

# Inpatient Surgical/ICD 9 Procedure Code Documentation Requirements

*This list is not all-inclusive and is subject to change.*

Surgical Code	Description	Documentation required	Special Note!
2183	TOT NASAL RECONSTRUCTION	Prior Authorization	
2184	REVISION RHINOPLASTY	Prior Authorization	
2185	AUGMENTATION RHINOPLASTY	Prior Authorization	
2186	LIMITED RHINOPLASTY	Prior Authorization	
2187	RHINOPLASTY NEC	Prior Authorization	
2311	RESIDUAL ROOT REMOVAL	Prior Authorization	
233	TOOTH RESTORAT BY INLAY	Prior Authorization	
2342	FIXED BRIDGE INSERTION	Prior Authorization	
2343	INSERT REMOVABLE BRIDGE	Prior Authorization	
2349	DENTAL RESTORATION NEC	Prior Authorization	
236	PROSTHET DENTAL IMPLANT	Prior Authorization	
2372	ROOT CANAL W APICOECTOMY	Prior Authorization	
2373	APICOECTOMY	Prior Authorization	
242	GINGIVOPLASTY	Prior Authorization	
245	ALVEOLOPLASTY	Prior Authorization	
246	EXPOSURE OF TOOTH	Prior Authorization	
247	ORTHODON APPLIANC APPLIC	Prior Authorization	
248	OTHER ORTHODONTIC OPERAT	Prior Authorization	
2491	EXTENBUCCOLABIAL/SULCUS	Prior Authorization	
2499	DENTAL OPERATION NEC	Prior Authorization	
335	LUNG TRANSPLANT	Prior Authorization	
3350	LUNG TRANSPLANT NOS	Prior Authorization	
3351	UNILAT LUNG TRANSPLANT	Prior Authorization	
3352	BILAT LUNG TRANSPLANT	Prior Authorization	
336	COMB HEART/LUNG TRANSPLA	Prior Authorization	
3751	HEART TRANSPLANTATION	Prior Authorization	
3752	IMP TOT INT BI HT RP SYS	Prior Authorization	
3753	REPL/REP THR UNT TOT HRT	Prior Authorization	
3754	REPL/REP OTH TOT HRT SYS	Prior Authorization	
410	BONE MARROW TRANSPLANT	Prior Authorization	
4100	BONE MARROW TRNSPLNT NOS	Prior Authorization	
4101	AUTO BONE MT W/O PURG	Prior Authorization	
4102	ALO BONE MARROW TRNSPLNT	Prior Authorization	
4103	ALLOGRFT BONE MARROW NOS	Prior Authorization	
4104	AUTO HEM STEM CT W/O PUR	Prior Authorization	
4105	ALLO HEM STEM CT W/O PUR	Prior Authorization	

# PROVIDER RELATIONS

Michigan Department of Community Health



4106	CORD BLD STEM CELL TRANS	Prior Authorization	
4107	AUTO HEM STEM CT W PURG	Prior Authorization	
4108	ALLO HEM STEM CT W PURG	Prior Authorization	
4109	AUTO BONE MT W PURGING	Prior Authorization	
4194	SPLEEN TRANSPLANTATION	OP Report, HP/ ER Notes	
4468	LAPAROSCOPIC GASTROPLASTY	Prior Authorization	
4469	GASTRIC REPAIR NEC	OP Report, HP/ ER Notes	Cosmetic is not covered.
4495	LAPARO GASTRIC RESTRICTIVE PR	Prior Authorization	
4496	LAPARO REV GASTRIC RESTRIC PR	Prior Authorization	
4497	LAPARO REM GASTRIC RESTRIC DE	Prior Authorization	
4498	(LAPARO)ADJ SIZE RESTRICT DEV	Prior Authorization	
4697	TRANSPLANT OF INTESTINE	Prior Authorization	
5051	AUXILIARY LIVER TRANSPL	Prior Authorization	
5059	LIVER TRANSPLANT NEC	Prior Authorization	
5280	PANCREAT TRANSPLANT NOS	Prior Authorization	
5281	REIMPLANT PANCREATIC TIS	Prior Authorization	
5282	PANCREATIC HOMOTRANSPLAN	Prior Authorization	
5283	PANCREATIC HETEROTRANSPL	Prior Authorization	
5284	AUTOTRNSPLNT ISLETS LANG	Prior Authorization	
5285	ALLOTRNSPLNT ISLETS LANG	Prior Authorization	
5286	TRNSPLNT ISLETS LANG NOS	Prior Authorization	
6370	MALE STERILIZATION NOS	Consent	
6371	LIGATION OF VAS DEFERENS	Consent	
6372	SPERMATIC CORD LIGATION	Consent	
6373	VASECTOMY	Consent	
6497	INS INFLATE PENIS PROSTH	Prior Authorization	
650	OOPHOROTOMY	OP Report, HP/ ER Notes	
6501	LAPAROSCOPIC OOPHOROTOMY	OP Report, HP/ ER Notes	
6509	OTHER OOPHOROTOMY	OP Report, HP/ ER Notes	
653	UNILATERAL OOPHORECTOMY	OP Report, HP/ ER Notes	
6531	LAP UNILAT OOPHORECTOMY	OP Report, HP/ ER Notes	
6539	OTH UNILAT OOPHORECTOMY	OP Report, HP/ ER Notes	
654	UNILAT SALPINGO-OOPHOREC	OP Report, HP/ ER Notes	
6541	LAP UNI SALPINGO-OOPHOR	OP Report, HP/ ER Notes	
6549	OTH UNI SALPINGO-OOPHOR	OP Report, HP/ ER Notes	
6551	OTH REMOVE BOTH OVARIES	OP Report, HP/ ER Notes	
6552	OTH REMOVE REMAIN OVARY	OP Report, HP/ ER Notes	
6553	LAP REMOVE BOTH OVARIES	OP Report, HP/ ER Notes	
6554	LAP REMOVE REMAIN OVARY	OP Report, HP/ ER Notes	
6561	OTH REMOVE OVARIES/TUBES	OP Report, HP/ ER Notes	
6562	OTH REMOVE REM OVA/TUBE	OP Report, HP/ ER Notes	
6563	LAP REMOVE OVARIES/TUBES	OP Report, HP/ ER Notes	
6564	LAP REMOVE REM OVA/TUBE	OP Report, HP/ ER Notes	
6621	BILAT ENDOSC CRUSH TUBE	Consent	
6622	BILAT ENDOSC DIVIS TUBE	Consent	
6629	BILAT ENDOSC OCC TUBE NEC	Consent	
6631	BILAT TUBAL CRUSHING NEC	Consent	
6632	BILAT TUBAL DIVISION NEC	Consent	
6639	BILAT TUBAL DESTRUCT NEC	Consent	
664	TOTAL UNILAT SALPINGECT	OP Report, HP/ ER Notes	

