

HICP Surgical CPT Quick Reference

CPT 10004-69990 | Outpatient/ambulatory surgical code review guide

Purpose: This guide identifies which CPT surgery codes (10004-69990) may be considered allowable under the Broward County Part A Health Insurance Continuation Program (HICP). These codes are considered allowable only when performed in an outpatient/ambulatory setting, directly linked to program-eligible related care, and accompanied by a documented patient responsibility balance on the Explanation of Benefits (EOB).

1. Potentially Allowable CPT Codes - Outpatient, Program-Eligible Linked

Category / Specialty	CPT Code(s)	Procedure Description	Allowable When...	Example Related Diagnosis Codes
Skin / Dermatologic	11102-11107	Biopsy of skin (one or more lesions)	Diagnostic for Kaposi's sarcoma, molluscum, allowable dermatologic condition, or HPV lesions	B20, C46.*, B08.1, B97.7, R21
Skin / Dermatologic	11400-11446	Excision of benign skin lesion	Lesion removal for Kaposi's or HPV	C46.*, B97.7
Skin / Dermatologic	11600-11646	Excision of malignant skin lesion	Treatment of Kaposi's or non-melanoma skin cancer in outpatient setting	C46.*, C44.*
Skin / Dermatologic	17110-17111	Destruction of benign lesions	Destruction of HPV, molluscum, or warts in patients	B97.7, B08.1
Anus / Colorectal	45378-45385	Diagnostic/therapeutic colonoscopy	For anal/colorectal dysplasia or cancer; not routine screening	C21.*, C18.*, R87.619, K62.82
Anus / Colorectal	46600-46607	Anoscopy with or without biopsy	Diagnostic for anal dysplasia, AIN, cancer, or HPV lesions	A63.0, R87.619, C21.*, K62.82
Anus / Colorectal	46220-46230	Excision of anal tags or fistula	For program-eligible anal fistula, dysplasia, or cancer in outpatient setting	K60.3, C21.*
ENT / Oral	31575-31579	Diagnostic laryngoscopy	Evaluation of Kaposi's, lymphoma, or HPV lesions	C46.*, B97.7
ENT / Oral	41820-41825	Excision of oral lesion	Kaposi's or HPV oral lesions	C46.*, B97.7, B37.0
Gynecology	57454	Colposcopy with biopsy	Abnormal Pap or HPV-related dysplasia	R87.619, A63.0, N87.9
Gynecology	57500	Cervical biopsy	Confirming dysplasia/cancer in an allowable gynecological condition	A63.0, C53.*, N87.9
Gynecology	58100	Endometrial biopsy	Cancer evaluation when program-eligible	C54.*, C55.*
Ophthalmology	67036	Vitrectomy	Treatment of CMV retinitis	B25.9 + H30.9
Ophthalmology	67210-67228	Retinal laser photocoagulation	Treatment of retinal necrosis or CMV retinitis	H30.8, B25.9
Podiatry / Wound Care	11042-11047	Debridement of skin/subcutaneous tissue	For program-eligible or diabetes-related ulcers	L97.*, E11.621
Podiatry / Wound Care	11420-11426	Excision of nail/lesion	For Kaposi's or ulcerative lesions	C46.*, L97.*

Category / Specialty	CPT Code(s)	Procedure Description	Allowable When...	Example Related Diagnosis Codes
Central Line / PICC	36569; related HCPCS C1751 may appear separately	PICC insertion / central venous catheter supply	Review only when clearly tied to allowable treatment, such as program-eligible oncology/chemotherapy-related care, and supported by insurance payment and patient responsibility	Example: C21.0 with related treatment documentation

2. Generally Ineligible Surgical CPT Categories

The following CPT 10004-69990 categories are generally unallowable for HICP payment unless the specific code is listed above, the service is minor/outpatient, and all HICP requirements are met. Inpatient, emergency, elective, cosmetic, and non-program-eligible procedures remain unallowable.

CPT Category	Review Guidance
20000-29999 (Musculoskeletal)	Generally not allowable. Orthopedic, reconstructive, trauma, or inpatient-level procedures are outside this quick reference.
30000-39999 (Respiratory / Cardiovascular)	Generally not allowable except limited outpatient diagnostic/treatment codes specifically listed above, such as certain ENT/oral or central-line/PICC items tied to allowable care.
40000-49999 (Digestive / Hepatobiliary / Hernia Repairs)	Generally not allowable except limited outpatient GI/colorectal diagnostic/treatment codes specifically listed above. Hernia repairs and operative/inpatient procedures are not allowable.
50000-69990 (Urinary, Reproductive, Endocrine, Nervous Systems)	Generally not allowable except limited outpatient gynecology or ophthalmology codes specifically listed above. Inpatient or elective surgical procedures are not allowable.

3. Eligibility Review Summary

- The service is performed in an outpatient/ambulatory setting (Place of Service 11, 19, or 22).
- The diagnosis code is program-eligible or linked to an allowable medical condition.
- The claim shows a patient responsibility balance on the EOB or itemized billing documentation.
- Primary insurance has processed and paid the claim before HICP review.
- The service is not elective, cosmetic, inpatient, emergency department, or ambulance-related.
- CPT, diagnosis, place of service, insurance processing, patient responsibility, and program eligibility must all align before payment can be issued.

Final review note: This guide does not guarantee payment. It supports staff and providers in identifying outpatient, program-eligible surgical CPT codes that may qualify for cost-sharing assistance. Final determination depends on complete documentation, insurance processing, diagnosis linkage, allowable service type, funding availability, and all HICP requirements.