

# Outpatient Surgical Procedures – Site of Service

**Policy Number:** SURGERY 106.22

**Effective Date:** January 1, 2024

[➔ Instructions for Use](#)

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## Coverage Rationale

UnitedHealthcare® Oxford members may choose to receive surgical procedures in an ambulatory surgical center (ASC) or other locations. We are conducting site of service medical necessity reviews, however, to determine whether the outpatient hospital department is medically necessary, in accordance with the terms of the member’s specific benefit plan document. If the outpatient hospital department is not considered medically necessary, this location will not be covered under the member’s specific benefit plan document.

**Certain planned surgical procedures performed in a hospital outpatient department are considered medically necessary for an individual who meets any of the following criteria:**

- Advanced liver disease (MELD Score > 8)
- Advance surgical planning determines an individual requires overnight recovery and care following a surgical procedure
- Anticipated need for transfusion
- Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect
- Cardiac arrhythmia (symptomatic arrhythmia despite medication)
- Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%)
- Coronary artery disease (CAD)/peripheral vascular disease (PVD) (ongoing cardiac ischemia requiring medical management or recently placed [within 1 year] drug eluting stent)
- Developmental stage or cognitive status warranting use of a hospital outpatient department
- End stage renal disease ([hyperkalemia above reference range] receiving peritoneal or hemodialysis)
- History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) (recent event [< 3 months])

- History of myocardial infarction (MI) (recent event [ $< 3$  months])
- Individuals with drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days unless acetylsalicylic acid and antiplatelet drugs will be continued by agreement of surgeon, cardiologist and anesthesia
- Ongoing evidence of myocardial ischemia
- Poorly Controlled asthma (FEV1  $< 80\%$  despite medical management)
- Pregnancy
- Prolonged surgery ( $> 3$  hours)
- Resistant hypertension (Poorly Controlled)
- Severe valvular heart disease
- Sleep apnea (moderate to severe Obstructive Sleep Apnea (OSA))
- Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
- Uncontrolled diabetes with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia
- Under 18 years of age

**A planned surgical procedure performed in a hospital outpatient department is considered medically necessary if there is an inability to access an ambulatory surgical center for the procedure due to any one of the following:**

- An ASC’s specific guideline regarding the individual’s health conditions or weight that would preclude management of an individual within an ASC setting; **or**
- There is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure; (Examples include but are not limited to fluoroscopy, laser, ocular equipment, operating microscope, nonstandard scopes required to perform specialized procedures (i.e., duodenoscope, ureteroscope)\*; **or**
- There is no geographically accessible ambulatory surgical center available at which the individual’s physician has privileges

**\*Note:** This specifically excludes surgeon preferred or proprietary instruments, instrument sets, or hardware sets.

## Planned Surgical Procedures List

Site of service medical necessity reviews will be conducted for surgical procedures on the [Applicable Codes List](#) only when performed in an outpatient hospital setting.

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Codes*	Required Clinical Information
<b>Outpatient Surgical Procedures – Site of Service (for Commercial Plans only)</b>	
Refer to the <a href="#">Applicable Codes</a> section for a complete list of codes and their descriptions	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> <li>• History</li> <li>• Physical examination including patient weight and co-morbidities</li> <li>• Surgical plan</li> <li>• Physician privileging information related to the need for the use of the hospital outpatient department</li> <li>• American Society of Anesthesiologists (ASA) score, as applicable</li> <li>• Specific criteria (refer to the <a href="#">Coverage Rationale</a>) that qualifies the individual for the site of service requested</li> </ul> <p>In addition to the above, additional documentation requirements may apply for the following codes. Review the below listed policies in conjunction with the guidelines in this document.</p> <ul style="list-style-type: none"> <li>• For CPT codes 15576, refer to the Clinical Policy titled <a href="#">Cosmetic and Reconstructive Procedures</a></li> <li>• For CPT codes 17106, 17107, and 17108, refer to the Clinical Policy titled <a href="#">Light and Laser Therapy</a></li> <li>• For CPT codes 20551, 29800, and 29804, refer to the Clinical Policy titled <a href="#">Treatment of Temporomandibular Joint Disorders</a></li> </ul>

