

Outpatient Surgical Procedures – Site of Service

Guideline Number: URG-11.09
Effective Date: January 1, 2021

[➔ Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Documentation Requirements	2
Definitions	3
Applicable Codes	3
References	3
Guideline History/Revision Information	4
Instructions for Use	5

Related Commercial Policies

- [Articular Cartilage Defect Repairs](#)
- [Cosmetic and Reconstructive Procedures](#)
- [Femoroacetabular Impingement Syndrome](#)
- [Glaucoma Surgical Treatments](#)
- [Hysterectomy for Benign Conditions](#)
- [Light and Laser Therapy](#)
- [Macular Degeneration Treatment Procedures](#)
- [Manipulation Under Anesthesia](#)
- [Obstructive Sleep Apnea Treatment](#)
- [Occipital Neuralgia and Headache Treatment](#)
- [Oral Surgery: Non-Pathologic Excisional Procedures](#)
- [Percutaneous Vertebroplasty and Kyphoplasty](#)
- [Preventive Care Services](#)
- [Screening Colonoscopy Procedures – Site of Service](#)
- [Sodium Hyaluronate](#)
- [Temporomandibular Joint Disorders](#)

Community Plan Policy

- [Outpatient Surgical Procedures – Site of Service](#)

Medicare Advantage Coverage Summary

- [Hospital Services \(Inpatient and Outpatient\)](#)

Coverage Rationale

UnitedHealthcare 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 benefit plan. If the outpatient hospital department is not considered medically necessary, this location will not be covered under the member’s plan.

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

- Brittle Diabetes
- 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
- Less than 19 years of age
- 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)

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:

- There is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure; or
- There is no geographically accessible ambulatory surgical center available at which the individual’s physician has privileges; or
- An ASC’s specific guideline regarding the individual’s weight or health conditions that prevents the use of an ASC

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
Outpatient Surgical Procedures – Site of Service (for Commercial Plans only)	
Refer to the Applicable Codes section for a complete list of codes and their descriptions (for Commercial Plans).	<p>Medical notes documenting all of the following:</p> <ul style="list-style-type: none"> • History • Physical examination including patient weight and co-morbidities • Surgical plan • Physician privileging information related to the need for the use of the hospital outpatient department • American Society of Anesthesiologists (ASA) score, as applicable <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"> • For 15576, refer to the Coverage Determination Guideline titled Cosmetic and Reconstructive Procedures • For 17106, 17107 and 17108, refer to the Medical Policy titled Light and Laser Therapy

CPT Codes*	Required Clinical Information
Outpatient Surgical Procedures – Site of Service (for Commercial Plans only)	
	<ul style="list-style-type: none"> For 20551, 20552, 20553, 29800 and 29804, refer to the Medical Policy titled Temporomandibular Joint Disorders For 20605, 20606, 20610, and 201611, refer to the Medical Benefit Drug Policy titled Sodium Hyaluronate For 22513 and 22514, refer to the Medical Policy titled Percutaneous Vertebroplasty and Kyphoplasty For 23700 and 27570, refer to the Medical Policy titled Manipulation Under Anesthesia For 29914, 29915, and 29916, refer to the Medical Policy titled Femoroacetabular Impingement Syndrome For 42145, refer to the Medical Policy titled Obstructive Sleep Apnea Treatment For 58263, refer to the Medical Policy titled Hysterectomy for Benign Conditions For 62281, refer to the Medical Policy titled Occipital Neuralgia and Headache Treatment

*For code descriptions, see 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.

Brittle Diabetes: Diabetes that is difficult to control due to symptoms such as (1) predominant hyperglycemia with recurrent ketoacidosis, (2) predominant hypoglycemia, and (3) mixed hyper- and hypoglycemia.

Obstructive Sleep Apnea (OSA): Severity is defined as: Moderate for AHI or RDI \geq 15 and \leq 30. Severe for AHI or RDI $>$ 30/hr.

Poorly Controlled: Requiring three or more drugs to control blood pressure.

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 guideline 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 and Guidelines may apply.

CPT/HCPCS Codes

Refer to the appropriate code list:

- Commercial Plans: [Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Code List](#)
- Medicare Advantage Plans: [Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Code List](#)

CPT® is a registered trademark of the American Medical Association

References

American Heart Association. Classes of Heart Failure. Available at: http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure_UCM_306328_Article.jsp. Accessed May 21, 2020.

American Society of Anesthesiologists ([ASA](#)) [Physical Status Classification System](#).

American Society of Anesthesiologists. Guidelines for ambulatory anesthesia and surgery. October 17, 2018.

American Society of Anesthesiologists. Guidelines for patient care in anesthesiology. October 26, 2016.

