



**Covered Benefit: Outpatient Surgery and Procedures** CMP Published: Yes<sup>1</sup> No  
CMP Links: [Treatment of Acne](#)  
[Bariatric Surgery](#)  
[Capsule Endoscopy](#)  
[Plastic Surgery](#)  
[Varicose Vein Treatment](#)

Definition: Outpatient surgery and procedures encompasses a broad set of diagnostic, therapeutic and surgical services rendered in an outpatient setting of care. Some services may be rendered in an inpatient setting of care when medically necessary.

Benefit Packages: RIte Care, Substitute Care, Children with Special Health Care Needs, and Rhody Health Partners.

Coverage Limitations:

Some medically necessary ambulatory surgeries and procedures require an authorization even when performed by an in-network provider; please see Table 1 below.

Neighborhood members are allowed coverage for one (1) Laparoscopic Adjustable Gastric Banding per lifetime. One (1) Gastric Bypass procedure is allowed per lifetime.

Exclusions:

Plastic surgery for cosmetic reasons is not covered.

Surgical procedures for the purposes of gender reassignment are not covered.

Please see Table 2 below for a list of non-covered outpatient surgery and procedure codes.

Extended Family Planning (EFP) members have a restricted benefit package. Only sterilization is covered. For more information re: the EFP benefit coverage please see the Extended Family Planning Benefit Coverage Summary.

Coverage Includes:

- Acne Treatment
- Bariatric Surgery
- Capsule Endoscopy
- Hyperbaric Oxygen Therapy
- Mastectomy for Gynecomastia
- Varicose Vein Treatment
- Wound Care Center Treatment
- Other Outpatient Surgery and Procedures
- Outpatient Diagnostic Procedures Other

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<sup>1</sup> Clinical Medical Policies (CMP) for Acne, Bariatric Surgery, Capsule Endoscopy, Plastic Surgery and Varicose Vein Treatment, [www.nhpri.org](http://www.nhpri.org)



- Sleep Studies
- Allergy Services Outpatient
- Outpatient Surgery and Procedures Other-Auth Required
- Outpatient Surgery and Procedures Other -No Auth

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

- Office (POS 11)
- Outpatient (POS 22)
- Ambulatory Surgical Center (POS 24)
- Federally Qualified Health Center (POS 50)

**Table 1: Configuration: Covered Outpatient Surgery and Procedures- Auth Required**

Description	ICD 9 Diagnosis Codes	ICD 9 Procedure Codes	CPT Codes	HCPCS	Comments
Acne Treatment	706.1		“96567” (All Services except those noted in Not Covered in acne Table 2, Below)		See non-covered services Table 2 below
Bariatric Surgery Outpatient	278.00, 278.01		“43770” to “43775”, “43842” to “43843”, 43999		Auth required  Neighborhood members are allowed coverage for one (1) Laparoscopic Adjustable Gastric Banding per lifetime. One (1) Gastric Bypass procedure is allowed per lifetime.
Capsule Endoscopy			91110, 91111		Auth required
Hyperbaric Oxygen Therapy			99183	C1300	Auth required
Mastectomy for Male Gynecomastia	611.1		19300		Male Gender Only; auth required; see CMP.



Varicose Vein Treatment	454.0 to 454.8		36470 to 36479, 37700 to 37785		Auth required
Wound Care Treatment			97597 to 97606, 0183T	G0281, G0329	Auth required; in network wound care centers are hospital affiliated.
Outpatient Surgery and Procedures Other-Auth Required			10040, 11055 to 11057, 11200 to 11201, 11300 to 11446, 11719 to 11721, 11900 to 11901, 11920 to 11971, 11980, 15786, 15787, 15819, 15820 to 15823, 15830, 15840, 15847, 15876 to 15879, 17340 to 17360, 19316 to 19499, 20974 to 20979, 21010, 21073, 21076 to 21089, 21116, 22523 to 22525, 22526, 22527, 22551, 22552, 30400 to 30560, 30600 to 30630, 32998, 43283, 43327, 43328, 43338, 54120 to 54135, 54660 to 54680, 54700 to 54865, "56800", 61850 to 61888, 63650 to 63688, 64479 to 64595, 64611, 90901, 92065, 93268-93272, 94014-94016, 93668, 94452 - 94453, 95950 95953, 95956, 95965-95967, 96020, 0226T, 0227T		Auth required 95965-95967 out of network  Radiofrequency ablation of lung tumors requires auth  Neighborhood members are allowed coverage for one (1)

**Table 2: Non Covered Services**

ICD 9 Diagnosis Code	CPT Code	Description	Comments
706.1, Acne Vulgaris	15780	Dermabrasion; total face	Services listed for acne as non-covered may be covered for other conditions
	15781	Dermabrasion; segmental face	
	15782	Dermabrasion; regional, other than face	
	15783	Dermabrasion; superficial any site	
	15788	Chemical peel, facial, epidermal	
	15789	Chemical peel, facial, dermal	
	15792	Chemical peel, nonfacial; epidermal	
	15793	Chemical peel, nonfacial; dermal	
	17110	Destruction (e.g. laser surgery,) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions.	
	17111	Destruction (e.g. laser surgery,) of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	
	17340	Cryotherapy for acne	
	17360	Chemical exfoliation for acne	
	96567	Photodynamic therapy...to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa	
<b>Non Covered for Any Condition</b>			
	15775	Punch graft for hair transplant; 1 to 15 punch grafts	
	15776	Punch graft for hair transplant; more than 15 punch grafts	
	17380	Electrolysis epilation, each 30 minutes	
	17399	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	
	36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	
	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
	43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	



	54200	Injection for Peyronie disease	
	54205	Injection for Peyronie disease; with surgical exposure of plaque	
	54250	Evaluation and Treatment of Erectile Abnormalities	
	54400 to 54417	Procedures to Treat Impotence	
	55970	Intersex surgery; male to female	
	55980	Intersex surgery; female to male	
	69090	Cosmetic Ear Piercing	
	69300	Otoplasty, protruding ear, with our without size reduction	
	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	

Notes:

See the following benefit coverage summary for information regarding covered procedures. Transplants, Cardiac Services, Vascular Services, Women's Care, Implants, Vision

See the Oral Surgery benefit coverage summary for information regarding covered dental procedures; all other dental services are non-covered unless dental emergencies present to a hospital emergency room.

See Implants benefit coverage summary for implants including neurostimulators.

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