UnitedHealthcare

UnitedHealthcare® Commercial
Medical Policy

Outpatient Surgical Procedures – Site of Service

Guideline Number: MP.11.19
Effective Date: July 1, 2023

Instructions for Use

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- Outpatient Surgical Procedures – Site of Service

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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

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- 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
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	Medical notes documenting the following, when applicable: • 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

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CPT Codes*	Required Clinical Information
Outpatient Surgical Procedures – Site of Service (for Commercial Plans only)	
(for Commercial Plans).	• American Society of Anesthesiologists (ASA) score, as applicable • Specific criteria (refer to the Coverage Rationale) that qualifies the individual for the site of service requested 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 codes 15576, refer to the Medical Policy 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 29800, and 29804, refer to the Medical Policy titled Temporomandibular Joint Disorders • For CPT codes 20605, 20606, 20610, and 20611, 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 codes 29914, 29915, and 29916, refer to the Medical Policy titled Surgery of the Hip • For CPT codes 42145, refer to the Medical Policy titled Obstructive and Central Sleep Apnea Treatment

*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 ≥ 5 and < 15
- Moderate for AHI or RDI ≥ 15 and ≤ 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 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

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Guideline History/Revision Information

Date	Summary of Changes
07/01/2023	**Coverage Rationale** • Updated list of conditions in which 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 (ASC); replaced “an ASC’s specific guideline regarding the individual’s weight or health conditions *prevents the use of an ASC*” with “an ASC’s specific guideline regarding the individual’s health conditions or weight *precludes management of an individual within an ASC setting*” **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version MP.11.18

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy is provided for informational purposes. It does not constitute medical advice.

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This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical 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.

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