

Site of Service Utilization

Last Review Date: January 14, 2022

Number: MG.MM.AD.19aC2v2

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Note: The Site of Service Utilization policy is applied only to members between 18–74 years of age. There is no impact to members under 18 or over 75.

Background

This Utilization Review Guideline provides assistance in interpreting EmblemHealth benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Utilization Review Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Utilization Review Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Utilization Review Guideline. Other Policies and Guidelines may apply. ConnectiCare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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. EmblemHealth reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

Benefit Considerations

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Preauthorization requirements apply to EmblemHealth plans that require services to be medically necessary and conducted in an optimal clinical setting. The medical necessity of the procedure may be separately reviewed against the appropriate criteria. Refer to the member specific benefit plan document to determine if medical necessity applies.

Coverage Rationale

Surgery may safely be performed in various settings. Some of the common settings used are an inpatient hospital or medical center, an off-campus outpatient hospital or medical center, an on-campus outpatient hospital or medical center, an ambulatory surgical center, or a doctor's office. Costs for surgical procedures may vary among these different settings. To encourage the use of the most safe and appropriate, sites of service for certain medically necessary outpatient surgical procedures, prior authorization is required for the site of service for the surgical procedures listed below.

We will review the site of service for medical necessity for certain elective surgical procedures. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center or providers office. When there is more than one option for the site of surgery, and in the absence of any clinical contra-indication, the lowest level of site will be approved (i.e., physician office first, then ASC, then hospital outpatient, and last, hospital inpatient).

The following will be considered to determine whether the elective procedure is being performed in an optimal clinical setting:

- Member's specific benefit plan
- Geographic availability of an in-network provider
- Ambulatory surgical care (ASC) capability
- Physician privileging
- Significant member comorbidities (see list of examples of Qualifying Conditions below)
- American Society of Anesthesiologist (ASA) physical status (PS), classification system

Potential Documentation Requirements

- Physician office notes
- Physician privileging
- [ASA score](#)

Office Based Procedures

Except for the following qualifying conditions, most elective procedures should be performed in an Office setting (not an all-inclusive list):

- Patient is unable to cooperate with procedure due to mental status, severe anxiety, or extreme pain sensitivity
- Failed office-based procedure attempt due to body habitus, abnormal anatomy, or technical difficulties
- Bleeding disorder that would cause a significant risk of morbidity
- Allergy to local anesthetic
- The following will be considered to determine whether the elective procedure is being performed in an optimal clinical setting:
- The individual has clinical conditions which may compromise the safety of an office-based procedure, including but not limited to:
 - Medical conditions which require enhanced monitoring, medications or prolonged recovery period; or
 - Increased risk for complications due to severe comorbidity, such as that evidenced by an American Society of Anesthesiologist's (ASA) class III or higher physical status.

ASC and Outpatient Surgical Procedures

Except for the qualifying conditions below, many elective procedures should be performed in an Ambulatory Surgical Center (ASC). Some patients may require more complex care due to factors such as age or medical conditions. Also, some ASCs may have specific guidelines that prohibit members who are above a certain weight or have certain health conditions from receiving care in those facilities.

Patients with severe systemic disease and some functional limitation (ASA PS classification III or higher) may be appropriate to have the procedure in an outpatient hospital setting (not an all – inclusive list):

- Morbid obesity (>BMI.40)
- Diabetes (brittle diabetes)
- Resistant hypertension (poorly controlled)
- Chronic obstructive pulmonary disease (COPD) (FEV1 <50%)
- Advance liver disease (MELD Score >8)
- Alcohol dependence (at risk for withdrawal syndrome)
- End stage renal disease (hyperkalemia (above reference range peritoneal or hemodialysis)
- Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
- History of myocardial infarction (MI) (recent event (<3 mo.))
- History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) (recent event (<3 mo.))
- Coronary artery disease (CAD/peripheral vascular disease (PVD) (ongoing cardiac ischemia requiring medical management recently placed drug eluting stent (within 1 year))
- Sleep apnea (mode rate to severe obstructive sleep apnea (OSA)
- Implanted pacemaker
- Personal history or family history of complication of anesthesia such as malignant hyperthermia
- Pregnancy
- 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)
- Prolonged surgery (>3 hrs.)
- Anticipated need for transfusion
- Recent history of drug abuse (especially cocaine)
- Patients with drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days unless acetylsalicylic acid (ASA) and antiplatelet drugs will be continued by agreement of surgeon, cardiologist and anesthesia
- Ongoing evidence of myocardial ischemia
- Poorly controlled asthma (FEV1 <80% despite medical management)
- Significant valvular heart disease
- Cardiac arrhythmia (symptomatic arrhythmia despite medication)
- Potentially difficult airway
- Uncontrolled seizure disorder

Inpatient Surgical Procedures

Certain specific complex surgeries can only be performed in an inpatient setting due to the needed level of involvement of specialized staff and technical equipment necessary to safely perform the procedure. Examples include organ transplants, most oncology procedures and many cardiac procedures.

