

**Covered Benefit: Outpatient Surgery and Procedures** CMP Published: Yes No  
CMP Links: [Treatment of Acne](#)  
[Bariatric Surgery Capsule](#)  
[Endoscopy Plastic](#)  
[Surgery](#)  
[Varicose Vein Treatment](#)

Definition:

Outpatient surgery and procedures encompasses a broad set of diagnostic, therapeutic and surgical services rendered in an outpatient setting of care. Some services may be rendered in an inpatient setting of care when medically necessary.

Benefit Packages: : Rite Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners (RHP), Rhody Health Options Phase One, and ACA Adult Expansion (RHE).

Coverage Limitations:

Some medically necessary ambulatory surgeries and procedures require an authorization even when performed by an in-network provider; please see Table 1 below.

Neighborhood members are allowed coverage for one (1) Laparoscopic Adjustable Gastric Banding per lifetime. One (1) Gastric Bypass procedure is allowed per lifetime.

Exclusions:

Plastic surgery for cosmetic reasons is not covered.

Surgical procedures for the purposes of gender reassignment are not covered.

Extended Family Planning (EFP) members have a restricted benefit package. Only sterilization is covered. For more information re: the EFP benefit coverage please see the Extended Family Planning Benefit Coverage Summary.

Coverage Includes:

- Acne Treatment
- Bariatric Surgery
- Capsule Endoscopy
- Hyperbaric Oxygen Therapy
- Mastectomy for Gynecomastia
- Varicose Vein Treatment
- Wound Care Center Treatment
- Other Outpatient Surgery and Procedures
- Outpatient Diagnostic Procedures Other
- Sleep Studies
- Allergy Services Outpatient
- Outpatient Surgery and Procedures Other-Auth Required
- Outpatient Surgery and Procedures Other -No Auth

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Notes:

See the following benefit coverage summary for information regarding covered procedures. Transplants, Cardiac Services, Vascular Services, Women's Care, Implants, and Vision.

See the Oral Surgery benefit coverage summary for information regarding covered dental procedures; all

other dental services are non-covered unless dental emergencies present in hospital emergency room.

See Implants benefit coverage summary for implants including neurostimulators.

Refer to the [Non-Covered Benefit Coverage Summary](#) for details regarding non-covered codes.

**VERSION HISTORY:**

Create Date: 05/01/10

Revision Dates: 05/17/10, 06/02/10; 07/08/10, 11/30/10, 02/04/11, 03/24/11 CMC

Review Dates: 1/10/11, 1/8/13

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hospital emergency room.

See Implants benefit coverage summary for implants including neurostimulators.

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