

Clinical Policy: Surgical Site of Care Optimization

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[Revision Log](#)

Line of Business: Marketplace and Medicaid

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Ambulatory surgery centers (ASC) operate for the purpose of offering outpatient surgical services to members/enrollees in an environment appropriate for low-risk procedures on members/enrollees with low-risk health status. Ambulatory surgical centers and outpatient office settings can serve as a high-quality, cost-effective alternative to inpatient surgical services and outpatient hospital site of care.

This policy recognizes and supports the use of office and ambulatory surgical centers as high-quality, cost-effective alternatives for low-risk procedures when medically appropriate, based on individual health risk profiles and seeks to promote timely/efficient access for procedures outlined in this policy if performed in an outpatient (OP) or ASC setting.

Policy/Criteria

- I. It is the policy of Arizona Complete Health that elective low risk surgeries and/or procedures that are medically necessary can be safely performed in an ASC setting. **Contraindications** and **exceptions** to performing surgeries and/or procedures in an ASC setting are as follows:
 - A. Contraindications to ASC:
 1. Procedure is emergent or for a life-threatening situation;
 2. Documented Health status is American Society of Anesthesiologist (ASA) physical status (PS) class 4 or higher, or member has one of the following medical conditions:
 - a. Personal history or family history of severe complication of anesthesia including but not limited to malignant hyperthermia;
 - b. BMI (body mass index) > 50;
 - c. Member has severe uncontrolled obstructive sleep apnea;
 - d. Uncompensated chronic heart failure (NYHA class III or IV);
 - e. History of myocardial infarction in past 6 months;
 - f. Coronary artery disease with ongoing cardiac ischemia requiring ongoing medical management, or placement of a STENT in last 6 months;
 - g. Significant uncompensated valvular heart disease;
 - h. Symptomatic cardiac arrhythmia despite medication;
 - i. Cardiomyopathy with EF < 30%;
 - j. Poorly controlled asthma (FEV1 < 80% despite medical management);
 - k. Advanced liver disease (MELD Score > 8);
 - l. Operative time expected >3 hours and combined operative and recovery time is anticipated to be > 23 hours;
 - m. Procedure is expected to result in extensive blood loss or need special infusion products to correct a coagulation defect (DDAVP is not a blood product and is not a contraindication);

- n. Member is pregnant and the procedure will place member or fetus at risk of medical complications;
- B. Exceptions:
 - 1. Qualified ASC capable of providing the requested procedure is not available in the area.
 - 2. Requesting provider does not have privileges at an ASC qualified to manage the procedure;

Note: Procedures appropriate for an ASC (*see Table 1*) do not require authorization when done in an ASC but require authorization if requested in an outpatient hospital setting. These procedures should be considered medically necessary per nationally recognized clinical decision support tools (i.e., InterQual[®] or MCG).

- II. It is the policy of Arizona Complete Health that unless noted as a contraindication or exception in section I above, procedures medically appropriate for an ASC that are performed in an inpatient or outpatient hospital setting, are *considered to not be provided* in the most appropriate care setting. Providers who request these services will be directed to the most appropriate care setting when the requesting physician has privileges at a qualified ASC capable of providing the requested procedure.

Background

Ambulatory surgery centers (ASCs) are distinct entities that operate to furnish outpatient surgical services to patients. These facilities are either independent (i.e., not a part of a provider of services or any other facility) or operated by a hospital.⁴ According to an analysis in the 2010 Hospital Ambulatory Medical Care Survey, there were over 22 million surgical and nonsurgical procedures performed at ambulatory surgical centers.⁵ Outpatient surgery in ASCs provide safe, cost-effective alternatives for a variety of surgical procedures with low complication rates. For example, a survey of the American Society for Surgery of the Hand noted that over 65% of hand surgeons reported performing hand procedures at ASCs.⁶ Furthermore, a retrospective study of Medicare beneficiaries reported a 7% decline in hospital-based outpatient surgery rates after an ASC opened in the hospital service area without any increases noted in mortality or admission rates.¹²

The Health Plan may also use tools developed by third parties, such as the InterQual[®] Guidelines, MCG, and other consensus guidelines and evidence-based medicine, to assist us in administering health benefits. The InterQual[®] Care Guidelines and others 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.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1: Codes that are appropriate to be done in an Ambulatory surgery center when criteria are not met