Revision History

May 27, 2022	Added note communicating that the policy is applied only to members between 18–74 years of age
Jan. 10, 2020	Expanded from Commercial and Medicaid only to include Medicare applicability eff. Feb. 1. 2020

Coding

CPT Codes	Description	Place of Service (POS)
10120	Incision and removal of foreign body, subcutaneous tissues; simple	19,22,24
10140	Incision and drainage of hematoma, seroma or fluid collection	19,22,24
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	19,22,24
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	19,22,24
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	19,22,24
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	19,22,24
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	19,22,24
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	19,22,24
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	19,22,24
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	19,22,24
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	19,22,24
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	19,22,24
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	19,22,24
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	19,22,24
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	19,22,24
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	19,22
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	19,22
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	19,22
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	19,22

14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	19,22
19000	Puncture aspiration of cyst of breast;	19,22,24
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	19,22
21320	Closed treatment of nasal bone fracture; with stabilization	19,22
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	19,22
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	19,22
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	19,22,24
30140	Submucous resection inferior turbinate, partial or complete, any method	19,22
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	19,22
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	19,22,24
42821	Tonsillectomy and adenoidectomy; age 12 or over	19,22
42825	Tonsillectomy, primary or secondary; younger than age 12	19,22
42826	Tonsillectomy, primary or secondary; age 12 or over	19,22
42830	Adenoidectomy, primary; younger than age 12	19,22
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	19,22
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	19,22
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	19,22
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	19,22,24
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	19,22,24
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	19,22
45380	Colonoscopy, flexible; with biopsy, single or multiple	19,22
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	19,22
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	19,22
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	19,22,24
47000	Biopsy of liver, needle; percutaneous	19,22
49505	Repair initial inguinal hernia, age 5 years or older; reducible	19,22
49585	Repair umbilical hernia, age 5 years or older; reducible	19,22
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	19,22
49650	Laparoscopy, surgical; repair initial inguinal hernia	19,22
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	19,22
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	19,22

49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	19,22
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	19,22
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	19,22
50590	Lithotripsy, extracorporeal shock wave	19,22
52000	Cystourethroscopy (separate procedure)	19,22
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	19,22
52204	Cystourethroscopy, with biopsy(s)	19,22
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	19,22
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	19,22
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	19,22
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	19,22
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	19,22
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	19,22
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	19,22
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	19,22
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	19,22
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	19,22
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	19,22
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	19,22
55040	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	19,22
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	19,22,24
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	19,22
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	19,22
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	19,22,24
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	19,22
58353	Endometrial ablation, thermal, without hysteroscopic guidance	19,22

58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	19,22
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	19,22
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	19,22
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	19,22,24
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	19,22,24
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	19,22,24
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	19,22
65426	Excision or transposition of pterygium; with graft	19,22
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) Revised	19,22
65855	Trabeculoplasty by laser surgery	19,22
66170	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	19,22
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	19,22
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	19,22
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	19,22
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	19,22
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	19,22
67036	Vitrectomy, mechanical, pars plana approach;	19,22
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	19,22
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	19,22
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	19,22
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	19,22
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	19,22
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	19,22

References

American Heart Association. Classes of Heart Failure. Available at:

<http://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure>. Accessed January 21, 2022.

ASA Physical Status Classification System. Epstein LJ, Kristo D, Strollo PJ Jr, et al. Clinical guideline for the evaluation, management and long - term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15; 5(3):263-76. Available at: http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf. Accessed January 21, 2022..

Friedman L S. Surgery in the Patient with Liver Disease. Trans Am Clin Climatol Assoc. 2010; 121: 192–205. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917124/>. Accessed January 21, 2022.

National Kidney Foundation. Clinical update on hyperkalemia. A chronic risk for CKD patients and a potential barrier to recommended CKD treatment. https://www.kidney.org/sites/default/files/02-10-6785_HBE_Hyperkalemia_Bulletin.pdf. Accessed January 21, 2022.

American College of Surgeons. Patient safety principles for office-based surgery. March 17, 2003. <https://www.facs.org/education/patient-education/patient-safety/office-based-surgery>. Accessed January 21, 2022.

American Society of American Society of Anesthesiologists. Guidelines for office-based anesthesia. October 21, 2009. Reaffirmed on October 15, 2014.

Federation of State Medical Boards of the United States, Inc. Report of the Special Committee on outpatient (office-based) surgery. 2002. <http://www.fsmb.org/siteassets/advocacy/policies/outpatient-office-based-surgery.pdf>. Accessed on January 21, 2022.