

## Payment Policy: Inpatient Only Procedure (Ambetter Only)

Reference Number: MP.PP.018

Product Types: Ambetter

Effective Date: 01/01/2013

Last Review Date: 04/01/2024

[Coding Implications](#)  
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Policy Overview

The Centers for Medicare and Medicaid Services (CMS) has determined that certain procedures should only be performed in an inpatient setting and therefore are not appropriate to be conducted in an outpatient facility setting. According to CMS,

*“Inpatient only services are generally, but not always, surgical services that require inpatient care because of the nature of the procedure, the typical underlying physical condition of patients who require the service or the need for at least 24 hours of postoperative recovery time or monitoring before the patient can be safely discharged.”*

Inpatient only procedures (IOP) are not payable under the Outpatient Prospective Payment System (OPPS). CMS designates IOP with an OPPS status indicator of “C” in the OPPS Addendum B. The published list can be viewed here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates>

### Application

This policy applies to Ambetter.

### Claims Reimbursement Edit

Code auditing software denies procedures that CMS determines should be performed in an inpatient only setting when billed in the outpatient setting.

*State-specific rules, health plan contracts or health plan policies, may supersede this edit.*

### Rationale for Edit

Because of the invasive nature of certain procedures, the need for at least 24 hours of post-operative recovery time or monitoring before a patient can be safely discharged, or the underlying physical condition of the patient requiring surgery, CMS has determined that certain procedures are safest when performed in an inpatient setting.

### Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**PAYMENT POLICY  
INPATIENT ONLY PROCEDURES (AMBETTER)**

**The following codes are not subject to this policy and are reimbursed in outpatient settings for Ambetter health plans only:**

| <b>CPT/HCPCS Code</b> | <b>Descriptor</b>  |
|-----------------------|--|
| 22855                 | Remove spine fixation device   |
| 00192                 | Anesth facial bone surgery   |
| 00846                 | Anesth hysterectomy  |
| 11005                 | Debride abdom wall   |
| 15757                 | Free skin flap microvasc   |
| 19361                 | Breast reconstr w/lat flap   |
| 21343                 | Open tx dprsd front sinus fx   |
| 21620                 | Partial removal of sternum - Could be wound closure, Soft tissue, Debridement only |
| 22600                 | Neck spine fusion  |
| 22630                 | Lumbar spine fusion  |
| 22818                 | Kyphectomy 1-2 segments  |
| 22846                 | Insert spine fixation device   |
| 22852                 | Remove spine fixation device   |
| 22855                 | Remove spine fixation device   |
| 27036                 | Excision of hip joint/muscle   |
| 27075                 | Resect hip tumor   |
| 27134                 | Revise hip joint replacement   |
| 27170                 | Repair/graft femur head/neck   |
| 27222                 | Treat hip socket fracture  |
| 27470                 | Repair of thigh  |
| 27472                 | Repair/graft of thigh  |
| 27486                 | Revise/replace knee joint  |
| 27514                 | Treatment of thigh fracture  |
| 27535                 | Treat knee fracture  |
| 27536                 | Treat knee fracture  |
| 27703                 | Reconstruction ankle joint   |
| 27724                 | Repair/graft of tibia  |
| 33477                 | Implant teat pulm vlv perq   |
| 33967                 | Insert i-aort percut device  |
| 35301                 | Rechanneling of artery   |
| 37182                 | Insert hepatic shunt (tips)  |
| 37215                 | Transcath stent cca w/eps  |
| 37618                 | Ligation of extremity artery   |
| 38724                 | Removal of lymph nodes neck  |
| 39220                 | Resect mediastinal tumor   |
| 42426                 | Excise parotid gland/lesion  |
| 43279                 | Lap myotomy heller   |
| 43283                 | Lap esoph lengthening  |

**PAYMENT POLICY**  
**INPATIENT ONLY PROCEDURES (AMBETTER)**

| <b>CPT/HCPCS Code</b> | <b>Descriptor</b>            |
|-----------------------|------------------------------|
| 44005                 | Freeing of bowel adhesion    |
| 44055                 | Correct malrotation of bowel |
| 44110                 | Excise intestine lesion(s)   |
| 44188                 | Lap colostomy                |
| 44204                 | Laparo partial colectomy     |
| 44602                 | Suture small intestine       |
| 44800                 | Excision of bowel pouch      |
| 44960                 | Appendectomy                 |
| 45400                 | Laparoscopic proc            |
| 47100                 | Wedge biopsy of liver        |
| 47120                 | Partial removal of liver     |
| 47380                 | Open ablate liver tumor rf   |
| 47600                 | Removal of gallbladder       |
| 48510                 | Drain pancreatic pseudocyst  |
| 49203                 | Exc abd tum 5 cm or less     |
| 49204                 | Exc abd tum over 5 cm        |
| 49255                 | Removal of omentum           |
| 50040                 | Drainage of kidney           |
| 50060                 | Removal of kidney stone      |
| 50405                 | Revision of kidney/ureter    |
| 50545                 | Laparo radical nephrectomy   |
| 51840                 | Attach bladder/urethra       |
| 51900                 | Repair bladder/vagina lesion |
| 53415                 | Reconstruction of urethra    |
| 54430                 | Revision of penis            |
| 57280                 | Suspension of vagina         |
| 57308                 | Fistula repair transperine   |
| 58140                 | Myomectomy abdom method      |
| 58150                 | Total hysterectomy           |
| 58180                 | Partial hysterectomy         |
| 58267                 | Vag hyst w/urinary repair    |
| 58548                 | Lap radical hyst             |
| 58700                 | Removal of fallopian tube    |
| 58720                 | Removal of ovary/tube(s)     |
| 58740                 | Adhesiolysis tube ovary      |
| 58750                 | Repair oviduct               |
| 58952                 | Resect ovarian malignancy    |
| 59120                 | Treat ectopic pregnancy      |
| 60505                 | Explore parathyroid glands   |
| 60650                 | Laparoscopy adrenalectomy    |
| 61500                 | Removal of skull lesion      |
| 61624                 | Transcath occlusion cns      |

## PAYMENT POLICY INPATIENT ONLY PROCEDURES (AMBETTER)

| CPT/HCPCS Code | Descriptor                   |
|----------------|------------------------------|
| 62223          | Establish brain cavity shunt |
| 63081          | Remove vert body demprn crvl |
| 63082          | Remove vertebral body add-on |
| 63707          | Repair spinal fluid leakage  |
| 63709          | Repair spinal fluid leakage  |
| 64760          | Incision of vagus nerve      |
| G0341          | Percutaneous islet celltrans |
| G0343          | Laparotomy islet cell transp |

### References

1. *Current Procedural Terminology (CPT®)*, 2024
2. *Centers for Medicare and Medicaid Services*, CMS Manual System and other CMS publications and services
3. *Centers for Medicare and Medicaid Services*, Hospital Outpatient PPS  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS>

| Revision History |   |
|------------------|---|
| 03/14/2017       | Created Ambetter specific version of policy which excludes a list of codes. |
| 5/31/2017        | Corrected formatting and revised code list.                                 |
| 11/01/2019       | Annual Review completed.  |
| 11/01/2020       | Annual Review completed   |
| 11/30/2021       | Annual Review completed; no major updates required                          |
| 12/01/2022       | Annual Review completed; no major updates required                          |
| 04/01/2024       | Completed annual review and revised code list                               |

### **Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy

## **PAYMENT POLICY INPATIENT ONLY PROCEDURES (AMBETTER)**

between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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