

2012 Thyroidectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	\$712
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	1,017
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	715
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	934
60240	Thyroidectomy, total or complete	925
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	1,323
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	1,682
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	1,102
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	1,377
60271	Thyroidectomy, including substernal thyroid; cervical approach	1,063
60500	Parathyroidectomy or exploration of parathyroid	967

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0114	Thyroid/Lymphadenectomy Procedures (CPT codes: 60210, 60212, 60220, 60225, 60240)	\$3,594
0256	Level IV ENT Procedures (CPT codes: 60252, 60260, 60500, 60271)	3,162

Freestanding Ambulatory Surgery Center

CPT CODE	DESCRIPTION	MEDICARE PAYMENT ⁴
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	\$2,074
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2,074
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	2,074
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2,074

INPATIENT FACILITY

ICD-9 CODE ⁴	DESCRIPTION
06.2	Lobectomy, unilateral, thyroid
06.39	Thyroidectomy, other, partial
06.4	Thyroidectomy, complete
06.50	Thyroidectomy, substernal, not otherwise specified
06.51	Partial substernal thyroidectomy
06.52	Complete substernal thyroidectomy

NOTE: ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁵	NATIONAL AVERAGE DRG PAYMENT ⁵
625	Thyroid, parathyroid & thyroglossal procedures with MCC	6.5	\$12,719
626	Thyroid, parathyroid & thyroglossal procedures with CC	2.9	6,578
627	Thyroid, parathyroid & thyroglossal procedures without CC/MCC	1.4	4,509

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2011 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Physician Reimbursement Conversion Factor = \$34.0376.

³ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Hospital Outpatient Payment.

⁴ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

⁵ Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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