

SUFFOLK HEALTH PLAN

Ambulatory Surgery Procedures Requiring Precertification

The following procedures are nearly always cosmetic in nature. They are only covered when case review justifies a medical exception.		
Procedure	CPT Code(s)	ICD-9
Excision, excessive skin, thigh, leg, hip, buttock arm, forearm or hand, submental fat pad; other areas	15831 15832-39	86.83 86.3
Chemical Peel	15788-15793	86.3
Salabrasion	15810, 15811	86.3
Dermabrasion for removal of acne scars	15780-15787	86.25
Chemical Exfoliation for acne	17360	86.24
Grafts, fat	15770, 20926	86.89
Electrolysis for hirsutism	17380	86.92
Suction assisted lipectomy	15876-15879	86.83
Correction diastasis recti abdominis		83.65
Removal of spider angiomata	36468, 36469	39.92
Reduction of labia minora	56620	71.3
Zyderm collagen implant	11950-11954	86.02

The following procedures will be covered if deemed to be medically necessary. (Photographs, medical records and letter documenting medical necessity may be required)		
Procedure	CPT code(s)	ICD-9
Abdominal lipectomy	15877	86.83
Blepharoplasty	15820-15823	08.31-08.89
Breast reconstruction	19318, 19340, 19396	85.7
Dermabrasion	15780-15787	86.25
Gynecomastia	19318	85.20
Hair transplant	15775, 15776	86.64
Keloids	11400-11471	86.3
Lipomas	11400-11471	86.3
Otoplasty	69300	18.79
Port wine stains and other hemangiomas		
Rhinoplasty	30460-30462	21.85-21.87
Rhytidectomy (meloplasty, face lift)	15824-15829	86.82
Scar Revision	11400-11471 <u>with</u> 12001-12021	86.84
Septoplasty	30520	21.88
Skin Tag Removal	11200, 11201	86.3