

# Outpatient Surgical Procedures – Site of Service

**Policy Number:** MP.11.22  
**Effective Date:** January 1, 2025

[➔ Instructions for Use](#)

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<b>Related Commercial/Individual Exchange Policies</b>
<ul style="list-style-type: none"> <li>• <a href="#">Cosmetic and Reconstructive Procedures</a></li> <li>• <a href="#">Glaucoma Surgical Treatments</a></li> <li>• <a href="#">Hysterectomy</a></li> <li>• <a href="#">Light and Laser Therapy</a></li> <li>• <a href="#">Macular Degeneration Treatment Procedures</a></li> <li>• <a href="#">Manipulation Under Anesthesia</a></li> <li>• <a href="#">Obstructive and Central Sleep Apnea Treatment</a></li> <li>• <a href="#">Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache)</a></li> <li>• <a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> <li>• <a href="#">Percutaneous Vertebroplasty and Kyphoplasty</a></li> <li>• <a href="#">Preventive Care Services</a></li> <li>• <a href="#">Screening Colonoscopy Procedures – Site of Service</a></li> <li>• <a href="#">Sodium Hyaluronate</a></li> <li>• <a href="#">Surgery of the Hip</a></li> <li>• <a href="#">Surgery of the Knee</a></li> </ul>
<b>Community Plan Policy</b>
<ul style="list-style-type: none"> <li>• <a href="#">Outpatient Surgical Procedures – Site of Service</a></li> </ul>
<b>Medicare Advantage Policy</b>
<ul style="list-style-type: none"> <li>• <a href="#">Hospital, Emergency, and Ambulance Services</a></li> </ul>

## Application

### UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans, except UnitedHealthcare West benefit plans.

### UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado, Nevada, Texas, and Wisconsin.

## 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

**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, and 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 on the [Applicable Codes List](#) only when performed in an outpatient hospital setting.

## **Medical Records Documentation Used for Review**

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. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the protocol titled [Medical Records Documentation Used for Reviews](#).

## **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  $\geq 5$  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).

## 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 policy 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](#)
- **Individual Exchange Plans:** [UHCProvider.com > Exchange Plans Advanced Notification/Prior Authorization Requirements](#)

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## References

American Academy of Sleep Medicine (AASM). Obstructive Sleep Apnea.

American Heart Association. Classes of Heart Failure.

American Society of Anesthesiologists. [\(ASA\) Physical Status Classification System](#). December 13, 2020.

American Society of Anesthesiologists. Statement on Ambulatory Anesthesia and Surgery. October 17, 2018. Amended October 18, 2023.

American Society of Anesthesiologists. Statement on Patient Care in Anesthesiology. October 13, 2021.

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.

American Society of Anesthesiologists. Position Statement for distinguishing monitored anesthesia care (“MAC”) from moderate sedation/analgesia (conscious sedation). October 18, 2023.

Medicare Claims Processing Manual. Chapter 14 - Ambulatory Surgical Centers.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<b>Application Commercial Plans</b> <ul style="list-style-type: none"><li>• Added language to indicate this Medical Policy does not apply to <b>UnitedHealthcare West</b> benefit plans</li></ul>

Date	Summary of Changes
	<p><b>Medical Records Documentation Used for Reviews</b> <i>(previously titled Documentation Requirements)</i></p> <ul style="list-style-type: none"> <li>Replaced list of <i>Required Clinical Information</i> with instruction to refer to the protocol titled <a href="#">Medical Records Documentation Used for Reviews</a></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MP.11.21</li> </ul>

## 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.

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.