



CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

PA.248.CC Site of Service Policy

Summary:

County Care'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 County Care 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.

Surgery can be safely performed in a variety of outpatient settings, including in an on-campus or off-campus outpatient hospital facility, in an ambulatory surgical center, in a doctor's office, and occasionally in other locations. A patient's clinical need determines the optimal setting.

County Care encourages the use of the safest and most appropriate places of service for certain medically necessary outpatient surgical procedures. In addition to meeting existing medical necessity criteria detailed in this policy, Site of Service Prior 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.

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

RELATED DOCUMENTATION:

- Appendix A: Outpatient Procedures requiring Prior Authorization when requested at an inpatient level of care setting
- Appendix B: ASA Physical Status Classification System

Clinical Criteria:

Determinations of Medical Necessity for requests to perform a procedure at an Inpatient level of care setting will be made using the following criteria noted below.

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

Services Medically Necessary at an Inpatient level of care setting:

- A. A surgery or procedure in an inpatient level of care setting is considered medically necessary when all the following are present:
1. The procedure requires that it be performed only by, or under, the general supervision of a licensed clinician; and
 2. The individual's medical status or the procedure requires enhanced monitoring beyond what would routinely be needed for rendering such services in a free-standing ambulatory procedural setting or an outpatient setting; and
 3. The potential changes in the individual's medical status could require emergency resuscitation care, and inpatient admission or intensive care. For example, the individual is at significant risk of sudden life-threatening changes in medical status based on clinical conditions including but not limited to:
 - a. Concerns regarding fluid overload status; or
 - b. History of significant instability during a prior procedure that is considered a risk for other future procedures; or
 - c. At risk for excessive bleeding; or
 - d. Acute mental status changes; or
 - e. Increased risk for complication due to severe comorbidity, such as that evidenced by an American Society of Anesthesiologist's (ASA) class III physical status or greater (see Appendix B); or

Prolonged surgery and unanticipated changes to surgery that requires inpatient stay.

Services Not Medically Necessary at an Inpatient level of care setting:

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

Limitations:

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

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

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 a prior auth review. Requests for Out of network services may be redirected to a facility within CountyCare's contracted network.

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, Rectoplexy, 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• Circumcision• Cystourethroscopy

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
 Last Review Date: 07/20/2022
 Effective Date: 07/20/2022

	<ul style="list-style-type: none"> • 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 curettement), 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 • 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

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
 Last Review Date: 07/20/2022
 Effective Date: 07/20/2022

	<ul style="list-style-type: none"> Incision and drainage of abscess on any parts of body, wounds, subcutaneous tissues
--	---

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. To improve communication and assessments at a specific institution, anesthesiology departments may choose to develop institutional-specific examples to supplement the ASA-approved examples.

The examples in the table below address adult patients and 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.

Current Definitions and ASA Approved Examples:

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): poorly controlled DM or HTN, COPD, morbid obesity (BMI>40), <u>active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60</u>

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
 Last Review Date: 07/20/2022
 Effective Date: 07/20/2022

		<u>weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.</u>
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: (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>		

Examples of clinical conditions represented by ASA Physical Status classification III or higher:

- Morbid obesity (>BMI.40)
- Diabetes (brittle diabetes)
- Resistant hypertension (poorly controlled)
- Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
- Advance liver disease (MELD Score >8)
- Alcohol dependence (at risk for withdrawal syndrome)
- End stage renal disease hyperkalemia (above reference range peritoneal or hemodialysis)
- Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
- History of myocardial infarction (MI) (recent event within 3 months)
- History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) (recent event within 3 months)
- Coronary artery disease (CAD/peripheral vascular disease (PVD) (ongoing cardiac ischemia requiring medical management recently placed drug eluting stent (within 1 year)
- Sleep apnea (moderate to severe obstructive sleep apnea - OSA)
- Implanted pacemaker

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

- Personal history or family history of complication of anesthesia such as malignant hyperthermia
- Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect (excludes DDAVP)
- Prolonged surgery /unanticipated complication
- Anticipated need for transfusion
- Recent history of drug abuse (especially cocaine)
- Patients with drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days unless acetylsalicylic acid (ASA) 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)
- Significant valvular heart disease
- Cardiac arrhythmia (symptomatic arrhythmia despite medication)
- Potentially difficult airway
- Uncontrolled seizure disorder

References:

1. American Hospital Association. Utilization and Volume. In: Trends Affecting Hospitals and Health Systems. Updated for 2016; chapter 3. <https://www.aha.org/system/files/research/reports/tw/chartbook/2016/chapter3.pdf>. Exit Disclaimer Accessed November 21, 2016.
2. Moore BJ, Steiner CA, Davis PH, Stocks C, Barrett ML. Trends in Hysterectomies and Oophorectomies in Hospital Inpatient and Ambulatory Settings, 2005-2013. HCUP Statistical Brief #214. November 2016. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb214-Hysterectomy-Oophorectomy-Trends.pdf. Accessed December 5, 2016.
3. Wier LM, Steiner CA, Owens PL. Surgeries in Hospital-Owned Outpatient Facilities, 2012. HCUP Statistical Brief #188. February 2015. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb188-Surgeries-Hospital-Outpatient-Facilities-2012.pdf. Accessed December 2, 2016.
4. Adamson P, Peters W, Janney C, Panchbhavi V. The safety of foot and ankle procedures at an ambulatory surgery center. J Orthop. 2020 Mar 28;21:203-206.
5. American Academy of Sleep Medicine (AASM). Obstructive Sleep Apnea. Available at: <https://aasm.org/resources/factsheets/sleepapnea.pdf>. Accessed September 16, 2021.
6. American Society of Anesthesiologists (ASA) Physical Status Classification System. December 13, 2020. Accessed September 16, 2021.

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

7. American Society of Anesthesiologists. Guidelines for ambulatory anesthesia and surgery. October 17, 2018.
8. American Society of Anesthesiologists. Guidelines for patient care in anesthesiology. October 26, 2016.
9. Bhattacharyya N. Ambulatory pediatric otolaryngologic procedures in the United States: characteristics and perioperative safety. Laryngoscope. 2010 Apr;120(4):821-5.
10. Bilimoria K, Liu Y, Paruch J, et al. Development and evaluation of the Universal ACS NSQIP Surgical Risk Calculator: a decision aide and informed consent tool for patients and surgeons. J Am Coll Surg. 2013 November; 217(5): 833–842.e3.
11. Brolin TJ, Mulligan RP, Azar FM, et al. Neer Award 2016: Outpatient total shoulder arthroplasty in an ambulatory surgery center is a safe alternative to inpatient total shoulder arthroplasty in a hospital: a matched cohort study. J Shoulder Elbow Surg. 2017;26(2):204-8.
12. Brophy RH, Bansal A, Rogalski BL, et al. Risk factors for surgical site infections after orthopaedic surgery in the ambulatory surgical center setting. J Am Acad Orthop Surg. 2019 Oct 15;27(20):e928-e934.
13. Cancienne JM, Brockmeier SF, Gulotta LV, et al. Ambulatory total shoulder arthroplasty: a comprehensive analysis of current trends, complications, readmissions, and costs. J Bone Joint Surg Am. 2017;99(8):629-37.
14. Friedlander DF, Krimphove MJ, Cole AP, et al. Where Is the value in ambulatory versus inpatient surgery? Ann Surg. 2021 May 1;273(5):909-916.

Revision History:

Revision	Date
Policy Created	April, 2022
Approved	

Disclaimer:

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

PA.248.CC Site of Service Policy

Policy Number: PA.248.CC
Last Review Date: 07/20/2022
Effective Date: 07/20/2022

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.