



AMERICAN
THYROID
ASSOCIATION

*Optimal Thyroid
Health for All*

2024-2025

President

Jacqueline Jonklaas, MD, PhD
Washington, DC

Secretary

Christopher McCabe, PhD
Birmingham, UK

Treasurer

Anthony Hollenberg, MD
Boston, MA

Treasurer-Elect

Mark Zafereo, MD
Houston, TX

Past-President

Michael McDermott, MD
Aurora, CO

President-Elect

M. Regina Castro, MD
Rochester, MN

Directors

Peter Angelos, MD (2024-2025)
Chicago, IL

Zubair Baloch, MD, PhD (2023-2026)
Philadelphia, PA

Maria Cabanillas, MD (2023-2026)
Houston, TX

Elizabeth Grubbs, MD (2024-2027)
Houston, TX

Cari Kitahara, PhD (2024-2027)
Bethesda, MD

Maya Lodish, MD (2024-2027)
San Francisco, CA

Jennifer Sipos, MD (2022-2025)
Columbus, OH

David Steward, MD (2023-2026)
Cincinnati, OH

Executive Director

Pamela Mechler, CAE

Headquarters' Office

American Thyroid Association
2000 Duke Street, Suite 300
Alexandria, VA 22314

Phone: 703.998.8890

Fax: 703.998.8893

Web: www.thyroid.org

February 1, 2025

The Honorable Jeff Wu
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically to MedicarePhysicianFeeSchedule@cms.hhs.gov

RE: Nomination as potentially misvalued codes during CY2026 rulemaking:
Fine Needle Aspiration - CPT codes 10021, 10004, 10005, 10006

Dear Acting Administrator Wu:

The American Thyroid Association® (ATA®) is a national professional medical society with more than 1,700 members from private practice, academic health centers and other practice and research settings. We appreciate the opportunity to again request nomination of the Fine Needle Aspiration (FNA) codes as potentially misvalued. These codes have been severely undervalued since they were reassigned in 2019 and we are presenting new evidence for your consideration. We urge CMS to restore the RVU values for these codes to the amounts recommended by the AMA-RUC in 2019.

As background, thyroid FNA is an essential tool used by clinicians who care for patients with thyroid diseases and its use, along with ultrasound guidance, has revolutionized the care of patients with thyroid nodules. Selective use of FNA by clinicians who frequently manage thyroid diseases can lead to the elimination of unnecessary surgical and imaging procedures and can also lead to the prevention of complications that impact both patient quality of life and health care costs.

Prior to 2019, the wRVU assigned by CMS for the biopsy of one thyroid nodule using ultrasound guidance was 1.94. The RUC-approved wRVU that was recommended for the same procedure using the new 10005 code was 1.63, while the value finalized by CMS in the 2019 Physician Fee Schedule was 1.46. A marked decrease in physician reimbursement for ultrasound-guided FNA of thyroid nodules was the subsequent result of this change. While the FNA wRVU for CPT code 10005 decreased by 10.5%, the dollar amount for reimbursement decreased by a dramatic 35.7%. This abrupt decrease in reimbursement has led to concern for the eventual extinction of the performance of this procedure by thyroid specialists. Ultimately this abandonment will lead to poorer outcomes for patients with thyroid disease, including thyroid cancer.

The ATA, the American Association of Clinical Endocrinology (AACE), and many individual physician stakeholders submitted comments regarding significant concerns with this code set in 2024 in advance of the finalization of the CY2025 Physician Fee Schedule. Although CMS acknowledged these concerns were

submitted in the final rule, no rationale was supplied for the failure to make the recommended changes.

Here we share a policy statement from the ATA that was published in the journal *Thyroid*[®] in November of 2024 regarding the adverse effects that the devaluation of these codes has had on both patient care and healthcare spending¹.

[American Thyroid Association Policy Statement: Impact of Changes in Fine Needle Aspiration Biopsy Reimbursement on Clinical Care of Patients with Thyroid Nodules in the United States](#)

The ATA policy statement outlines impacts of the changes in fee structure on clinical practice, ultimately impacting both the quality and the cost of care. An increase in claims from hospital facilities, as opposed to the offices of thyroid specialists, from 2018 to 2021 showed a shift from 52.06% to 55.08% in 2021. This shift in performance of FNA from outpatient setting to facility locations resulted in an increased cost to Medicare of 524%.

