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<b>Subject:</b>	Ambulatory or Outpatient Surgery Center Procedures	<b>Publish Date:</b>	12/16/2020
<b>Guideline #:</b>	CG-SURG-10	<b>Last Review Date:</b>	11/05/2020
<b>Status:</b>	Revised		

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## Description

This document addresses procedures performed in the ambulatory or outpatient surgery centers.

Ambulatory surgery refers to surgical or invasive diagnostic procedures performed by qualified providers in ambulatory or dedicated surgical suites with pre-procedural and immediate post-procedural care on the same day or observation admissions without hospitalization (Patient Selection Criteria for Ambulatory [Same Day] Surgery VHA Handbook).

**Note:** Please see the following related documents for additional information:

- CG-MED-83 Site of Care: Specialty Pharmaceuticals
- CG-SURG-52 Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services

## Clinical Indications

**Note:** The medical necessity of the procedure may be separately reviewed against the appropriate criteria.

### Medically Necessary:

The use of an outpatient or ambulatory surgery center (ASC) facility, rather than an office-based setting, is considered **medically necessary** when **any** of the following criteria are met:

- A. The procedure must be of a level of complexity that it may not be performed in a less intensive setting such as an office-based setting, but also not so complex as to require immediate access to specific services of a medical center/hospital setting or post-operative recovery in an inpatient facility. For example the procedure's complexity requires one of the following, including but not limited to:
1. Need for anesthesia or sedation beyond topical anesthesia, digital block, or local anesthesia with concomitant need for monitoring of physiologic parameters beyond intermittent checks of vital signs; **or**
  2. Need for recovery period of significant duration beyond the capacity of a physician's office;

**OR**

- B. The individual has clinical conditions which may compromise the safety of an office-based procedure, including but not limited to:
1. Conditions which require enhanced monitoring, medications or a prolonged recovery period; **or**
  2. Increased risk for complication due to severe comorbidity, such as that evidenced by an American Society of Anesthesiologist's (ASA) class III or higher physical status.

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This Clinical UM Guideline is intended to provide assistance in interpreting Healthy Blue's standard Medicaid benefit plan. When evaluating insurance coverage for the provision of medical care, federal, state and/or contractual requirements must be referenced, since these may limit or differ from the standard benefit plan. In the event of a conflict, the federal, state and/or contractual requirements for the applicable benefit plan coverage will govern. Healthy Blue reserves the right to modify its Policies and Guidelines as necessary and in accordance with legal and contractual requirements. This Clinical UM Guideline is provided for informational purposes. It does not constitute medical advice. Healthy Blue may also use tools and criteria developed by third parties, to assist us in administering health benefits. Healthy Blue's Policies and Guidelines are intended to be used in accordance with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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## Ambulatory or Outpatient Surgery Center Procedures

**Not Medically Necessary:**

All other uses of outpatient or ASC facility, rather than an office-based setting, are considered **not medically necessary**.

**Coding**

*Coding edits for medical necessity review are not implemented for this guideline. Where a more specific policy or guideline exists, that document will take precedence and may include specific coding edits and/or instructions. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**Discussion/General Information**

While hospitals continue to provide essential services for serious illness, much health care activity takes place in the ambulatory setting. Surgical practices have been transformed so that more than half of all surgery in the United States is performed on an ambulatory basis (Patient Selection Criteria for Ambulatory [Same Day] Surgery VHA Handbook). Ambulatory (or outpatient) surgery provides an efficient and flexible means to provide many surgical and therapeutic procedures without requiring an inpatient hospital admission. With advances in healthcare delivery and the advent of new technologies, the list of such services continues to evolve.