# PROVIDER RELATIONS

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6651	REMOVE BOTH FALLOP TUBES	OP Report, HP/ ER Notes	
6652	REMOVE SOLITARY FAL TUBE	OP Report, HP/ ER Notes	
6661	DESTROY FALLOP TUBE LES	OP Report, HP/ ER Notes	
6662	REMOV TUBE & ECTOP PREG	OP Report, HP/ ER Notes	
6663	BILAT PART SALPINGEC NOS	OP Report, HP/ ER Notes	
6669	PARTIAL SALPINGECTOM NEC	OP Report, HP/ ER Notes	
683	SUBTOT ABD HYSTERECTOMY	Consent	
6831	LAP SUPRAVERV HYSTERECTOMY(L	Consent	
6839	OTHER SUBTOTAL HYSERECTOMY,	Consent	
684	TOTAL ABD HYSTERECTOMY	Consent	
6841	LAPA TOTAL ABD HYSTERECTOMY	Consent	
6849	OTH AND UNSPEC TOTAL AB HYST	Consent	
685	VAGINAL HYSTERECTOMY	Consent	
6851	LAP AST VAG HYSTERECTOMY	Consent	
6859	OTHER VAG HYSTERECTOMY	Consent	
686	RADICAL ABD HYSTERECTOMY	Consent	
6861	LAPA RAD ABDOM HYST	Consent	
6869	OTHER AND UNSPEC RAD AB HYST	Consent	
687	RADICAL VAG HYSTERECTOMY	Consent	
6871	LAP RAD VAG HYSTERECTOMY	Consent	
6879	OTH AND UNSPEC RAD VAG HYST	Consent	
688	PELVIC EVISCERATION	Consent	
689	HYSTERECTOMY NEC/NOS	Consent	
6901	D & C FOR PREG TERMINAT	OP Report, HP/ ER Notes	Voluntary Pregnancy Termination service is not covered.
6951	ASPIRAT CURET-PREG TERMI	OP Report, HP/ ER Notes	Voluntary Pregnancy Termination service is not covered.
6952	ASPIRAT CURET-POST DELIV	OP Report, HP/ ER Notes	Voluntary Pregnancy Termination service is not covered.
7491	HYSTEROTOMY TO TERMIN PG	OP Report, HP/ ER Notes	Voluntary Pregnancy Termination service is not covered.
750	INTRA-AMNION INJ FOR AB	OP Report, HP/ ER Notes	Voluntary Pregnancy Termination service is not covered.
8531	UNILAT REDUCT MAMMOPLAST	Prior Authorization	
8532	BILAT REDUCT MAMMOPLASTY	Prior Authorization	
8533	UNIL SUBQ MAMMECT-IMPLNT	Prior Authorization	
8534	UNILAT SUBQ MAMMECT NEC	Prior Authorization	
8535	BIL SUBQ MAMMECT-IMPLANT	Prior Authorization	
8536	BILAT SUBQ MAMMECTOM NEC	Prior Authorization	
8683	SIZE REDUCT PLASTIC OP	Prior Authorization	