

2009 OUTPATIENT PROCEDURE LIST

The following services have been classified as most appropriately delivered in an outpatient setting. If performed inpatient, these procedures require preauthorization.

PROCEDURE
Acromioplasty, Shoulder, Open *
Adenoidectomy, without Obstructive adenoid enlargement. (Excludes pediatric patients less than 3 years of age)
Angioplasty (Non Cardiac) Endovascular Intervention <ul style="list-style-type: none"> - Mesenteric / Celiac Artery - Peripheral Artery - Renovascular (Percutaneous Balloon)
**Transluminal balloon angioplasty, open, renal artery; aortic, iliac and fem/pop **Medicare Inpatient List
Appendectomy, Laparoscopic *
Arthrodesis: Metatarsal
Arthroscopically Assisted Surgery, Knee
Automatic Implantable Cardio Defibrillator, Single Chamber (AICD) Insertion; Elective, Transvenous. (Excludes Dual Chamber and Urgent and Thoracotomy Insertion approach)
Baker's Cyst Removal
Breast Reconstruction ** Procedures involving muscle or free flap (e.g., TRAM) ** Medicare Inpatient List **Cervical Cerclage (McDonald/Shirodkar)** Medicare Inpatient List
Chemonucleolysis, Nucleus Pulposus
Cholangiography Percutaneous Transhepatic
Cholecystectomy, Laparoscopic *
Chondroplasty, Ankle, Open
Cleft Lip Repair
CSF Shunt Revision
Cystectomy, Ovarian, Simple, Laparoscopic
Decompression, Subacromial space, Shoulder, Open
Dilation & Curettage and/or Evacuation * * D & C involving the use of Intra-uterine injection or vaginal suppository, with evacuation ** Medicare Inpatient List
Discectomy TMJ *
Ectopic Pregnancy, Laparoscopic
Electrophysiology Testing without Ablation
Endovascular Intervention, Peripheral Artery (previously Angioplasty: Peripheral Artery)

PROCEDURE
Enucleation, Eye
Excision, Herniated Lumbar Disk, +/- Stabilization-Single Level
Excision, Melanoma
Excision, Vulvar Lesion (simple)
Facial Nerve Repair
Gastrostomy / Jejunostomy, Laparoscopic, Open; Excludes Pediatric; ** Open Gastrostomy with construction of a Gastric Tube ** Medicare Inpatient List
Hardware Removal, Open ; Ankle, Elbow, Shoulder
Heel Cord Lengthening
Hemilaminectomy, +/- Foraminotomy: Lumbar, single level
Herniated Lumbar Disc Excision, single level
Herniorrhaphy, Laparoscopic/Open: - Femoral - Umbilical - Inguinal - Ventral
Incision and Drainage, Infection
Intussusception, Reduction – Pediatric Only *
Laminectomy and Disk Excision, Transpedicular Lumbar – Single Level
Laminectomy, +/- Discectomy, +/- Foraminotomy: Lumbar- Single Level
Laparotomy, Mini
Laparoscopy, Diagnostic, Abdomen
Lavage, Arthroscopic for joint infection: * -ankle -knee -elbow -shoulder -hip -wrist
Lumbar disc, Herniation Repair – Single Level
Lithotripsy, Extracorporeal Shockwave, Ureteral
Mammoplasty, Reduction, Female
Mastoidectomy +/- Tympanoplasty
Nasal/Sinus Endoscopic Surgery w/o CSF Leak
Orchiectomy * * Procedures with a radical, inguinal approach, with abdominal exploration ** Medicare Inpatient List
Orchiopexy * * Procedures using an Abdominal approach for intra-abdominal testis ** Medicare inpatient List
Pacemaker Insertion; Single Ventricular (Excludes Dual Ventricular, Urgent and Thoracotomy Insertion approach)
Parotidectomy

PROCEDURE
Pacemaker Re-Programming, Non Urgent
Pericardiocentesis
Radiofrequency Ablation (RFA), Liver (Laparoscopic)
Reconstruction, Cruciate Ligament, Knee, Arthroscopically Assisted, Open *
Release, Contracture, Open: Ankle; Knee; Hip *
Release: Hip flexor/adductor, posterior medial of foot
Repair AC Separation (AC ligament) Shoulder, Open *
Repair, Achilles Tendon, Complete Tear
Repair Acute Ligamentous Injury, Knee, Open *
Repair Acute Rotator Cuff/Capsule Tear, Shoulder, Open
Repair Chronic Rotator Cuff/Capsule Tear (Open)
Repair, Deltoid Ligament, Ankle, Open
Repair Irreducible Dislocation, Shoulder, Open
Repair, Complex Skin Wound
Repair, Annular Ligament Tear, Elbow, Open *
Repair, Meniscus, Knee. Open
Repair, Deltoid Ligament, Ankle Open
Resection, Distal Clavicle, Shoulder, Open ** Radical resection of the clavicle for tumor ** Medicare Inpatient List
Sialoadenectomy
Stapedotomy
Subfascial Ligation, Perforating Veins
Submandibular Gland Excision
Sympathectomy, Endoscopic
Tonsillectomy with or without Adenoidectomy (if older than 3 years of age)
Tympanoplasty (Pediatric only)

* These Community Practice Standards have been in place since 2000.

** These procedures, per the Medicare Inpatient List, are to be performed in the Inpatient setting for Medicare lines of business.

This outpatient procedure list is inclusive of observation level of care. The 2009 Outpatient Procedure List is NOT inclusive of all procedures performed in an outpatient hospital setting. Those procedures generally recognized as outpatient, such as Carpal Tunnel Repair, do not appear on this list.

Please refer to your patient's ID card and our Preauthorization List. Depending on the member's contract, preauthorization may be required for some outpatient procedures. You may also contact Provider Service to verify preauthorization requirements.