

EVH Clinical Guideline 2735.CC for Site of Service

Guideline Number: EVH_CG_2735.CC	<u>Applicable Codes</u>	
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Original Date: July 20, 2022	Last Revised Date: November 20, 2025	Implementation Date: December 1, 2025

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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

Special Note

CMS Inpatient Procedure Only (IPO) List ⁽¹⁾

- If a procedure code is on this list and if the procedure is medically necessary and the provider requests to perform the procedure in the inpatient setting, the procedure will be considered medically necessary for the inpatient setting (see **IPO List**)

INDICATIONS

Services Medically Necessary at Inpatient Level of Care

A surgery or procedure for an inpatient level of care setting deemed medically necessary when ANY ONE the following criteria are met:

- The procedure requires that it be performed only by, or under, the general supervision of a licensed clinician
- The potential changes in the individual's medical status could require emergency resuscitation care, and inpatient admission or intensive care.
- Medical conditions increasing the risk of major post-operative complications as indicated by **one or more** of the following ^(2,3):
 - Frailty with Clinical Frailty Score > 5 ^(4,5)
 - Preoperative Myelopathy with functional impairment impacting safe ambulation ⁽⁵⁾
 - Morbid obesity (Body Mass Index (BMI) ≥ 40 kg/m²) with hemodynamic or respiratory problems
 - Heart failure with Left Ventricular Ejection Fraction (EF) < 40%, symptomatic

coronary artery disease, severe valvular disease (e.g., severe aortic stenosis), or dangerous arrhythmia

- Symptomatic Chronic Obstructive Pulmonary Disease (COPD) or asthma, requiring home oxygen
- Severe kidney disease (glomerular filtration rate (GFR) ≤ 30 mL/min or on dialysis)
- End-stage liver disease (Model for End-Stage Liver Disease 9MELD) score ≥ 10
- Bleeding disorder requiring replacement factors or blood products
- Severe obstructive sleep apnea (Apnea-Hypopnea Index (AHI) ≥ 30)
- Stroke, Transient Ischemic Attack (TIA), myocardial infarction, or thromboembolism with the last 3 months
- Cognitive impairment or dementia ⁽⁵⁾
- Other unstable medical condition (e.g., uncontrolled hypertension, persistent electrolyte abnormalities, poorly controlled diabetes (Hemoglobin A1c ≥ 8) ⁽⁶⁻⁸⁾)
- Inadequate home care situation identified preoperatively as indicated by **one or more** of the following:
 - will have post-operative incapacitation and has no available assistance at home to provide necessary care, and arranging an alternative level of care is not possible
 - Travel time to facility is over 2 hours and procedure has urgent complication potential which limit safe transfer of care to home within 48 hours following surgery ⁽⁹⁾
- An American Society of Anesthesiologist's (ASA) class III or greater (see **Appendix B**) ^(3,10,11)
- Prolonged surgery and unanticipated changes to surgery that require inpatient stay.

NOTE: ALL criteria require additional documentation from the treating physician and/or subspecialist consultant.

Services Not Medically Necessary at Inpatient Level of Care

Requests for procedures that do not meet the criteria above will be considered not medically necessary at an inpatient level of care and require redirection to an outpatient setting.

CONVERSION FROM OUTPATIENT TO INPATIENT STATUS

Conversion from outpatient to inpatient status may be considered for the following:

- Delayed recovery such as persistent cardiovascular instability or hypoxia
- Ambulatory status has not been achieved in a reasonable amount of time

- A surgical complication or circumstance now requires inpatient level of care, such as neurovascular injury, extensive or prolonged surgery, conversion to a more complex procedure, or requirement for excessive transfusion
- Prolonged nausea or vomiting, delirium, altered mental status, inability to void, or inadequate pain control

LIMITATIONS

All other procedures/CPT codes not found in Appendix A are excluded from review under this policy.

This policy is intended to provide guidance for in-network care facilities. All requests for procedures done in any facility outside of CountyCare's contracted network (Out of Network) are subject to prior authorization reviews. Requests for Out of network services may be redirected to a facility within CountyCare's contracted network.