While it is important to emphasize that both the complexity of the procedure and the individual's clinical conditions may compromise the safety of an office-based procedure, we provide the following examples of procedures which would generally not warrant use of an ambulatory or outpatient surgery center:

- A. Minor aspiration or injection procedures;
- B. Minor skin procedures such as acne surgery, incision and drainage, debridement, paring or cutting, biopsy, shaving, excision, destruction, exfoliation or electrolysis;
- C. Minor nail procedures such as trimming, debridement, evacuation of subungual hematoma or excision of nail and nail matrix;
- D. Implantation or removal of contraceptive capsules or pellets;
- E. Simple repair of superficial wounds;
- F. Removal of superficial foreign bodies including protruding surgical hardware (for example: k-wires, pins);
- G. Arthrocentesis, aspiration and/or injection procedures with or without image guidance;
- H. Low intensity ultrasound stimulation to aid bone healing, noninvasive (non-operative);
- I. Closed treatment of phalangeal, metatarsal, sesamoid, calcaneal, talus fracture, or tarsal bone fracture; without manipulation;
- J. Venipuncture services;
- K. Maxillary impression for palatal prosthesis;
- L. Insertion of pin-retained palatal prosthesis;
- M. Artificial insemination; intra-cervical or intra-uterine sperm washing for artificial insemination;
- N. Application of surface (transcutaneous) neurostimulator;
- O. Chemodenervation of salivary glands or muscle(s) (for example: for blepharospasm, hemifacial spasm);
- P. Destruction by neurolytic agent; peripheral nerve or branch;
- Q. Assorted patch, scratch, prick and intradermal allergy tests.

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**References**

**Government Agency, Medical Society, and Other Authoritative Publications:**

1. American Medical Association. Statement on Patient Safety Principles for Office-Based Surgery Utilizing Moderate Sedation/Anesthesia. Updated on September 1, 2019. Available at: <https://www.facs.org/about-acs/statements/118-office-based-surgery>. Accessed on November 6, 2020.
2. American Society of Anesthesiologists. Guidelines for Office-Based Anesthesia. Approved October 13, 1999, and re-affirmed on October 15, 2014, last amended October 23, 2019. Available at: <https://www.asahq.org/standards-and-guidelines/guidelines-for-office-based-anesthesia>. Accessed on November 6, 2020.
3. Medicare Claims Processing Manual. Chapter 14 - Ambulatory Surgical Centers. (Rev. 12/27/2017). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf>. Accessed on November 6, 2020.

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**History**

Status	Date	Action
Revised	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Minor typographical revisions made in Clinical Indications section. Updated References section.
Reviewed	11/07/2019	MPTAC review. Updated References section.
Reviewed	01/24/2019	MPTAC review. Updated Description/Scope, and References sections.
Revised	01/25/2018	MPTAC review. Revised bullet B2 in the medically necessary criteria; by changing ASA “class I-II” to “class III or higher”. Updated References section.
Reviewed	11/02/2017	MPTAC review. The document header wording updated from “Current Effective Date” to “Publish Date.” Updated Discussion/General Information and References sections.
Reviewed	11/03/2016	MPTAC review. Updated References section.
Revised	11/05/2015	MPTAC review. Revised medically necessary clinical indications. Added not medically necessary statement. Updated References sections.
Reviewed	11/13/2014	MPTAC review. Updated References section.
Reviewed	11/14/2013	MPTAC review. Updated References section.
Reviewed	11/08/2012	MPTAC review. Updated References section.
Reviewed	11/17/2011	MPTAC review. Updated References section.
Reviewed	11/18/2010	MPTAC review. Updated References section.

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Reviewed	11/19/2009	MPTAC review. Updated References section.
Reviewed	11/20/2008	MPTAC review. Updated References section.
Reviewed	11/29/2007	MPTAC review. Updated References section.
Reviewed	12/07/2006	MPTAC review. A review of the literature from September 2005 – September 2006 did not result in a change in the clinical criteria. Revised coding language, updated References section.
Revised	12/01/2005	MPTAC review. Review based on Pre-merger Anthem and Pre-merger WellPoint Harmonization.

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Document Number</b>	<b>Title</b>
Anthem, Inc.			None
WellPoint Health Networks, Inc.	12/02/2004	None	Ambulatory or Outpatient Surgery Center Procedures

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