

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

**Policy Number:** CS143NJ.O  
**Effective Date:** August 1, 2023

[U Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	2
<a href="#">References</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	4

Related Policies
• <a href="#">Cosmetic and Reconstructive Procedures (for New Jersey Only)</a>
• <a href="#">Glaucoma Surgical Treatments (for New Jersey Only)</a>
• <a href="#">Hysterectomy (for New Jersey Only)</a>
• <a href="#">Light and Laser Therapy (for New Jersey Only)</a>
• <a href="#">Macular Degeneration Treatment Procedures (for New Jersey Only)</a>
• <a href="#">Manipulation Under Anesthesia (for New Jersey Only)</a>
• <a href="#">Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)</a>
• <a href="#">Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for New Jersey Only)</a>
• <a href="#">Percutaneous Vertebroplasty and Kyphoplasty (for New Jersey Only)</a>
• <a href="#">Sodium Hyaluronate</a>
• <a href="#">Surgery of the Hip (for New Jersey Only)</a>
• <a href="#">Surgery of the Knee (for New Jersey Only)</a>
• <a href="#">Treatment of Temporomandibular Joint Disorders (for New Jersey Only)</a>

## Application

This Medical Policy 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
- 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 unless otherwise required by federal, state or contractual requirements

**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, ureteroscopy)]\*; 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 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 May 3, 2023.

## Definitions

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 Medical Policy.

**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  $\geq 5$  and < 15
- Moderate for AHI or RDI  $\geq 15$  and  $\leq 30$

- Severe for AHI or RDI > 30/hr (AASM, 2021)

**Poorly Controlled:** Requiring three or more drugs to control blood pressure (Sheppard, 2017).

## References

- American Academy of Sleep Medicine (AASM). Obstructive Sleep Apnea.
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- American Society of Anesthesiologists. Guidelines for ambulatory anesthesia and surgery. October 17, 2018.
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- American Society of Anesthesiologists. Position on monitored anesthesia care. October 17, 2018.
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- 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.
- 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.
- Medicare Claims Processing Manual. Chapter 14 - Ambulatory Surgical Centers.
- UnitedHealthcare Community Plan Prior Authorization List. Available at: <https://www.uhcprovider.com/en/health-plans-by-state.html>. Accessed May 3, 2023.
- Whippey A, Kostandoff G, Ma HK, et al. Predictors of unanticipated admission following ambulatory surgery in the pediatric population: a retrospective case-control study. *Paediatr Anaesth*. 2016 Aug;26(8):831-7.

## Policy History/Revision Information

Date	Summary of Changes
03/01/2024	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Updated reference link to reflect current policy title for <i>Treatment of Temporomandibular Joint Disorders (for New Jersey Only)</i></li> </ul>
12/01/2023	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Added reference link to the Medical Policy titled <i>Surgery of the Knee (for New Jersey Only)</i></li> <li>• Removed reference link to the Medical Policy titled <i>Articular Cartilage Defect Repairs (for New Jersey Only)</i></li> </ul>
08/01/2023	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• 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 <i>prevents the use of an ASC</i>” with “an ASC’s specific guideline regarding the individual’s health conditions or weight <i>precludes management of an individual within an ASC setting</i>”</li> </ul>

Date	Summary of Changes
	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CS143NJ.N</li> </ul>

## Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 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.