

**Prior Authorization Review Panel
MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.

Policies submitted without this form will not be considered for review.

Plan: Keystone First Community Health Choices	Submission Date: 9/28/2022
Policy Number: CCP.1517	Effective Date: 7/2022 Revision Date: 09/2022
Policy Name: Ambulatory surgery center optimization	
Type of Submission – Check all that apply: <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Annual Review – No Revisions <input type="checkbox"/> Statewide PDL	
*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.	
Please provide any clarifying information for the policy below: Please see the updates below outline through tracked changes.	
Name of Authorized Individual (Please type or print): Akintayo Akinlawon, MD	Signature of Authorized Individual: 

Ambulatory surgery center optimization

Clinical Policy ID: CCP.1517

Recent review date: 6/2022

Next review date: 10/2023

Policy contains: ambulatory surgery, outpatient surgery

Keystone First Community HealthChoices has developed clinical policies to assist with making coverage determinations. Keystone First Community HealthChoices' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First Community HealthChoices when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First Community HealthChoices' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First Community HealthChoices' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First Community HealthChoices will update its clinical policies as necessary. Keystone First Community HealthChoices' clinical policies are not guarantees of payment.

Coverage policy

Certain elective procedures are appropriately performed in an ambulatory surgery center when the following criteria are met:

General Guidelines:

- Procedure is non-emergent and for a non-life threatening situation
- Requesting surgeon has privileges at an ambulatory surgery center qualified to manage the procedure
- Body mass index is < 40
- Post-operative ventilation is not anticipated
- Operative time expected is < 3 hours and combined operative and recovery time is anticipated to be < 23 hours
- Procedure is not expected to result in extensive blood loss or directly involve major blood vessels
- Major or prolonged body cavity invasion is not anticipated
- Health status is American Society of Anesthesiologists physical status class I, II, III, or IV, and meets the following:
 - Only local anesthetic with minimal sedation is planned
 - No respiratory distress is present
 - No internal cardioverter-defibrillator in a patient requiring electrocautery
- Non-obstetric surgery during pregnancy meets the following:

- Procedure is not elective
- Primary obstetric provider has been consulted regarding aspects of maternal anatomy and physiology that could affect intraoperative maternal-fetal well-being
- Corticosteroid administration considered for fetal benefit in patients with fetuses at viable premature gestational ages
- Screened for venous thromboembolism risk and appropriate perioperative prophylaxis administered
- If the fetus is considered pre-viable, ascertainment of fetal heart rate by Doppler at least before and after the procedure (in select circumstances, intraoperative fetal monitoring may be considered to facilitate positioning or oxygenation interventions)
- If the fetus is viable (greater than 23 to 24 weeks of gestation), intraoperative electronic fetal monitoring meets all of the following:
 - It is physically possible to perform intraoperative electronic fetal monitoring
 - An obstetric care provider with cesarean delivery privileges will be readily available during the procedure
 - Informed consent has been obtained that allows for emergency cesarean delivery for fetal indications
 - The nature of the planned surgery will allow the safe interruption or alteration of the procedure to provide access to perform emergency delivery
 - A qualified individual will be readily available to interpret fetal heart rate patterns
 - Neonatal and pediatric services are available on an emergent basis
 - Blood products access onsite.
- Does Not Have Any of the Following Disqualifying Conditions that Would Indicate a Hospital Setting is More Appropriate (not an all-inclusive list):
 - Brittle diabetes (unstable diabetes that results in disruption of life and often recurrent/prolonged hospitalization)
 - Resistant hypertension (poorly controlled despite use of three antihypertensive agents of different classes)
 - Chronic obstructive pulmonary disease (forced expiratory volume in one second < 50%)
 - Advanced liver disease (model for end-stage liver disease score > 8)
 - Alcohol dependence with risk for withdrawal syndrome
 - End stage renal disease (on peritoneal or hemodialysis)
 - Uncompensated chronic heart failure (New York Hospital Association class III or IV)
 - History of myocardial infarction in past three months
 - History of cerebrovascular accident or transient ischemic attack in past three months
 - Coronary artery disease with ongoing cardiac ischemia requiring ongoing medical management, placement of drug eluding stent in past year, or non-drug eluding stent or plain angioplasty in past three months unless aspirin and antiplatelet drugs will be continued by agreement of surgeon, cardiologist, and anesthesia
 - Moderate to severe uncontrolled obstructive sleep apnea
 - Implanted pacemaker
 - 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 (Desmopressin® is not a blood product and is acceptable)
 - Recent history of drug abuse
 - Poorly controlled asthma (forced expiratory volume in one second < 80% despite medical management)
 - Significant valvular heart disease
 - Symptomatic cardiac arrhythmia despite medication

Procedures that are appropriate in an outpatient setting are covered when performed in an ambulatory surgery center and when they are determined to be medically necessary according to recognized clinical decision support tools. These procedures (Current Procedural Terminology codes and descriptions) are listed below.

