

Ambulatory Surgery

**The following codes require precertification for GHI PPO City of New York Employees/
Non-Medicare-eligible retirees with GHI PPO benefits.**

**Note: In-office procedures for the following categories also require precertification:
Infertility, Non-self Injectables and Physical Therapy.**

AMBULATORY SURGERY CATEGORIES:	DESCRIPTION	CPT CODES	
Cosmetic Procedures	Cosmetic and Reconstructive Services; Skin Related (Prosthetic material, Collagen injections)	11920, 11921, 11922, 11950, 11951, 11952, 11954, 15780, 15781, 15782, 15786, 15787, 15783, 15788, 15789, 15792, 15793, 96999, 17106, 17107, 17108, 15775, 15776, 17380, 17999, 36468, 36469, 30120, all other codes on MP for post review	
	Cosmetic and Reconstructive Services of the Head and Neck, (including Dermabrasion, scar revision, Otoplasty, Rhytidectomy, Cranial nerve procedures, Rhinoplasty)	21120, 21121, 21122, 21123, D7996, 30400, 30410, 30420, 30430, 30435, 30450, 21083, 21087, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 21230, 21235, 21244, 21245, 21246, 21248, 21249, 21255, 21256, 21270, D7948, D7949, D7950, D7995, 15824, 15828, 30120, 15819, 15825, 15826, 15829, 15838, 69090, 69300, 15840, 15841, 15842, 15845, 64716, 64732, 64734, 64736, 64738, 64740, 64742, 64864, 64865, 64866, 64868, 64870, 69955, 21188, 21182, 21183, 21184, 21083, 21087, 21275, 15876	
	Septoplasty	30520, 30620	
	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	00103, 15821, 15822, 15823, 67901, 67902, 67903, 67904, 67906, 67908, 67900, 15820	
	Mastectomy for Gynecomastia	15877	
	Reduction Mammoplasty	19318, 15877	
	Panniculectomy, Abdominoplasty	15877, 15830, 15847	
	Treatment of Varicose Veins (Lower Extremity)	36475, 36476, 36478, 36479, 36470, 36471, S2202, 36468	
Outpatient Transplants	Cosmetic and Reconstructive Services of the Trunk and Groin (Buttock/ Thigh lift, Brachioplasty, Liposuction, Lipectomy, Procedures performed on male or female genitalia, repair of pectus excavatum/carnatum)	15832, 15833, 15834, 15835, 15837, 15839, 15876, 15878, 15879, 15836, 15877, 21740, 21742, 21743, 54360, 54440, 56800, 56805, 56810, 57291, 57292, 57335	
	Stem cell transplant	38241, 38232, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215	
	Optical/Vision Related Procedures	Presbyopia- and Astigmatism-Correcting Intraocular Lenses	V2788, V2787
		Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)	0191T, 0253T, 66183, 0376T
	Breast Reconstruction	Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures	11920, 11921, 11922, 19316, 19324, 19325, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19380, 19396, C1789, L8600, S2066, S2067, S2068, 19328, 19330, 19355, 19318
	Cochlear Implants	Cochlear Implants and Auditory Brainstem Implants	69930, L8614, L8619, L8627, L8628, L8699, S2235

AMBULATORY SURGERY CATEGORIES:	DESCRIPTION	CPT CODES
Functional Endoscopy/Nasal Surgery	Functional Endoscopic Sinus Surgery (FESS)	31237, 31254, 31255, 31256, 31267, 31276, 31287, 31288, S2342
Spinal Stimulator Implants	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	63650, 63655, 63685, 0282T, 0283T, 0284T, 0285T, L8687, L8688, L8682, L8683, L8685, L8680
Joint Replacements	Total Ankle Replacement	27702
	Extraosseous Subtalar Joint Implantation and Subtalar Arthroereisis	S2117, 0335T, 28899
	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System	20985, 0054T, 0055T
Bariatric Surgeries	Surgery for Clinically Severe Obesity (gastric restrictive procedure, LapBand, sleeve gastrectomy, biliopancreatic diversion with duodenal switch)	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 00797, 43632, 43999
Experimental/ Investigational	Codes change daily — n/a	
Hyperbaric O2 Chamber	Hyperbaric Oxygen Therapy (Systemic/Topical)	99183, A4575, G0277
Infertility with Underlying Condition	In vitro fertilization procedure cancelled after aspiration, case rate	S4021
	Assisted oocyte fertilization, case rate	S4022
	Microsurgical epididymal sperm aspiration (MESA)	S4028
	Stimulated intrauterine insemination (IUI), case rate	S4035
	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	S4042
	Electroejaculation	55870
	Artificial insemination; intra-cervical	58321
	Artificial insemination; intra-uterine	58322
	Sperm washing for artificial insemination	58323
	Follicle puncture for oocyte retrieval, any method	58970
	Embryo transfer, intrauterine	58974
	Gamete, zygote, or embryo intrafallopian transfer, any method	58976
	Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)	76857
	Ultrasonic guidance for aspiration of ova, radiological supervision and interpretation	76948

