

## 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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