

Ambulatory Surgery Center Procedures

Policy ID: 30132.03

Recent review date: 1/2020

Next review date: 1/2022

Policy contains: Ambulatory Surgery Center; Outpatient Procedures

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' 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 AmeriHealth Caritas 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. AmeriHealth Caritas' 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. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment

Policy statement

An ambulatory surgical center is a freestanding facility where surgical and diagnostic procedures are performed on an ambulatory basis. The duration of the patient stay associated with the procedure is unlikely to exceed 24 hours, and the complexity of the procedure will not typically warrant immediate access to a hospital services-specific setting or postoperative inpatient setting.

No prior authorization is required for the following procedures if performed in an in-network ambulatory surgery center. Performance of the following procedures in a hospital setting (e.g., hospital-based outpatient surgery center) requires prior authorization.

- Abscess Drainage, Superficial
- Arthroscopy/Arthroplasty
- Carpal Tunnel Release
- Cataract-related Interventions
- Colonoscopy
- Cystourethroscopy
- Debridement
- Excision Superficial Soft Tumor
- Hernia Repair
- Hysteroscopy
- Laryngoscopy
- Lithotripsy

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- Septoplasty, Submucous Resection
- Sinus Interventions
- Tonsillectomy and/or Adenoidectomy
- Trigger Finger Release
- Tympanostomy
- Upper Endoscopy (CDC 2017; CMS, 2019a; CMS 2019b).

Performance of one of the above procedures in a hospital setting requires prior authorization. Justification for performing such procedures in a hospital setting may include, but is not limited to:

- Duration of patient stay associated with the service is likely to exceed 24 hours and/or require immediate access to services specific to the hospital setting or post-operative inpatient setting.
- Increased risk of complications due to severe comorbidity indicated in the American Society of Anesthesiologists Physical Status Classification System classification IV or higher (American Society of Anesthesiologist 2019; CMS, 2019a, CMS, 2019c).

Prior authorization requirements may be imposed on certain procedures, including those listed in this Policy, based on utilization.

References

American Society of Anesthesiologists. ASA physical status classification system. 2019. <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>. Accessed on December 5, 2019.

Centers for Disease Control and Prevention. Ambulatory Surgery Data from Hospitals and Ambulatory Surgery Centers: United States, 2010. 2017. <https://www.cdc.gov/nchs/data/nhsr/nhsr102.pdf>. Accessed on December 5, 2019.

Centers for Medicare & Medicaid Services. Ambulatory Surgical Center (ASC) Payment. 2019a. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs>. Accessed on December 5, 2019.

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Centers for Medicare & Medicaid Services. Medicare claims processing manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>. 2019c. Access on December 5, 2019.

Policy updates

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