Outpatient Surgical Procedures – Site of Service (for New Jersey Only)

Guideline Number: CS143NJ.K
Effective Date: February 1, 2022

Instructions for Use

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Related Policy

- Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)

Application

This Utilization Review Guideline only applies to the state of New Jersey.

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 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 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 21 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

Documentation Requirements

Documentation requirements include the following:

- American Society of Anesthesiologists (ASA) score (if applicable);
- Physician office notes including current history, examination and surgical plan; and
- Physician privileging information related to the need for the use of the hospital outpatient department

Planned Surgical Procedures List

Site of service medical necessity reviews will be conducted for certain surgical procedures only when performed in an outpatient hospital setting. For the complete list of surgical procedure codes requiring prior authorization for each state, refer to the UnitedHealthcare Community Plan Prior Authorization List. (Accessed November 18, 2021)

Definitions

Please check the member specific benefit plan document or any applicable federal or state contractual or regulatory requirements. In the event of a conflict, the federal, state, or contractual definitions for benefit plan coverage supersede this Utilization Review Guideline.

ASA Physical Status Classification System Risk Scoring Tool: While anesthesia providers use this scale to indicate one's overall physical health or "sickness" preoperatively, it is regarded by hospitals, law firms, accrediting boards, and other healthcare groups as a scale to predict risk and thus decide if a patient should have – or should have had – an operation. To predict operative risk, age and obesity, the nature and severity of the operative procedure, selection of anesthetic techniques, the competency of the surgical team (surgeon, anesthesia providers and assisting staff), duration of surgery or anesthesia, availability of equipment, medicine, blood, implants and especially the level of post-operative care etc. are often far more important than multiple ASA classification.

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
05/01/2022	**Related Policies** • Updated reference link to reflect title change for the Medical Policy titled *Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)* [previously titled *Obstructive Sleep Apnea Treatment (for New Jersey Only)*]

02/01/2022	**Coverage Rationale**
	• Replaced language indicating "certain *elective* procedures performed in a hospital outpatient department are considered medically necessary for an individual who meets any of the criteria [listed in the policy]" with "certain *planned surgical* procedures performed in a hospital outpatient department are considered medically necessary for an individual who meets any of the criteria [listed in the policy]"
	• Revised medical necessity criteria; added criterion requiring "[the individual is] less than 21 years of age"
	• Revised language pertaining to the inability to access an ambulatory surgical center:
	  ○ Replaced reference to "*elective* surgical procedure" with "*planned* surgical procedure"
	  ○ Added language to clarify *any one* of the listed situations are considered medically necessary
	• Added documentation requirement for physician privileging information related to the need for the use of the hospital outpatient department
	• Revised language pertaining to the *Planned Surgical Procedures List* to indicate:
	  ○ Site of service medical necessity reviews will be conducted for certain surgical procedures only when performed in an outpatient hospital setting
	  ○ For the complete list of surgical procedure codes requiring prior authorization for each state, please refer to the *UnitedHealthcare Community Plan Prior Authorization List*
	Definitions
	• Replaced instruction to "check the definitions within the member benefit plan document that supersede the definitions [listed in the policy]" with "check the member specific benefit plan document or any applicable federal or state contractual or regulatory requirements; in the event of a conflict, the federal, state or contractual definitions for benefit plan coverage supersede this Utilization Review Guideline"
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CS143FLNJ.J

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. 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. The 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.