CODING AND STANDARDS

Codes

N/A

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

RELATED DOCUMENTATION

Appendix A

Outpatient procedures requiring prior authorization when requested at an inpatient level of care setting

System	Condition
ENT	<ul style="list-style-type: none"> • Dilation of esophagus • Nasal sinus endoscopy • Tonsillectomy
Cardiovascular	<ul style="list-style-type: none"> • Angiography* • Repositioning, insertion, remove of defibrillator
Respiratory	<ul style="list-style-type: none"> • Bronchoscopy • Pleural drainage with or without insertion of indwelling catheter • Thoracentesis
Gastrointestinal	<ul style="list-style-type: none"> • Appendectomy • Cholecystectomy (laparoscopic), treatment of gallbladder and stones • Colonoscopy, Sigmoidoscopy, Proctoplasty, Proctopexy, rectocele repair, Rectopexy, Ileoscopy and small intestinal Endoscopy, Enteroscopy with removal of tumors and specimens • Endoscopic retrograde Cholangiopancreatography (ERCP) • Esophagogastroduodenoscopy EGD • Hemorrhoidectomy, Hemorrhoidopexy, treatment of anal fistula, excision, or closure • Paracentesis diagnostic or therapeutic • Proctectomy • Repair of inguinal hernia, epigastric hernia, umbilical hernia • Revision of colostomy
Genitourinary	<ul style="list-style-type: none"> • Change of indwelling bladder catheters and foley • Change of ureterostomy tubes

System	Condition
	<ul style="list-style-type: none"> • Circumcision • Cystourethroscopy • Dilation of urethral strictures in male or female • Enterocoele repair • Exchange and insertion of nephrostomy catheters, including percutaneous with or without nephrostogram and ureterogram with imaging or without • Lithotripsy extracorporeal shock wave • Renal endoscopy • Transurethral resection of bladder or prostate
Musculoskeletal	<ul style="list-style-type: none"> • Arthrocentesis • Arthroscopy • Laminotomy* • Microdiscectomy*
Integumentary	<ul style="list-style-type: none"> • Debridement and removal of material at skin, tissue, fascia, muscle, and bone • Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions • Destruction laser surgery electrosurgery cryosurgery lesions 1-15 lesions and/or less than 50 square cm • Reduction Mammoplasty
Neurologic	<ul style="list-style-type: none"> • Percutaneous implantation of neurostimulators, epidural
Vascular/Interventional	<ul style="list-style-type: none"> • Placement or removal of tunneled venous Catheter access • Placement, removal, or banding/ligation of arteriovenous fistulas
Reproductive	<ul style="list-style-type: none"> • Dilation and Curettage • Hysteroscopy • Ovarian cystectomy • Scrotal exploration

System	Condition
	<ul style="list-style-type: none"> • Vaginal or lap hysterectomy with or without salpingectomy
Not System Specific	<ul style="list-style-type: none"> • Aspiration and/or injection of cysts in any location • Biopsies, core needle biopsies • Excision, destruction and removal of tumors and lesions • Incision and drainage of abscess on any parts of body, wounds, subcutaneous tissues

***These services are reviewed by Evolent Specialty Services and will require prior authorization regardless of site of service.**

Appendix B

ASA Physical Status Classification System

The ASA Physical Status Classification System is used to assess and communicate a patient's pre-anesthesia medical co-morbidities. The classification system alone does not predict the perioperative risks, but used with other factors (e.g., type of surgery, frailty, level of deconditioning), it can be helpful in predicting perioperative risks.

The definitions and examples shown in the table below are guidelines for the clinician and address adult patients. They are not necessarily applicable to pediatric or obstetric patients.

Assigning a Physical Status classification level is a clinical decision based on multiple factors. While the Physical Status classification may initially be determined at various times during the preoperative assessment of the patient, the final assignment of Physical Status classification is made on the day of anesthesia care by the anesthesiologist after evaluating the patient. ^(7,11)

ASA Classification ⁽¹¹⁾

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no, or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with moderate to severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to):

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:
		poorly controlled DM or HTN, COPD, morbid obesity (BMI>40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organs/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
<p>*The addition of “E” denotes Emergency surgery:</p> <p>(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)</p>		

BACKGROUND

CountyCare’s prior authorization requirements ensure that all requested services are both medically necessary and are conducted in an optimal clinical setting. This policy defines the criteria that CountyCare uses to evaluate requests for outpatient procedures to be performed in an inpatient level of care setting. The medical necessity of the procedure itself in the appropriate place where it will be provided will be reviewed against applicable policy.

CountyCare encourages the use of the safest and most appropriate places of service for certain medically necessary outpatient surgical procedures.

Authorization is required when the requested place of service is an inpatient level of care setting rather than an outpatient setting, for the surgical procedures listed in Appendix A.

The services found in Appendix A do not require Prior Authorization when performed in an outpatient setting (**EXCEPTION: Procedures reviewed by Evolent Specialty Services (ESS) will require prior authorization, regardless of site of service.**)

Clinician will refer member to case management support to assist with barriers and connect with discharge planner to collaborate on member needs.

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> This guideline replaces PA.248.CC Site of Service Policy Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; added Special Note; updated Indications; added Conversion from Outpatient to Inpatient Status Section; minor update to Limitations and Appendix A; updated Appendix B; updated ASA Classification section; updated Background section; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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