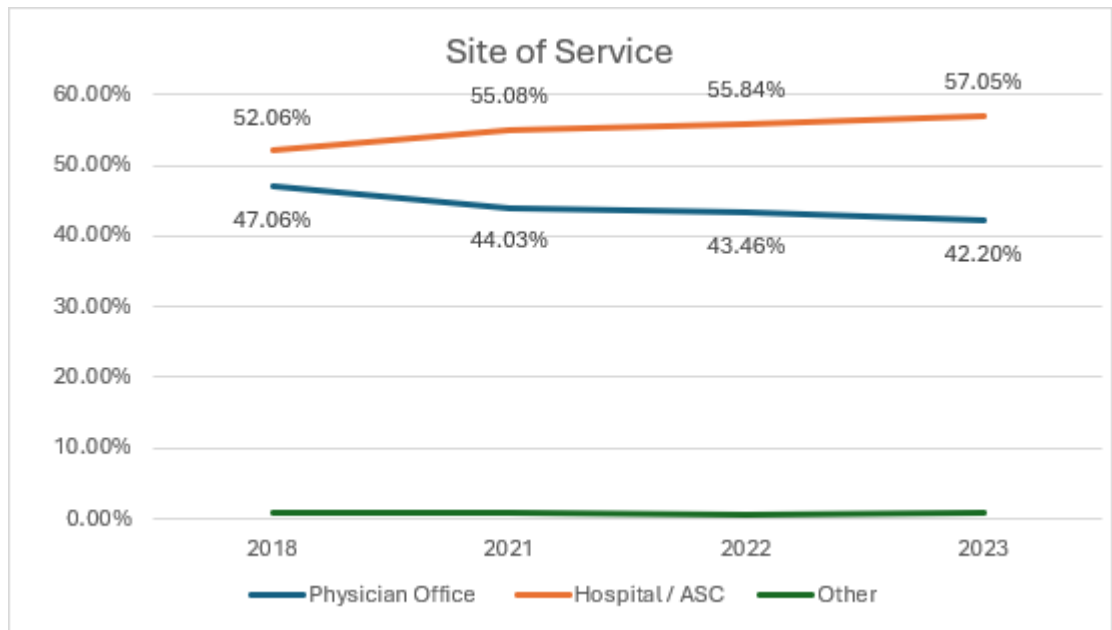
CPT code	2023 national MPFS total non-facility payment	2023 national MPFS total facility payment	2023 HOPPS facility fee (APC code 5071)	2023 combined payment when in hospital outpt setting (MPFS+ OPFS)	Site of service % differential (hospital outpatient vs non-facility)
Office	\$137.92			\$137.92	
Facility		\$73.87	\$648.97	\$722.84	524%

APC, ambulatory payment classifications; HOPPS, hospital outpatient prospective payment system; MPFS, Medicare PFS; OPFS, outpatient prospective payment system.

Herein we provide additional Medicare claims data from 2022 and 2023 that continues to show ongoing evidence of site of service changes and increasing subsequent cost to Medicare. Data from 2018 prior to the devaluation indicated that 47.1% of ultrasound guided FNA procedures were performed in the office setting. By 2023 this percentage had decreased to 42.2%.

The 2023 Medicare claims also showed that only 17.2% of these services were performed by endocrinologists, representing a major shift in practice. In contrast, the majority of these procedures were being performed by non-endocrinology specialists. 51.5% were performed by radiologists in 2023, rather than by specialists that are primarily responsible for the care of patients with thyroid disease, endocrinologists and surgeons.

The updated claims data also demonstrates how the shift from office locations to facilities has caused significantly increased cost to Medicare with the addition of facility fees. Not captured in the data is the additional increased costs to patients due to the need to take additional time for separate FNA appointments at facilities. This graph illustrates the gap widening from site of service from outpatient to facility from 2018 to 2023:



If we consider the site of service change from office to facility that was seen between 2018 and 2023, with the additional cost of \$584.92 at the facility location, Medicare experienced an additional 5.44% of the 130,977 CPT 10005 procedures in hospital facilities, a shift of 7,125 procedures. At a cost of \$584.92 each this is a net increased expense to Medicare of \$4,167,642 due to physicians in non-facility locations abandoning the procedure.

There is significant concern among ATA membership that this fragmentation of thyroid nodule evaluation reduces access to timely thyroid cancer diagnosis. Additionally, this devaluation has impacted procedural training in specialty fellowship programs. The important role of FNA in thyroid care is being deemphasized in this setting due to the concern that practices cannot sustain inclusion of such a low-paying procedure in the office. This impacts the future workforce, leading to downstream effects that will further negatively impact patient care for generations to come.

Lastly, CMS stated in the 2021 PFS final rule that the utilization crosswalk, neonatal transfusion, (CPT code 36440), was not the principal reason CMS rejected the 2019 RUC recommendations, but that it was due to the interservice time measurement. CMS chose to compare the high work intensity FNA codes to an obscure low intensity code which has limited time measurement data and is rarely billed to Medicare. We would like to point out that this comparison is inappropriate. The neonatal infusion procedure does not share the same level of work intensity on the part of the physician. It also does not carry the same level of risk or training and expertise required.

In conclusion, we hope that CMS will share our concerns regarding interruption of patient care and reduced access to the procedure, along with increased costs to Medicare and to patients. In the ATA policy statement referenced here we also emphasize our concern with

the downstream effects of this misevaluation on specialty training. New endocrinologists and surgeons in the workforce along with fellowship trainees in these specialties are abandoning FNA, further exacerbating future reduced patient access to specialized thyroid care.

Unless corrected, we expect an extinction event for outpatient non-facility fine needle aspiration within the next few years, with a permanently high total cost of the procedure. The ATA again respectfully requests that CMS consider the CPT codes 10004, 10005, 10006, and 10021 to be misvalued. We ask that CMS restore the work RVU for these codes to the values recommended by the AMA RUC in 2019.

Sincerely,



Jacqueline Jonklaas, MD, PhD
President, American Thyroid Association®



1. THYROID Volume 34 Number 11, 2024 <https://doi.org/10.1089/thy.2024.0442> Eldeiry, et al. "Impact of Changes in Fine Needle Aspiration Biopsy Reimbursement on Clinical Care of Patients with Thyroid Nodules in the United States"