

## Outpatient Facility Coding Alert

### Reader Question: Watch Whether 60260 Is Allowed at Your Facility

**Question:** A patient had a right hemithyroidectomy 2 years ago, but our surgeon claims on the recent surgical note for a new procedure that he performed a total thyroidectomy. The op report states that the surgeon removed the left thyroid, but found a small 2cm x 3cm portion of thyroid gland remaining on the right side, which he dissected off the trachea. How should I code this?

Tennessee Subscriber

**Answer:** Your best choice for this scenario would be to report 60220 (Total thyroid lobectomy, unilateral; with or without isthmusectomy) and 60260 (Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid) with modifier 59 (Distinct procedural service). Reporting 60260 should account for the additional work of removing the remaining fraction of the past right hemithyroidectomy.

Although your surgeon may be justified in claiming that this is effectively a total thyroidectomy, the patient's insurer will probably question paying for 60240 (Thyroidectomy, total or complete) given the patient's history. Even applying modifier 52 (Reduced services) to 60240 might be problematic with the record of a previous partial thyroidectomy.

Thyroidectomy surgeries can be fraught with reimbursement problems, especially when questions arise about prior surgeries and regrowth on tissue. Aligning the procedure code selection with the patient history should help avoid denials.

**Important:** Code 60220 can be reported for procedures at both a freestanding ASC and hospital-based facility. Code 60260, however, is only allowed in a hospital-based place of service.