

Outpatient Surgical Procedures – Site of Service (for Tennessee Only)

Guideline Number: CS143TN.I
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[➔ Instructions for Use](#)

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Related Community Plan Policy
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Commercial Policy
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Application

This Utilization Review Guideline applies to Medicaid only plans in the state of Tennessee.

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 unless otherwise required by federal, state or contractual requirements
- 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, please refer to the [UnitedHealthcare Community Plan Prior Authorization List](#). (Accessed May 26, 2020)

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: 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
05/01/2021	Template Update <ul style="list-style-type: none">Replaced reference to “MCG™ Care Guidelines” with “InterQual® criteria” in <i>Instructions for Use</i>
09/01/2020	Related Policies <ul style="list-style-type: none">Added reference link to the Medicare Advantage Coverage Summary titled <i>Hospital Services (Inpatient and Outpatient)</i> Supporting Information <ul style="list-style-type: none">Archived previous policy version CS143TN.H

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.