Bilimoria K, Liu Y, Paruch J, et al. Development and evaluation of the Universal ACS NSQIP Surgical Risk Calculator: a decision aide and informed consent tool for patients and surgeons. *J Am Coll Surg*. 2013 November; 217(5): 833–842.e3.

Brolin TJ, Mulligan RP, Azar FM, et al. Neer Award 2016: Outpatient total shoulder arthroplasty in an ambulatory surgery center is a safe alternative to inpatient total shoulder arthroplasty in a hospital: a matched cohort study. *J Shoulder Elbow Surg*. 2017;26(2):204-8.

Cancienne JM, Brockmeier SF, Gulotta LV, et al. Ambulatory total shoulder arthroplasty: a comprehensive analysis of current trends, complications, readmissions, and costs. *J Bone Joint Surg Am*. 2017;99(8):629- 37.

Epstein LJ, Kristo D, Strollo PJ Jr, et al. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med*. 2009 Jun 15; 5(3):263-76.

Friedman L S. Surgery in the patient with liver disease. *Trans Am Clin Climatol Assoc*. 2010; 121: 192–205.

Goyal N, Chen AF, Padgett SE, et al. Otto Aufranc Award: a multicenter, randomized study of outpatient versus inpatient total hip arthroplasty. *Clin Orthop*. 2017;475(2):364-7.

Joshi G, Ahmad S; Riad W. et al. Selection of obese patients undergoing ambulatory surgery: a systematic review of the literature. *Anesthesia & Analgesia*. November 2013; 117(5): 1082–1091.

Joshi G, Ankichetty P, Gan T, and Chung F. Society for Ambulatory Anesthesia Consensus Statement on preoperative selection of adult patients with obstructive sleep apnea scheduled for ambulatory surgery. *Anesthesia & Analgesia*: November 2012; 115(5): 1060–1068.

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.

Lovald S, Ong K, Lau E, et al. Patient selection in outpatient and short-stay total knee arthroplasty. *J Surg Orthop Adv*. 2014 Spring;23(1):2-8.

Maganti K, Rigolin VH, Sarano ME, Bonow RO. Valvular heart disease: diagnosis and management. *Mayo Clin Proc*. 2010 May;85(5):483-500.

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.

National Kidney Foundation. Clinical update on hyperkalemia. A chronic risk for CKD patients and a potential barrier to recommended CKD treatment. https://www.kidney.org/sites/default/files/02-10-6785_HBE_Hyperkalemia_Bulletin.pdf. Accessed May 21, 2020.

Orthopedic Certification. Pathways to excellence in patient care. Joint Commission.

Sankar A, Johnson SR, Beattie WS, et al. Reliability of the American Society of Anesthesiologists physical status scale in clinical practice. *Br J Anaesth*. 2014 Sep;113(3):424-32.

Guideline History/Revision Information

Date	Summary of Changes
01/01/2021	<p>Related Policies</p> <ul style="list-style-type: none"> ● Added reference link to the: <ul style="list-style-type: none"> ○ Utilization Review Guideline titled <i>Screening Colonoscopy Procedures – Site of Service</i> ○ Medicare Advantage Coverage Summary titled <i>Hospital Services (Inpatient and Outpatient)</i> <p>Documentation Requirements</p> <ul style="list-style-type: none"> ● Added language to indicate documentation requirements apply to Commercial plans only <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Updated list of applicable CPT codes for Commercial plans to reflect annual edits: <ul style="list-style-type: none"> ○ Added 32408 ○ Removed 32405 ○ Revised description for 29822 and 29823

Date	Summary of Changes
	<ul style="list-style-type: none"> Added list of applicable CPT codes for which site of service medical necessity reviews will be conducted when performed in an outpatient hospital setting for Medicare Advantage plans: 14040, 14060, 14301, 15100, 15120, 15220, 15240, 15260, 19125, 22514, 23430, 23615, 23630, 24515, 24516, 24665, 24666, 25545, 25605, 25606, 25607, 25608, 25609, 26055, 26123, 28120, 28285, 28288, 28291, 28296, 29823, 29824, 29827, 29828, 29848, 29870, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29888, 30520, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43245, 43247, 43248, 43249, 43250, 43251, 43253, 43254, 43255, 43259, 49505, 49521, 49525, 49550, 49553, 49570, 49572, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 50590, 51720, 51728, 51729, 52000, 52001, 52005, 52007, 52204, 52214, 52224, 52234, 52235, 52275, 52276, 52281, 52282, 52285, 52287, 52300, 52310, 52315, 52320, 52325, 52330, 52332, 52341, 52344, 52351, 52352, 52353, 52354, 52356, 52630, 53445, 55040, 55700, 57240, 57260, 57288, 58558, 64718, 64721, 65756, 65820, and 66170 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version URG-11.08

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare 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 guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Utilization Review Guidelines 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.