

2008 Outpatient Procedure List

Effective January 14, 2008

The following services have been classified as most appropriately delivered in an outpatient setting.

If performed inpatient, these procedures require preauthorization.

The procedures highlighted in grey reflect those added to the list for 2008.

| PROCEDURE |
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| Acromioplasty, Shoulder, Open * |
| Adenoidectomy, without Obstructive adenoid enlargement. (Excludes pediatric patients less than 3 years of age) |
| Angioplasty (Non Cardiac) |
| - Mesenteric / Celiac Artery |
| - Peripheral Artery |
| - Renovascular (Percutaneous Balloon) |
| Appendectomy, Laparoscopic |
| 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 |
| Cervical Cerclage, McDonald/Shirodkar |
| Chemonucleolysis, Nucleus Pulposus |
| Chonangiography 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 |
| Discectomy TMJ |
| Ectopic Pregnancy, Laparoscopic |
| Electrophysiology Testing without Ablation |
| Endoscopy, Nasal/Sinus |
| Enucleation |
| Excision, Herniated Lumbar Disk, +/- Stabilization-Single Level |

| PROCEDURE |
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| Excision, Melanoma |
| Excision, Vulvar Lesion (simple) |
| Facial Nerve Repair |
| Gastrostomy / Jejunostomy, Laparoscopic, Open (Excludes Pediatric) |
| Hardware Removal, Open ; Ankle, Elbow, Shoulder |
| Heel Cord Lengthening |
| Hemilaminectomy, +/- Foraminotomy: Lumbar |
| Herniated Lumbar Disc Excision |
| Herniorrhaphy, Laparoscopic/Open: -Femoral -Inguinal -Umbilical -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 -elbow -hip -knee -shoulder -wrist |
| Lumbar disc, Herniation Repair – Single Level |
| Lithotripsy, Extracorporeal Shockwave, Ureteral |
| Mammoplasty, Reduction, Female |
| Mastoidectomy +/- Tympanoplasty |
| Nasal/Sinus Endoscopic Surgery |
| Orchiectomy |
| Orchiopexy |
| Pacemaker Insertion; Single Ventricular (Excludes Dual Ventricular, Urgent and Thoracotomy Insertion approach) |
| Parotidectomy |
| Pacemaker Re-Programming, Non-Urgent |
| Pericardiocentesis |
| Radiofrequency Ablation (RFA), Liver |
| 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 * |

| PROCEDURE |
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| 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 |
| 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 |
| Sialoadenectomy |
| Stapedotomy |
| Subfascial Ligation, Perforating Veins |
| Submandibular Gland Excision |
| Sympathectomy, Endoscopic |
| Tonsillectomy with or without Adenoidectomy |
| Tympanoplasty |
| Unicondylar Knee Replacement * |
| Ureterolithotomy |

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

This outpatient procedure list is inclusive of observation level of care. The 2008 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 your local Provider Services department to verify preauthorization requirements.