practice-guidelinestools>
- American Thyroid Association (ATA) Website. American Thyroid Association guidelines for management of patients with anaplastic thyroid cancer. Falls Church, VA: ATA; 2012. Available at: <http://www.thyroid.org>. Accessed January 24, 2025.
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- UpToDate. Diagnostic approach to and treatment of thyroid nodules in adults. DS Ross, MD. Topic last updated July 08, 2024. Literature review current through June 2025.
- UpToDate- Differentiated thyroid cancer: Overview of management. RM Tuttle, MD. Topic last updated March 20, 2025. Literature review current through June 2025.
- UpToDate- Medullary thyroid cancer: Surgical treatment and prognosis. RM Tuttle, MD. Topic last updated April 11, 2023. Literature review current through June 2025.
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PUBLICATION HISTORY

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