CPT® Codes	Description
10121	Incision & removal foreign body subq tiss comp
11440	Exc b9 lesion mrgn xcp sk tg f/e/e/n/l/m 0.5cm/<
11450	Excision hidradenitis axillary smpl/intrm rpr
11624	Excision malignant lesion s/n/h/f/g 3.1-4.0 cm
11770	Excision pilonidal cyst/sinus simple
13101	Repair complex trunk 2.6-7.5 cm
13121	Repair complex scalp/arm/leg 2.6-7.5 cm
13132	Repair complex f/c/c/m/n/ax/g/h/f 2.6-7.5 cm
14040	Adj t is trns/reargmt f/c/c/m/n/a/g/h/f 10sqcm/<
14060	Adj t is trnsfr/reargmt e/n/e/l dfct 10 sq cm/<
14301	Adjnt tis trnsfr/reargmt any area 30.1-60 sq cm
15100	Split agrft t/a/l 1st 100 cm/&/1% bdy infnt/chld
15120	Split agrft f/s/n/h/f/g/m/d gt 1st 100 cm/</1 %
15240	Fth/gf fr w/dir clsr f/c/c/m/n/ax/g/h/f 20sqcm/<
19020	Mastotomy w/exploration/drainage abscess deep
19120	Exc cyst/aberrant breast tissue open 1/> lesion
19125	Exc breast les preop plmt rad marker open 1 les
21012	Excision tumor soft tiss face/scalp subq 2 cm/>
21013	Exc tumor soft tiss face&scalp subfascial <2cm
21320	Closed tx nasal bone fx w/mnpj w/stabilization
21336	Open tx nasal septal fracture w/wo stabilization
21552	Exc tumor soft tis neck/ant thorax subq 3 cm/>
21554	Exc tumor soft tissue neck/thorax subfasc 5 cm/>
21555	Exc tumor soft tissue neck/ant thorax subq <3cm
21556	Exc tumor soft tiss neck/thorax subfascial <5cm
21930	Excision tumor soft tissue back/flank subq <3cm
21931	Excision tumor soft tis back/flank subq 3 cm/>
22902	Exc tumor soft tissue abdominal wall subq <3cm
22903	Exc tumor soft tissue abdominal wall subq 3 cm/>
23071	Excision tumor soft tissue shoulder subq 3 cm/>
23075	Excision tumor soft tissue shoulder subq <3cm
24071	Exc tumor soft tissue upper arm/elbow subq 3cm/>

CPT® Codes	Description
27327	Excision tumor soft tissue thigh/knee subq <3cm
27337	Excision tumor soft tissue thigh/knee subq 3 cm/>
27632	Excision tumor soft tissue leg/ankle subq 3 cm/>
28035	Release tarsal tunnel
28039	Excision tumor soft tis foot/toe subq 1.5 cm/>
28041	Exc tumor soft tissue foot/toe subfasc 1.5 cm/>
28060	Fasciectomy plantar fascia partial spx
28080	Excision interdigital morton neuroma single each
28090	Exc lesion tendon sheath/capsule w/synvct foot
28104	Exc/curtg bone cyst/b9 tumortarsal/metatarsal
28110	Ostectomy prtl 5th metar head spx
28118	Ostectomy calcaneus
28119	Ostectomy calcaneus spur w/wo plntar fascial rls
28124	Partical excision bone phalanx toe
28285	Correction hammertoe
28289	Hallux rigidus w/cheilectomy 1st mp jt w/o implt
28292	Corrj hlx vlgs bncy sesmdc rescj prox phlx base
28296	Corrj hlx vlgs bncy sesmdc dstl metar osteot
28297	Corrj hlx vlgs bncy sesmdc joint arthrodesis
28298	Corrj hlx vlgs bncy sesmdc prox phlx osteot
28299	Corrj hlx vlgs bncy sesmdc w/double osteotomy
29835	Arthroscopy elbow surgical synovectomy partial
29840	Arthroscopy wrist diag w/wo synovial biopsy spx
29845	Arthroscopy wrist surgical synovectomy complete
29846	Arthrs wrst exc&/rpr triang fibrocart&/joint
29848	Ndsc wrst surg w/rls transvrs carpl ligm
29893	Endoscopic plantar fasciotomy
30140	Submucous rescj inferior turbinate prtl/compl
30802	Abltj sof tiss inf turbs uni/bi supfc intramural
30930	Fracture nasal inferior turbinate therapeutic
31525	Laryngoscopy w/wo tracheoscopy dx except newborn
31535	Laryngoscopy direct operative w/biopsy
31536	Laryngoscopy w/biopsy microscope/telescope
31541	Largsc exc tum&/strpg cords/epigl mcrscp/tlscp
31624	Brnchsc w/brncl alveolar lavage
36590	Rmvl tun ctr vad w/subq port/pmp ctr/prph insj
36832	Revj opn arven fstl w/o thrmbe dial grf
38500	Bx/exc lymph node open superficial