24342 Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft

23359 Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment

26160 Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger

27385 Suture of quadriceps or hamstring muscle rupture; primary

27729 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed

27822 Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip

28285 Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)

28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method

28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each

28750 Arthrodesis, midtarsal or tarsometatarsal, single joint

29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament

31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed

31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)

43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)

45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

47562 Laparoscopy, surgical; cholecystectomy

47563 Laparoscopy, surgical; cholecystectomy with cholangiography

49650 Laparoscopy, surgical; repair initial inguinal hernia

49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible

49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated

or strangulated

50590 Lithotripsy, extracorporeal shock wave

52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)

52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)

52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

55700 Biopsy, prostate; needle or punch, single or multiple, any approach

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy

60240 Thyroidectomy, total or complete

66982 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

67028 Intravitreal injection of a pharmacologic agent (separate procedure)

67108 Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

67113 Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

Additional codes and descriptions are given in Appendix 1.

Limitations

No limitations were identified during the writing of this policy.

Alternative covered services

None.

Background

Ambulatory surgery centers are stand-alone units that can be independent of other providers, or operated by hospitals. By 2011, 5,300 centers in the U.S. performed more than 23 million procedures per year (Ambulatory Care Surgery Association, 2015).

Surgical procedures in which the patient can be discharged on the same day can be performed in ambulatory surgery centers, or as outpatient surgery in hospitals or other institutions. Clinical criteria that identify those procedures that can be performed in ambulatory surgery centers are help to assure patient safety and to maximize outcomes.

Findings

None.

References

On May 26, 2022, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were ambulatory surgery; outpatient surgery. We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Ambulatory Care Surgery Association. History of ASCs. <https://www.ascassociation.org/advancingsurgicalcare/asc/historyofasc>. Published 2015.

Policy updates

6/2022: initial review date and clinical policy effective date: 7/2022.

10/2022: Policy added changes from legal department.

Appendix 1

10060 Incision & Drainage Abscess Simple/Single XCAPSL CTRLC RMVL INSJ IO LENS PROSTH CPLX WO
10061 Incision & Drainage Abscess Complicated/Multiple
10120 Incision & Removal Foreign Body Subq Tiss Simple
10140 I&D Hematoma Seroma/Fluid Collection
11042 Debridement Subcutaneous Tissue 20 Sq Cm/<
11402 I&D Hematoma Seroma/Fluid Collection
11403 Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L 2.1-3.0 Cm
11406 Exc B9 Lesion Mrgn Xcp Sk Tg T/A/L >4.0 Cm
11420 Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 0.5 Cm/<
11422 Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 1.1-2.0Cm
11423 Exc B9 Lesion Mrgn Xcp Sk Tg S/N/H/F/G 2.1-3.0Cm
11441 Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 0.6-1.0Cm
11442 Exc B9 Les Mrgn Xcp Sk Tg F/E/E/N/L/M 1.1-2.0Cm
11450 Excision Hidradenitis Axillary Smpl/Intrm Rpr
11750 Excision Nail Matrix Permanent Removal
11770 Excision Pilonidal Cyst/Sinus Simple
14040 AdjT Tis Trns/Reargmt F/C/C/M//G/H/F 10Sqcm/<
19120 Exc Cyst/Aberrant Breast Tissue Open 1/> Lesion
19125 Exc Breast Les Preop Plmt Rad Marker Open 1 Les
20680 Removal Implant Deep
25111 Excision Ganglion Wrist Dorsal/Volar Primary
25605 Cltx Dstl Rdl Fx/Epiphysl Sep W/Manj When Perf
26055 Tendon Sheath Incision
26615 Open Tx Metacarpal Fracture Single Ea Bone
28296 Corrx Hallux Valgus W/Sesmdc W/Dist Metar Osteot