CPT Codes*	Required Clinical Information
<b>Outpatient Surgical Procedures – Site of Service (for Commercial Plans only)</b>	
	<ul style="list-style-type: none"> <li>For CPT codes 20605, 20606, 20610, and 201611, refer to the Medical Benefit Drug Policy titled <a href="#">Sodium Hyaluronate</a></li> <li>For CPT codes 22513 and 22514, refer to the Clinical Policy titled <a href="#">Percutaneous Vertebroplasty and Kyphoplasty</a></li> <li>For CPT codes 23700 and 27570, refer to the Clinical Policy titled <a href="#">Manipulation Under Anesthesia</a></li> <li>For CPT codes 29914, 29915, and 29916, refer to the Clinical Policy titled <a href="#">Surgery of the Hip</a></li> <li>For CPT codes 42145, refer to the Clinical Policy titled <a href="#">Obstructive and Central Sleep Apnea Treatment</a></li> <li>For CPT codes 58263, refer to the Clinical Policy titled <a href="#">Hysterectomy</a></li> <li>For CPT codes 62281, refer to the Clinical Policy titled <a href="#">Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)</a></li> </ul>

\*For code descriptions, refer to the [Applicable Codes](#) section.

## Definitions

**ASA Physical Status Classification System Risk Scoring Tool:** The American Society of Anesthesiologists (ASA) physical status classification system was developed to offer clinicians a simple categorization of a patient’s physiological status that can be helpful in predicting operative risk. The ASA score is a subjective assessment of a patient’s overall health that is based on five classes. (ASA, 2020)

**Obstructive Sleep Apnea (OSA):** The American Academy of Sleep Medicine (AASM) defines OSA as a sleep related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe. OSA severity is defined as:

- Mild for AHI or RDI  $\geq 5$  and  $< 15$
- Moderate for AHI or RDI  $\geq 15$  and  $\leq 30$
- Severe for AHI or RDI  $> 30$ /hr

(AASM, 2021)

**Poorly Controlled:** Requiring three or more drugs to control blood pressure. (Sheppard, 2017)

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

### CPT/HCPCS Codes

[Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Code List](#)

*CPT® is a registered trademark of the American Medical Association*

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [MP-11.19]

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American Society of Anesthesiologists. Guidelines for patient care in anesthesiology. October 21, 2021.

American Society of Anesthesiologists. Position on monitored anesthesia care. October 17, 2018.

American Society of Anesthesiologists. Practice Guidelines for moderate procedural sedation and analgesia 2018: a report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. *Anesthesiology* March 2018, Vol. 128, 437–479.

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Joshi G; Chung F; Vann Mary Ann, et al. Society for Ambulatory Anesthesia Consensus Statement on perioperative blood glucose management in diabetic patients undergoing ambulatory surgery. *Anesthesia & Analgesia*. December 2010; 111(6): 1378–1387.

Mathis MR, Naughton NN, Shanks AM, et al. Patient selection for day case-eligible surgery: identifying those at high risk for major complications. *Anesthesiology*. 2013 Dec;119(6):1310-21.

Medicare Claims Processing Manual. Chapter 14 - Ambulatory Surgical Centers.

Whippey A, Kostandoff G, Ma HK, et al. Predictors of unanticipated admission following ambulatory surgery in the pediatric population: a retrospective case-control study. *Paediatr Anaesth*. 2016 Aug;26(8):831-7.

## Policy History/Revision Information

Date	Summary of Changes
05/01/2024	<b>Related Policy</b> <ul style="list-style-type: none"><li>Removed reference link to the Administrative Policy titled <i>Orthopedic Services</i></li></ul>
03/01/2024	<b>Related Policy</b> <ul style="list-style-type: none"><li>Updated reference link to reflect current policy title for <i>Treatment of Temporomandibular Joint Disorders</i></li></ul>
01/01/2024	<b>Applicable Codes</b> <ul style="list-style-type: none"><li>Updated list of applicable CPT codes to reflect annual edits; revised description for 28292, 28295, 28296, 28297, 28298, and 28299</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version SURGERY 106.21</li></ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.