

Provider Memorandum

Coming in January: Surgical Procedures Appropriate for an Ambulatory Surgery Center

Molina Healthcare of Illinois (Molina) continually adjusts processes to align with Centers for Medicare and Medicaid Services (CMS) and industry criteria standards. Our organization always encourages appropriate utilization of resources and the highest quality treatment for all members.

Therefore, Molina is implementing new policies and practices that will impact the scheduling of outpatient procedures. Effective **January 1, 2021**, the outpatient procedures on the list below have been identified as appropriate for **an ambulatory surgical setting**.

The intent of the Prior Authorization (PA) process is to steer procedures that meet the prescribed criteria/guidelines for performance in an Ambulatory Surgery Center (ASC). The online codification matrix will be updated in December to reflect these procedures.

Procedures Steered to an Ambulatory Setting and Their Codes	
Procedure Code	Procedure Description
29827**	Arthroscopy shoulder rotator cuff repair
29880**	Arthroscopy knee surgery with meniscectomy, medial AND lateral, meniscal shaving
29881**	Arthroscopy knee surgery with meniscectomy, medial or lateral, meniscal shaving
42820	Tonsillectomy and adenoidectomy under age 12
42821	Tonsillectomy and adenoidectomy age 12 or greater
42826	Tonsillectomy primary secondary age 12 or greater
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43239	Upper gastrointestinal endoscopy, for biopsy and/or collection of specimen
45330	Sigmoidoscopy, flexible, fiberoptic, diagnostic
45378	Colonoscopy, flexible dx with collection specimen when performed
45380	Colonoscopy with biopsy single, multiple
45381	Colonoscopy, flexible with directed submucosal injection, any substance
45385	Colonoscopy, flexible, proximal to splenic flexure-with removal of tumor
47563	Laparoscopy, cholecystectomy with cholangiogram
49505	Repair 1st inguinal hernia age 5 years or greater, reducible
49562	Laps repair hernia except incarcerated inguinal, reducible
49585	Repair umbilical hernia 5 years or greater, reducible
49650	Laparoscopy, repair inguinal hernia, initial
52310	Cystoscopy with simple removal stone and stent

Procedures Steered to an Ambulatory Setting and Their Codes	
Procedure Code	Procedure Description
52332	Cystourethroscopy with insertion of indwelling ureteral stent
52356	Cystourethroscopy with lithotripsy and indwelling stent insertion
54161	Circumcision age over 28 days
57522	Conization cervix with or without D&C repair, electrode excision
58558	Hysteroscopy surgical
58563	Hysteroscopy endometrial ablation
58661**	Laparoscopy with removal adnexal structures
58662**	Laps fulguration excision ovary viscera peritoneal surface
64721	Neuroplasty and transposition median nerve carpal tunnel
66982	Extracapsular cataract removal with insertion of intraocular lens prosthetic
66984	Extracapsular cataract removal
67108	Repair retinal detach with vitrectomy
67228	Extensive retinopathy 1+ session photocoagulation
69436	Tympanostomy, general anesthesia; unilateral
76942	Ultrasonic guidance needle biopsy—radiological supervision & interpretation
G0105	Colorectal cancer screening, colonoscopy on individual at high risk
G0121	Colorectal cancer screening, colonoscopy on individual not meeting criteria

**requires prior authorization regardless of setting.

Questions?

Providers who have questions, concerns, or would like additional training—including how to use the Molina Provider Portal—may contact their Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

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Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.