CPT® Codes	Description
38510	Bx/exc lymph node open deep cervical node
38525	Bx/exc lymph node open deep axillary node
42415	Exc prtd tum/prtd glnd lat dsj&prsv facial nr
42440	Excision submandibular submaxillary gland
42820	Tonsillectomy & adenoidectomy <age 12
42821	Tonsillectomy & adenoidectomy age 12/>
42825	Tonsillectomy primary/secondary <age 12
42826	Tonsillectomy primary/secondary age 12/>
42830	Adenoidectomy primary <age 12
42831	Adenoidectomy primary age 12/>
42835	Adenoidectomy secondary <age 12
42836	Adenoidectomy secondary age 12/>
43200	Esophagoscopy flexible transoral diagnostic
43235	Esophagogastroduodenoscopy transoral diagnostic
43236	Esophagogastroduodenoscopy submucosal injection
43237	Esophagogastroduodenoscopy us scope w/adj strxrs
43238	Egd intrmural us needle aspirate/biopsy esophags
43239	Egd transoral biopsy single/multiple
43242	Egd intrmural needle aspir/biop altered anatomy
43245	Egd dilation gastric/duodenal stricture
43246	Egd percutaneous placement gastrostomy tube
43247	Egd flexible foreign body removal
43248	Egd insert guide wire dilator passage esophagus
43249	Egd balloon dilation esophagus <30 mm diam
43251	Egd removal tumor polyp/other lesion snare tech
43254	Egd transoral endoscopic mucosal resection
43255	Egd transoral control bleeding any method
43259	Edg us exam surgical alter stom duodenum/jejunum
44360	Endoscopy upper small intestine
44361	Endoscopy upper small intestine w/biopsy
45171	Exc rct tum not incl muscularis propria
45334	Sigmoidoscopy flx control bleeding
45335	Sgmdsc flx dired sbmcsl njx any sbst
45378	Colonoscopy flx dx w/collj spec when pfrmd
45380	Colonoscopy w/biopsy single/multiple
45381	Colsc flx with directed submucosal njx any sbst
45384	Colsc flx w/removal lesion by hot bx forceps
45385	Colsc flx w/rmvl of tumor polyp lesion snare tq

CPT® Codes	Description
45390	Colonoscopy flx w/endoscopic mucosal resection
45990	Anrct xm surg req anes general spi/edrl dx
46020	Placement seton
46040	I&d ischiorectal&/perirectal abscess spx
46050	I&d perianal abscess superficial
46200	Fissurectomy incl sphincterotomy when performed
46220	Excision single external papilla or tag anus
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
46250	Hemorrhoidectomy xtrnl 2/> column/group
46255	Hemorrhoidectomy ntrnl & xtrnl 1 column/group
46261	Hrhc ntrnl & xtrnl 2/> column/group w/fissu
46270	Surg tx anal fistula subq
46275	Surg tx anal fistula intersphincteric
46288	Clsr anal fstl w/ret advmnt flap
46505	Chemodenervation internal anal sphincter
46750	Sphnctrop anal incontinence/prolapse adult
46910	Dstrj lesion anus smpl eltrdsiccation
46946	Int hrhc by ligation 2+ hroid w/o img gdn
47000	Biopsy liver needle percutaneous
49505	Rpr 1st ingun hrna age 5 yrs/> reducible
49591	Rpr AA hrna Initial <3cm/ reducible
49613	RPR AA Hernia Recur <3cm Reducible
49650	Laparoscopy surg rpr initial inguinal hernia
49651	Laps surg rpr recurrent inguinal hernia
49593	RPR AA Hernia 1st 3-10 CM, Reducible
49615	RPR AA HERNIA RECUR 3-10CM reducible
50590	Lithotripsy xtrcorp shock wave
52000	Cystourethroscopy
52005	Cysto bladder w/ureteral catheterization
52204	Cystourethroscopy with biopsy
52224	Cysto w/removal of lesions small
52234	Cysto w/removal of tumors small
52235	Cystourethroscopy w/dest &/rmvl med bladder tum
52260	Cystourethroscopy w/dil bladder general anesth
52276	Cystourethroscopy w/internal urethrotomy
52281	Cysto calibration dilat urtl strix/stenosis
52287	Cystourethroscopy inj chemodenervation bladder
52310	Cysto w/simple removal stone & stent

