

# Clinical Policy: Ambulatory Surgery Center Optimization

Reference Number: CP.MP.158

Last Review Date: 01/18

[Revision Log](#)

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 in an environment appropriate for low risk procedures on members with low risk health status. They serve as a high-quality, cost-effective alternative to inpatient surgical services. This policy provides guidance for when surgical services are medically appropriate to be provided in an ASC and can be redirected from an inpatient or outpatient hospital setting.

## Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that elective procedures performed in an ASC are **medically necessary** when meeting the following indications:
  - A. General guidelines:
    1. Procedure is non-emergent and for a non-life threatening situation;
    2. Requesting surgeon has privileges at an ASC qualified to manage the procedure;
    3. BMI (body mass index) < 40;
    4. Post-operative ventilation is not anticipated;
    5. Operative time expected < 3 hours and combined operative and recovery time is anticipated to be < 23 hours;
    6. Procedure is not expected to result in extensive blood loss or directly involves major blood vessels;
    7. Major or prolonged body cavity invasion is not anticipated;
    8. Health status is American Society of Anesthesiologist (ASA) physical status (PS) class I, II, or III; or if class IV, meets the following:
      - a. Only local anesthetic with minimal sedation is planned;
      - b. No respiratory distress is present;
      - c. No internal cardioverter-defibrillator in a patient requiring electrocautery;
  - B. Does not have any of the following disqualifying conditions that would indicate a hospital setting is more appropriate (not an all-inclusive list):
    1. Brittle diabetes (instable diabetes that results in disruption of life and often recurrent/prolonged hospitalization);
    2. Resistant hypertension (poorly controlled despite use of 3 antihypertensive agents of different classes);
    3. Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%);
    4. Advanced liver disease (MELD Score > 8);
    5. Alcohol dependence who is at risk for withdrawal syndrome;
    6. End stage renal disease (on peritoneal or hemodialysis)
    7. Uncompensated chronic heart failure (NYHA class III or IV)
    8. History of myocardial infarction in past 3 months;
    9. History of cerebrovascular accident or transient ischemic attack in past 3 months;
    10. Coronary artery disease with ongoing cardiac ischemia requiring ongoing medical management, placement of drug eluding stent in past year, or non-drug eluding stent

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- or plain angioplasty in past 3 months unless aspirin and antiplatelet drugs will be continued by agreement of surgeon, cardiologist, and anesthesia;
- 11. Moderate to severe uncontrolled obstructive sleep apnea;
- 12. Implanted pacemaker;
- 13. Personal history or family history of complication of anesthesia such as malignant hyperthermia;
- 14. Pregnancy;
- 15. Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect (DDAVP is not blood product and is OK);
- 16. Recent history of drug abuse;
- 17. Poorly controlled asthma (FEV1 < 80% despite medical management);
- 18. Significant valvular heart disease;
- 19. Symptomatic cardiac arrhythmia despite medication;
- C. Procedures appropriate for an ASC should be redirected from an outpatient hospital setting when the above criteria are met. These procedures should be considered medically necessary per InterQual™ guidelines.

**II.** It is the Health Plan’s policy that procedures medically appropriate for an ASC per the criteria listed in section I above, 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.

**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. According to a recent analysis in the 2010 Hospital Ambulatory Medical Care Survey, there were over 22 million surgical and nonsurgical procedures performed at ambulatory surgical centers.<sup>4</sup> Outpatient surgery in ACSs provide safe, cost-effective alternatives for a variety of surgical procedures with low complication rates.<sup>5</sup> For example, a survey of the American Society for Surgery of the Hand noted that over 65% of had surgeons reported performing hand procedures at ASCs.<sup>5</sup>

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

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	01/18	01/18

**References**

1. Ambulatory Surgery Center Association. Ambulatory Surgery Centers: A positive trend in health care. Accessed 12/14/17 at:

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<http://www.ascassociation.org/advancingsurgicalcare/aboutascscs/industryoverview/apositivetr endinhealthcare>.

2. Guidelines for Ambulatory Anesthesia and Surgery; Committee on Ambulatory Surgery Care; American Society of Anesthesiologists, October 2013
3. 2017.1 InterQual List of Inpatient Procedures
4. Centers for Medicare and Medicaid Services. Medicare Claims Processing Manual; Chapter 14 - Ambulatory Surgery Centers. Rev. 3650. November 10, 2016. Hall, M. J., et al. "Ambulatory surgery data from hospitals and ambulatory surgery centers: United States, 2010." *National health statistics reports* 102 (2017): 1.
5. Thompson, Norfleet B., and James H. Calandruccio. "Hand Surgery in the Ambulatory Surgery Center." *Orthopedic Clinics of North America* 49.1 (2018): 69-72.

#### **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. This clinical policy is not intended to

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recommend treatment for members. Members 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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** 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.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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