

Surgical Procedures

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[Instructions for Use](#)

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Related Policies
None

Coverage Guidelines

Surgical procedures are covered when Medicare criteria are met.

Note: The medical necessity criteria referenced in this Coverage Summary applies to a surgical procedure regardless of the approach, unless noted otherwise.

Appendectomy (CPT Codes 44950, 44960, and 44970)

Medicare does not have a National Coverage Determination (NCD) for appendectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Appendectomy.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
 (Accessed March 21, 2024)

Colectomy (CPT Codes 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160, 44204, 44205, 44206, 44207, and 44208)

Medicare does not have a National Coverage Determination (NCD) for colectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Colectomy, Left and InterQual® CP: Procedures, Colectomy, Right.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Hernia Repair Procedures

Inguinal or Femoral Hernia Repair (CPT Codes 49505, 49507, 49520, 49521, 49525, 49550, 49553, 49555, 49557, 49650, 49651, and 49659)

Medicare does not have a National Coverage Determination (NCD) for inguinal or femoral hernia repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Herniorrhaphy, Inguinal or Femoral.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Umbilical Hernia Repair (CPT Codes 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, and 49618)

Medicare does not have a National Coverage Determination (NCD) for umbilical hernia repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Herniorrhaphy, Umbilical.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Hiatal Hernia Repair (CPT Codes 43192, 43201, 43210, 43211, 43212, 43235, 43236, 43254, 43257, 43266, 43280, 43281, 43282, 43283, 43284, 43325, 43327, 43328, 43332, 43333, 43334, 43335, 43336, 43337, 43338, and 43499)

Medicare does not have a National Coverage Determination (NCD) for hiatal hernia repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Antireflux Surgery or Hiatal Hernia Repair.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Laparotomy or Exploratory Laparotomy (CPT Codes 44050, 49000, 49010, 49013, 49014, 49020, 49040, and 49060)

Medicare does not have a National Coverage Determination (NCD) for laparotomy or exploratory laparotomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Laparotomy or Exploratory Laparotomy.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Laparoscopy, Diagnostic (Abdomen or Pelvic) (CPT Code 49320)

Medicare does not have a National Coverage Determination (NCD) for diagnostic laparoscopy (abdomen or pelvic). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Laparoscopy, Diagnostic (Abdomen) or InterQual® CP: Procedures, Laparoscopy, Diagnostic (Pelvic).

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Lymphedema Surgical Treatments (CPT Codes 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 38999 [when used to report lymphedema surgical treatments], and 49906)

Medicare does not have an NCD for lymphedema surgical treatments. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Surgical Treatment of Lymphedema](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed March 21, 2024)

Nephrectomy

Nephrectomy, Simple (CPT Codes 50220, 50225, 50230, 50234, 50236, 50300, 50320, 50546, 50547, and 50548)

Medicare does not have a National Coverage Determination (NCD) for simple nephrectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Nephrectomy, Simple.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Nephrectomy, Partial (CPT Codes 50240 and 50543)

Medicare does not have a National Coverage Determination (NCD) for partial nephrectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Nephrectomy, Partial.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Nephrectomy, Radical (CPT Codes 50230 and 50545)

Medicare does not have a National Coverage Determination (NCD) for radical nephrectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Nephrectomy, Radical.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Sacrocolpopexy (CPT Codes 57280, 57282, 57283, and 57425)

Medicare does not have a National Coverage Determination (NCD) for sacrocolpopexy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Sacrocolpopexy.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Small Bowel Resection (CPT Codes 44120, 44121, 44125, 44126, 44127, 44128, 44202, and 44203)

Medicare does not have a National Coverage Determination (NCD) for small bowel resection. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the InterQual® CP: Procedures, Small Bowel Resection.

[Click here to view the InterQual® criteria.](#)

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.
(Accessed March 21, 2024)

Policy History/Revision Information

Date	Summary of Changes
06/01/2024	<ul style="list-style-type: none">New Medicare Advantage Coverage Summary

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the

current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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