CPT® Codes	Description
52320	Cystourethroscopy w/rmvl ureteral calculus
52332	Cysto w/insert ureteral stent
52344	Cysto w/urtroscopy w/tx ureteral stricture
52351	Cysto w/urtroscopy&/pyeloscopy dx
52352	Cysto w/ureteroscopy w/rmvl/manj stones
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy
52356	Cysto/uretero w/lithotripsy &indwell stent insrt
54840	Excision spermatocele w/wo epididymectomy
55040	Excision hydrocele unilateral
55700	Prostate needle biopsy any approach
57240	Anterior colporrhaphy rpr cystocele w/cysto
57250	Posterior colporrhaphy for repair of rectocele including perineorrhaphy if performed
57288	Sling operation stress incontinence
57461	Colposcopy cervix vag eltrd conization cervix
57520	Conization cervix w/wo d&c rpr knife/laser
57522	Conization cervix w/wo d&c rpr eltrd exc
58353	Endometrial abltj thermal w/o hysteroscopic guid
58558	Hysteroscopy bx endometrium&/polypc w/wo d&c
58561	Hysteroscopy removal leiomyomata
58562	Hysteroscopy removal impacted foreign body
58563	Hysteroscopy endometrial ablation
58565	Hysteroscopy bi tube occlusion w/perm implnts
64721	Neuroplasty &/transpos median nrv carpal tunne
65426	Excision/transposition pterygium w/grafg
65710	Keratoplasty anterior lamellar
65730	Keratoplasty pentrg except aphakia/pseudophakia
65820	Goniotomy
65855	Trabeculoplasty by laser surgery
66170	Fstlj sclera glaucoma trabeculect ab externo
66250	Revj/rpr oprative wound anterior segment
66710	Ciliary body dstrj cyclophotocoag transsceral
66711	Ecp ciliary body dstrj w/o rmvl crystalline lens
66761	Iridotomy/irridectomy laser surg per session
66821	Post-cataract laser surgery
66825	Repositioning io lens prosthesis req inc spx
66982	Xcapsl ctrc rmvl insj io lens prosth cplx wo ecp
66984	Xcapsl ctrc rmvl insj io lens prosth w/o ecp

CPT® Codes	Description
66986	Exchange intraocular lens
66987	Xcapsl ctrc rmvl insj io lens prosth cplx w/ecp
66988	Xcapsl ctrc rmvl insj io lens prosth w/ecp
67010	Rmvl vitreous ant appr subtot rmvl mech vitrect
67028	Intravitreal njx pharmacologic agt spx
67036	Vitrectomy mechanical pars plana
67040	Vitrectomy mchnl pars plana endolaser panrta pc
67041	Vitrectomy pars plana remove preretinal membrane
67042	Vitrectomy pars plana remove int memb retina
67105	Rpr retinal dtchmnt drg subretinal fluid pc
67108	Rpr retinal dtchmnt w/vitrectomy any meth
67113	Rpr complex retina detach vitrect &membrane peel
67228	Treatment extensive retinopathy photocoagulation
67311	Strabismus recession/rescj 1 hrzntl musc
67312	Strabismus recession/rescj 2 hrzntl musc
67840	Exc lesion eyelid w/o clsr/w/simple dir closure
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision lesion conjunctiva > 1 cm
68320	Conjunctivoplasty w/grf/xtnsv rearrangement
68720	Dacryocstorhinostomy
68815	Probe nasolacrimal duct w/wo irrg insj tube/stnt
69205	Rmvl fb xtrnl auditory canal anes
69436	Tympanostomy general anesthesia
69631	Tympanoplasty w/o mastoidect w/o ossicle recnstj

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed	11/24	11/24
Policy Review	2/26	2/26

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical

policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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