



**Subject:** Thyrogen®\*

**Effective Date:** April 29, 2008

**Department(s):** Utilization Management

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**Policy:** The use of Thyrogen® (HCPCS J3240) in the management of thyroid cancer is reimbursable under Plans administered by QualCare, Inc., as specified below in this policy.

**Objective:** To provide proper and consistent reimbursement and to enumerate criteria for the use of a specific diagnostic agent.

**Procedure:**

1. Thyrogen® (Thyrotropin Alfa- a recombinant human thyroid stimulating hormone[TSH]) will be reimbursed for patients with differentiated thyroid cancer (**ICD-9 193** or **V10.87**; **ICD-10 C73, Z85.850**) under the following circumstances:
  - A. For the stimulation of potential areas of metastasis in <sup>131</sup>I scans in the initial evaluation of extent-of-disease (**CPT 78018**)
  - B. For follow-up determination of the presence of local or distant recurrences in <sup>131</sup>I scans (**CPT 78020**)
  - C. For TSH-stimulated thyroglobulin measurements in individuals previously treated with radioactive iodine for differentiated thyroid cancer, who also have a negative TSH-suppressed( ie taking thyroid hormone) thyroglobulin and anti-thyroglobulin antibodies

- D. To facilitate radioiodine ablation of remnant thyroid tissue after surgery for differentiated thyroid carcinoma in lieu of thyroid hormone withdrawal.
  - E. With radioiodine ablation for the treatment of non-toxic multi-nodular goiter
2. When a member meets one or more of the criteria above, review by the Medical Director is not required for authorization of Thyrogen<sup>®</sup>.

## References

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Approved By/Date: QM Committee 3/27/12  
Revised By/Date: M. McNeil, MD 01/06/16  
Approved By/Date: QM Committee 02/16/16  
Reviewed w/o Revision By/Date: MMcNeil, MD 01/18/18  
Approved By/Date: QM Committee 02/20/18

\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.