29806 Arthroscopy Shoulder Surgical Capsulorrhaphy
29823 SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+
29827 Arthroscopy Shoulder Rotator Cuff Repair
29828 Arthroscopy Shoulder Biceps Tenodesis
29877 Arthrs Knee Debridement/Shaving Artclr Crtlg
29880 Arthrs Knee W/Meniscectomy Med&Lat W/Shaving
29882 Arthrs Knee W/Meniscectomy Med&Lat W/Shaving
31238 Nasal/Sinus Ndsc Surg W/Control Nasal Hemrrg
31526 Laryngoscopy W/Wo Tracheoscopy W/Micro/Telescope
31541 Laryngoscopy W/Wo Tracheoscopy W/Micro/Telescope
31575 Laryngoscopy Flexible Diagnostic
31622 Brnchsc Incl Fluor Gdnce Dx W/Cell Washg Spx
31624 Brnchsc W/Brncl Alveolar Lavage
31652 Brnchsc Ebus Guided Sampl 1/2 Node Station/Strux
36590 Rmvl Tun Ctr Vad W/Subq Port/Pmp Ctr/Prph Insj
36821 Arteriovenous Anastomosis Open Direct
38222 Diagnostic Bone Marrow Biopsies & Aspirations
38505 Bx/Exc Lymph Node Needle Superficial
38525 Bx/Exc Lymph Node Open Deep Axillary Node
41010 Incision Lingual Frenum Frenotomy
42821 Tonsillectomy & Adenoidectomy Age 12/>
42826 Tonsillectomy Primary/Secondary Age 12/>
43235 Esophagogastroduodenoscopy Transoral Diagnostic
43238 Egd Intrmural Us Needle Aspirate/Biopsy Esophags
43239 Egd Transoral Biopsy Single/Multiple Colsc Flx Colsc Flx W/Rmvl Of Tumor Polyp Lesion Snare
43244 Egd Band Ligation Esophgeal/Gastric Varices
43245 Egd Dilation Gastric/Duodenal Stricture
43249 Egd Balloon Dilation Esophagus
43259 Edg Us Exam Surgical Alter Stom Duodenum/Jejunum
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
46260 Hemorrhoidectomy Int & Xtrnl 2/> Column/Gro
47000 Biopsy Liver Needle Percutaneous
48420 Tonsillectomy & Adenoidectomy
48430 Adenoidectomy Primary
49083 Abdom Paracentesis Dx/Ther W/Imaging Guidance
49500 Rpr 1St Ingun Hrna Age 6 Mo-5 Yrs Reducible
49561 Rpr 1St Incal/Vnt Hernia Incarcerated
49505 Rpr 1St Ingun Hrna Age 5 Yrs/> Reducible
49587 Rpr Umbilical Hernia Age 5 Yrs/> Incarcerated
49652 Laps Repair Hernia Except Incal/Ingun Reducible
49653 Lap Rpr Hrna Xcpt Incal/Ingun Ncrc8/Strangulated
50435 Exchange Nephrostomy Catheter Prq W/Img Gid Rs&I
52000 Cystourethroscopy

52332 Cysto W/Insert Ureteral Stent
52281 Cysto Calibration Dilat Urtl Strix/Stenosis
52287 Cystourethroscopy Inj Chemodenervation Bladder
52310 Cysto W/Simple Removal Stone & Stent
52353 Cysto W/Ureteroscopy W/Lithotripsy
54150 Circumcision W/Clamp/Oth Dev W/Block
54161 Circumcision Age >28 Days
54162 Lysis/Excision Penile Postcircumcision Adhesions
54163 Repair Incomplete Circumcision
54300 Penis Straightening Chordee
54360 Plastic Rpr Penis Correct Angulation
54640 ORCHIOPEXY INGUINAL OR SCROTAL APPROACH
57250 Conization Cervix W/Wo D&C Rpr Knife/Laser
57454 Colposcopy Cervix Bx Cervix & Endocrv Curretage
57522 Conization Cervix W/Wo D&C Rpr Eltrd Exc
58100 Endometrial Bx W/Wo Endocervix Bx W/O Dilat Spx
58120 Dilation & Curettage Dx&Ther Nonobstetric
58558 Hysteroscopy Bx Endometrium&/Polypc W/Wo D&C
58563 Hysteroscopy Endometrial Ablation
58661 Laparoscopy W/Rmvl Adnexal Structures
58662 Laps Fulg/Exc Ovary Viscera/Peritoneal Surface
58670 Laparoscopy Fulguration Oviducts
64642 Chemodenervation One Extremity 1-4 Muscle
64644 Chemodenervation 1 Extremity 5 Or More Muscles
64718 Neuroplasty &/Transposition Ulnar Nerve Elbow
64721 Neuroplasty &/Transpos Median Nrv Carpal Tunne
66821 Post-Cataract Laser Surgery
69436 Tympanostomy General Anesthesia
67311 Strabismus Recession/Rescj 1 Hrzntl Musc
67312 Strabismus Recession/Rescj 2 Hrzntl Musc
67808 Exc Chalazion Anes Req Hospization Single/Mult
69424 Ventilating Tube Rmvl Requiring General Anes
69610 Tympanic Memb Rpr W/Wo Prepj Perfor Patch
69620 Myringoplasty
69631 Tympanoplasty W/O Mastoidect W/O Ossicle Recnstj