

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

**Policy Number:** CS143OH.A  
**Effective Date:** November 1, 2023

[➔ 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**
- [Cosmetic and Reconstructive Procedures \(for Ohio Only\)](#)
  - [Glaucoma Surgical Treatments \(for Ohio Only\)](#)
  - [Hysterectomy \(for Ohio Only\)](#)
  - [Light and Laser Therapy \(for Ohio Only\)](#)
  - [Macular Degeneration Treatment Procedures \(for Ohio Only\)](#)
  - [Manipulation Under Anesthesia \(for Ohio Only\)](#)
  - [Obstructive and Central Sleep Apnea Treatment \(for Ohio Only\)](#)
  - [Occipital Nerve Injections and Ablation \(Including Occipital Neuralgia and Headache\) \(for Ohio Only\)](#)
  - [Sodium Hyaluronate](#)
  - [Surgery of the Hip \(for Ohio Only\)](#)
  - [Surgery of the Knee \(for Ohio Only\)](#)
  - [Treatment of Temporomandibular Joint Disorders \(for Ohio Only\)](#)

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## 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 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 April 21, 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.

American Heart Association. Classes of Heart Failure. Available at: <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure>. Accessed March 19, 2023.

American Society of Anesthesiologists (ASA) [Physical Status Classification System](#). December 13, 2020. Accessed March 19, 2023.

American Society of Anesthesiologists. Guidelines for ambulatory anesthesia and surgery. October 17, 2018.

American Society of Anesthesiologists. Guidelines for patient care in anesthesiology. October 21, 2021.

American Society of Anesthesiologists. Position on monitored anesthesia care. October 17, 2018.

American Society of Anesthesiologists. Practice Guidelines for moderate procedural sedation and analgesia 2018: a report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. Anesthesiology March 2018, Vol. 128, 437–479.

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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.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed April 21, 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 the current policy title for:               <ul style="list-style-type: none"> <li>○ <i>Cosmetic and Reconstructive Procedures (for Ohio Only)</i></li> <li>○ <i>Treatment of Temporomandibular Joint Disorders (for Ohio Only)</i></li> </ul> </li> </ul>
11/01/2023	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>• Changed policy type classification from “Utilization Review Guideline” to “Medical Policy”</li> </ul> <p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>• Added reference link to the:               <ul style="list-style-type: none"> <li>○ Medical Policy titled:                   <ul style="list-style-type: none"> <li>• <i>Cosmetic and Reconstructive Procedures (for Ohio Only)</i></li> <li>▪ <i>Glaucoma Surgical Treatments (for Ohio Only)</i></li> <li>• <i>Hysterectomy (for Ohio Only)</i></li> <li>▪ <i>Light and Laser Therapy (for Ohio Only)</i></li> <li>• <i>Macular Degeneration Treatment Procedures (for Ohio Only)</i></li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ <i>Manipulation Under Anesthesia (for Ohio Only)</i></li> <li>• <i>Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) (for Ohio Only)</i></li> <li>▪ <i>Percutaneous Vertebroplasty and Kyphoplasty (for Ohio Only)</i></li> <li>• <i>Surgery of the Hip (for Ohio Only)</i></li> <li>▪ <i>Surgery of the Knee (for Ohio Only)</i></li> <li>▪ <i>Temporomandibular Joint Disorders (for Ohio Only)</i></li> <li>○ Medical Benefit Drug Policy titled <i>Sodium Hyaluronate</i></li> </ul> <p><b>Application</b></p> <ul style="list-style-type: none"> <li>• Added language to indicate any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code, Rule 5160-1-01</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• Revised list of medically necessary indications for planned surgical procedures performed in a hospital outpatient department: <ul style="list-style-type: none"> <li>○ Replaced “less than <b>19</b> years of age unless otherwise required by federal, state or contractual requirements” with “under <b>18</b> years of age unless otherwise required by federal, state or contractual requirements”</li> <li>○ “Brittle diabetes” with “<i>uncontrolled diabetes with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia</i>”</li> </ul> </li> <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> <li>• Revised medical necessity criteria for a planned surgical procedure performed in a hospital outpatient department if there is an inability to access an ambulatory surgical center for the procedure; replaced criterion requiring “there is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure” with “there is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure <i>[examples include but are not limited to fluoroscopy, laser, ocular equipment, operating microscope, and nonstandard scopes required to perform specialized procedures (i.e., duodenoscope, ureteroscopy)]; this specifically excludes surgeon preferred or proprietary instruments, instrument sets, or hardware sets</i>”</li> <li>• Removed content addressing documentation requirements</li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>• Removed definition of “Brittle Diabetes”</li> <li>• Updated definition of “Obstructive Sleep Apnea (OSA)”</li> </ul> <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 CS143OH.L – P</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state (OAC) 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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and 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.