

Effective March 12, 2012

2012 OUTPATIENT PROCEDURE LIST

The following services have been classified as most appropriately delivered in an office, outpatient, or observation setting. This list is NOT all-inclusive and does not contain procedures generally recognized as office/outpatient, or changed to these settings by provider practice changes.

If performed inpatient, these procedures require preauthorization. If performed outpatient, some of these procedures MAY require preauthorization and are noted below.

Requirements for preauthorization of office, outpatient or observation services vary based on member contract. Please contact Provider Service to verify member-specific preauthorization requirements using the phone number listed on your patient's ID card. Those services requiring clinical review for our standard Utilization Management Program can be found on the Clinical Review Preauthorization List.

Please note: Guidelines for Medicare Advantage products reflect status of procedures at the time of this publication. For the most current Medicare Inpatient List, please refer to the CMS website at www.cms.gov

Procedure	Guidelines for Medicare Advantage Products per Medicare Inpatient List	Notes (see key below)
Acromioplasty, Shoulder; Open		
Adenoidectomy, without obstructive adenoid enlargement		1
Angioplasty, Non-Cardiac; Endovascular Intervention 1. Mesenteric/ Celiac Artery 2. Peripheral Artery 3. Renovascular (Percutaneous Balloon) 4. Transluminal balloon angioplasty, open, renal artery; aortic, iliac, and fem/pop	Inpatient only for transluminal balloon angioplasty, open, renal artery; aortic, iliac, and fem/pop	
Anoplasty		3
Appendectomy; Laparoscopic		2
Arterial Ligation		
Arthrodesis; Metatarsal		
Arthroscopically-assisted surgery; Knee		
Automatic Implantable Cardio Defibrillator, Single Chamber (AICD) Insertion and Removal; Elective, Transvenous (Excludes dual-chamber, urgent, and thoracotomy insertion approach)		
Baker's Cyst Removal		
Bariatric Surgery; Laparoscopic Gastric Banding	Inpatient for Medicare Advantage products	5

KEY	
1. Only applies to pediatric patients under age 3	4. Only applies to pediatric patients
2. Community practice standard in place since 2000	5. Requires preauthorization for some products, regardless of treatment setting. Refer to Preauthorization List.
3. New for 2012	

Procedure	Guidelines for Medicare Advantage Products per Medicare Inpatient List	Notes (see key below)
Breast Reconstruction	Inpatient only for procedures involving muscle/ free flaps	5
Breast Reduction Surgery; including surgery for Gynecomastia		5
Cervical Cerclage (McDonald/ Shirodkar)	Inpatient for Medicare Advantage products	
Chemoneucleolysis, Nucleus Pulposus		
Cholangiography; Percutaneous Transhepatic		
Cholecystectomy; Laparoscopic (Uncomplicated)		2
Chondroplasty, Ankle; Open		
Cleft Lip Repair		
CSF Shunt Revision		
Cystectomy, Ovarian; Simple, Laparoscopic		
Cystoplasty/ Cystourethroplasty, including Vesicourethropexy + Pubovaginal Sling (excludes Augmentation Cystoplasty)	Inpatient for Medicare products	
Decompression, Subacromial space, Shoulder; Open		
Dilatation & Curettage, and/or Evacuation	Inpatient only for D&C involving the use of intrauterine injection or vaginal suppository, with evacuation	
Disarticulation: Shoulder; Elbow; Hip; Knee; Ankle; Wrist	Inpatient only for disarticulation of shoulder, wrist, hip, or knee	
Discectomy TMJ		2
Drainage; Renal Abscess, Percutaneous		
Ectopic Pregnancy; Laparoscopic		
Electrophysiology Testing without Ablation		
Endovascular Intervention, Peripheral Artery (previously Angioplasty; Peripheral Artery)		
Enucleation, Eye		
Excision, Melanoma		
Excision, Vulvar Lesion; Simple		
Facial Nerve Repair		
Fimbrioplasty	Inpatient for Medicare Advantage products	
Gastrostomy/Jejunostomy; Laparoscopic, Open	Inpatient only for open gastrostomy with construction of a gastric tube	
Hardware Removal, Open; Ankle, Elbow, Shoulder		
Heel Cord Lengthening		
Herniorraphy; Laparoscopic, Open: <ul style="list-style-type: none"> - Femoral - Inguinal - Umbilical - Ventral 		
Hysterorrhaphy; Laparoscopic	Inpatient for Medicare Advantage products	
Hysteroscopy		
Hysterotomy		
Implant: Lower extremity: Above the knee; Below the knee; Midtarsal; Transmetatarsal; Metatarsal ; Metatarsophalangeal	Inpatient for Medicare Advantage products	

