Outpatient Surgical Procedures – Site of Service

Policy Number: IEX-URG-11.02
Effective Date: August 1, 2021

Instructions for Use

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Applicable States

This Utilization Review Guideline only applies to the states of Arizona, Maryland, North Carolina, Oklahoma, Tennessee, Virginia, and Washington.

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
- 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)
- 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:
- 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 only when performed in an outpatient hospital setting. For the complete list of surgical procedures codes requiring prior authorization, refer to UHCProvider.com > Prior Authorization and Notification > Plan Requirements for Advance Notification/Prior Authorization > Exchange Plans Advanced Notification/Prior Authorization Requirements.

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.

Provide medical notes documenting all of the following:
- 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

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.
- For CPT code15576, refer to the Coverage Determination Guideline titled Cosmetic and Reconstructive Procedures.
- For CPT codes 17106, 17107, and 17108, refer to the Medical Policy titled Light and Laser Therapy.
- For CPT codes 20551, 29800, and 29804, refer to the Medical Policy titled Temporomandibular Joint Disorders.
- For CPT codes 20605, 20606, 20610, and 201611, refer to the Medical Benefit Drug Policy titled Sodium Hyaluronate.
- For CPT codes 22513 and 22514, refer to the Medical Policy titled Percutaneous Vertebroplasty and Kyphoplasty.
- For CPT codes 23700 and 27570, refer to the Medical Policy titled Manipulation Under Anesthesia.
- For CPT code 42145, refer to the Medical Policy titled Obstructive Sleep Apnea Treatment.
- For CPT code 58263, refer to the Medical Policy titled Hysterectomy.

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 ≥ 15 and ≤ 30. Severe for AHI or RDI > 30/hr.

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

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Guideline History/Revision Information

Date	Summary of Changes
08/01/2021	**Coverage Rationale** ***Planned Surgical Procedures List*** • Added instruction to refer to UHCProvider.com > Prior Authorization and Notification > Plan Requirements for Advance Notification/Prior Authorization > Exchange Plans Advanced Notification/Prior Authorization Requirements for the complete list of surgical procedures codes requiring prior authorization ***Documentation Requirements*** • Updated list of CPT codes with additional documentation requirements; added language pertaining to CPT codes17106, 17107, 17108, 22513, 22514, and 58263 **Supporting Information** • Removed *Applicable Codes* section (refer to the *Planned Surgical Procedures List* section of the policy) • Updated *References* section to reflect the most current information

Date	Summary of Changes
	• Archived previous policy version IEX-URG-12.01

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 InterQual® criteria, 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.