AMBULATORY SURGERY CATEGORIES:	DESCRIPTION	CPT CODES
	Culture and fertilization of oocyte(s);	89250
	Culture and fertilization of oocyte(s); with co-culture of embryos	89251
	Assisted embryo hatching, microtechniques (any method)	89253
Infertility with Underlying Condition (Continued)	Oocyte identification from follicular fluid	89254
	Preparation of embryo for transfer (any method)	89255
	Insemination of Oocytes	89268
	Extended cultures of Oocytes (4-7 days)	89272
	Assisted oocyte Fertilization, Microtechnique (Less than 10 oocytes)	89280
	Assisted oocyte Fertilization, Microtechnique (Greater than 10 oocytes)	89281
	Biopsy for PGD; less than or equal to 5 Embryos	89290
	Biopsy for PGD; Greater than or equal to 5 Embryos	89291
	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	89398
	Cryopreservation of Oocytes or Ovarian Tissue	89344
Pain Management	Injection, anesthetic agent; brachial plexus, single	64415, 64417, 64447, 64450
	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic (when specified as epidural steroid injection)	62310, 62311, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic	64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Wound Vac	Vacuum Assisted Wound Therapy in the Outpatient Setting	97605, 97606, A6550, E2402, A9272, 97607, 97608

AMBULATORY SURGERY CATEGORIES:	DESCRIPTION	CPT CODES
Spinal Surgery	Lumbar Fusion and Lumbar Artificial Intervertebral Disc (LAID)	22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 22857, 22862, 0163T, 0165T
	Axial Lumbar Interbody Fusion	22856, 0309T, 0195T, 0196T
	Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy	all codes
	Cervical Artificial Intervertebral Disc	22856, 22858, 0095T, 0098T, 0375T
	Cervical Fusion	all codes
Genetic Testing	Genetic Testing for Cancer Susceptibility	81479, 81404, 81405, 81406
	Preimplantation Genetic Diagnosis Testing	89290, 89291
	Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease	S3852, 81401, 81405, 81406, 83520
	Cardiac Ion Channel Genetic Testing	S3861, S3862, 81405, 81280, 81281, 81282, 81406, 81408
	Analysis of Fecal DNA for Colorectal Cancer Screening and Surveillance	S3890, 81479
	Gene Expression Profiling for Managing Breast Cancer Treatment	81519
	Genetic Testing for Colorectal Cancer Susceptibility	all codes
	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	all codes
	Genetic Testing for Endocrine Gland Cancer Susceptibility	all codes
	Genetic Testing for PTEN Hamartoma Tumor Syndrome	81321, 81322, 81323, 81479
	Thyroid Fine Needle Aspirate Molecular Markers	81599
	Genetic Testing for Inherited Peripheral Neuropathies	81324, 81325, 81326, 81402, 81404, 81405, 81406, 81479
Radiation Therapy	Brachytherapy	77761, 77762, 77763, 77776, 77777, 77778, 77785, 77786, 77787, 76965, 77326, 77327, 77328, 77790, Q3001, 43499, 47999, 55899, 67218, 19296, 19297, 19298, 20555, 41019, 55860, 55862, 55865, 55875, 76873, G0458, 55920, 31643, 57155, 57156, 58346
	Intensity Modulated Radiation Therapy (IMRT)	G6013, 0073T, 77301, 77338
	Proton Beam Radiation Therapy (PBRT)	77520, 77522, 77523, 77525, 61796, 61797, 61798, 61799, 63620, 63621, 61800, 77432, 77435, S8030
	Stereotactic Body Radiotherapy (SBRT)	77373, G0173, G0251, G0339, G0340, 63620, 63621, 77435, 32701
	Stereotactic Radiosurgery (SRS)	77371, 77372, G0173, G0251, G0339, G0340, 61796, 61797, 61798, 61799, 61800, 77432

AMBULATORY SURGERY CATEGORIES:	DESCRIPTION	CPT CODES
Physical Therapy		90901, 94667, 94668, 97001, 97002, 97010, 97011, 97012, 97013, 97014, 97015, 97016, 97017, 97018, 97019, 97020, 97021, 97022, 97023, 97024, 97025, 97026, 97027, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97111, 97112, 97113, 97114 97115, 97116, 97117, 97118, 97119, 97120, 97121, 97122, 97123, 97124, 97125, 97126, 97127, 97128, 97129, 97130, 97131, 97132, 97133, 97134, 97135, 97136, 97137, 97138, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97545, 97546 97597, 97598, 97602, 97750, 97755, 97760, 97761, 97762, 97799
Speech Therapy		92507, 92508, 92521, 92522, 92523, 92524, 9256, 92610, 92611, 92626, 92627, 92630, 92633,
Cardiac Rehab		93797, 93798
Dialysis		90999, 90935, 90937, 90940
Air Ambulance		S9960, S9961, A0430, A0431, A0435, A0436