KEY	
1. Only applies to pediatric patients under age 3	4. Only applies to pediatric patients
2. Community practice standard in place since 2000	5. Requires preauthorization for some products, regardless of treatment setting. Refer to Preauthorization List.
3. New for 2012	

Procedure	Guidelines for Medicare Advantage Products per Medicare Inpatient List	Notes (see key below)
Implant: Upper extremity: Arm; Forearm; Transmetacarpal; Metacarpal; Metacarpophalangeal; Hand		
Incision and Drainage, Infection		
Intussusception; Reduction		2, 4
Laparotomy, Mini		
Laparoscopy, Diagnostic; Abdomen		
Lavage, Arthroscopic for Joint Infection: Ankle, Elbow, Hip, Knee, Shoulder, Wrist		2
Lithotripsy, Extracorporeal Shockwave; Ureteral, Renal		
Lysis of Adhesions, Gastrointestinal; Laparoscopic	Inpatient for Medicare Advantage products	
Mastoidectomy +/- Tympanoplasty		
Meckel's Diverticulum Excision; Laparoscopic	Inpatient for Medicare Advantage products	
Nasal/ Sinus Endoscopic Surgery without CSF Leak		
Orchiectomy; Scrotal or Inguinal	Inpatient only for procedures with a radical, inguinal approach and abdominal exploration	
Orchiopexy	Inpatient only for procedures with an abdominal approach for intra-abdominal testes.	
Pacemaker Insertion; Single Ventricular (excludes dual-ventricular, urgent, and thoracotomy insertion approach)		
Parotidectomy		
Pacemaker Reprogramming, Non-Urgent		
Patellar Fracture Repair, Closed	Inpatient for Medicare Advantage products	
Patellar Tendon Rupture Repair, Closed	Inpatient for Medicare Advantage products	
Penoplasty		
Pericardiocentesis		
Prostate: Transurethral; Laser Coagulation of Prostate, Laser Vaporization of Prostate	Inpatient only for transurethral resection of prostate (TURP)	
Radiofrequency Ablation (RFA), Liver; Laparoscopic		
Reconstruction, Cruciate Ligament, Knee; Arthroscopically-Assisted, Open		2
Release, Contracture, Open; Ankle, Knee, Hip		2
Release, Hip Flexor/ Adductor, Posterior Medial Foot		
Repair AC Separation (AC Ligament), Shoulder; Open		2
Repair Achilles Tendon; Complete Tear		
Repair Acute Ligamentous Injury, Knee; Open		2
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 Annular Ligament Tear, Elbow; Open		2
Repair Meniscus, Knee; Open & Arthroscopic		
Resection, Distal Clavicle, Shoulder; Open	Inpatient only for radical resection of the clavicle for tumor	
Rhizotomy; Open	Inpatient for Medicare Advantage products	

KEY	
1. Only applies to pediatric patients under age 3	4. Only applies to pediatric patients
2. Community practice standard in place since 2000	5. Requires preauthorization for some products, regardless of treatment setting. Refer to Preauthorization List.
3. New for 2012	

Procedure	Guidelines for Medicare Advantage Products per Medicare Inpatient List	Notes (see key below)
Sialoadenectomy		
Spine Procedures:		
- Hemilaminectomy, +/- Foraminotomy; Lumbar, Single Level		
- Decompression Procedures, Single level	Inpatient for Medicare Advantage products	5
- Laminectomy, Single level, +/- Discectomy	Inpatient for Medicare Advantage products	5
- Vertebroplasty; Percutaneous	Inpatient for Medicare Advantage products	5
Stapedotomy		
Submandibular Gland Excision		
Sympathectomy, Endoscopic		
Tonsillectomy +/- Adenoidectomy		1
Trachelectomy: Laparoscopic		
Thrombolysis; Vascular Access Device		
Tympanoplasty		4
Uterine Artery Embolization (UAE)		
Ureteroscopy with Stone Manipulation or Laser Lithotripsy		
Urethral Repair		
Urethroplasty: Epispadias/Hypospadias		
Vaginoplasty		
Valvuloplasty, Cardiac	Inpatient for Medicare Advantage products	
Varicose Vein Treatment Procedures (Including but not limited to: Vein Ligation, Sclerosing Injection, VNUS and Laser procedures)		5
Wedge Resection; Ovary, Open		

KEY	
1. Only applies to pediatric patients under age 3	4. Only applies to pediatric patients
2. Community practice standard in place since 2000	5. Requires preauthorization for some products, regardless of treatment setting.
3. New for 2012	Refer to Preauthorization List.