



### SURGICAL SITE OF SERVICE ADDITIONAL INFORMATION FORM

Note: This form must be completed and submitted at the time of preauthorization request submission to ensure timely and accurate processing. If this information is not submitted with the preauthorization request, the site of service may be denied.

#### Patient Information

Last Name		First Name		Middle Initial
Member ID			Date of Birth	
Date(s) of Service				
Procedure Codes <input type="checkbox"/>				

### MEDICAL POLICY CRITERIA

The use of a hospital outpatient department instead of an ambulatory surgery center or physician office for surgical services may be considered **medically necessary** when one or more of the following criteria are met:

- There is no qualifying ambulatory surgery center within 25 miles that can provide the necessary care for the patient due to one of the following:
  - There is no geographically accessible ambulatory surgical center that has the necessary equipment for the procedure; or
  - There is no geographically accessible ambulatory surgical center available at which the individual's physician has privileges; or
  - An ASC's specific guideline regarding the individual's weight or health conditions prevents the use of an ASC
- The procedure requires discontinuing medications (e.g., antiarrhythmics, antiseizure medication), which necessitate preoperative or postoperative inpatient monitoring or treatment;
- The individual is using substances or medications (e.g., cocaine, amphetamines, monoamine oxidase inhibitor, alcohol) that may interact with the anticipated anesthetic regimen or lead to withdrawal syndrome;
- History of significant hemodynamic instability during a prior surgical procedure and is considered at risk for future procedures;
- Age 17 years and younger;
- The service being performed is in conjunction with an additional service that requires the use of a hospital outpatient department and they are being performed in the same operative session;
- American Society of Anesthesiologists (ASA) Physical Status (PS) Classification III or higher (see Policy Guidelines);
- Body mass index (BMI) is over 40;
- Bleeding disorder requiring replacement factor or special infusion products to correct a coagulation defect;
- Complex anticoagulation management anticipated;
- Transfusion anticipated;
- Sickle cell disease;
- Clinical documentation that cardiovascular risk is increased by any of the following factors:
  - Symptomatic cardiac arrhythmia despite medication
  - Coronary artery disease (CAD)
  - Drug eluting stents (DES) placed within one year or bare metal stents (BMS) or plain angioplasty within 90 days
  - History of cerebrovascular accident (CVA) or transient ischemic attack (TIA) within past 3 months
  - History of myocardial infarction (MI) within past 3 months
  - Implantable cardioverter-defibrillator (ICD)
  - Implanted pacemaker
  - Mechanical cardiovascular support (e.g., left ventricular assist device [LVAD] or total artificial heart)
  - Peripheral vascular disease (PVD)
  - Ongoing evidence of myocardial ischemia
  - Hypertension, severe (>180/110) or resistant (not responsive to 3 antihypertensive medications)
  - Uncompensated chronic heart failure (CHF) (NYHA class III or IV)
  - Valvular heart disease, and/or cardiomyopathy, moderate or severe

- Prolonged surgery (> 3 hours);
- Advanced liver disease (Model for End-Stage Liver Disease [MELD] Score > 8);
- Diabetes, when uncontrolled (HgbA1c>8%) or with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia;
- End stage renal disease (ESRD0; Stage 4 or 5 chronic kidney disease);
- Incompletely treated skin or wound infection;
- Pregnancy;
- Pulmonary risk is increased, including but not limited to:
  - Abnormal airway
  - Prior difficult intubation
  - Active respiratory infection
  - Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%)
  - Medical conditions that are commonly connected with difficult airway (e.g., Pierre-Robin, Treacher-Collins, Goldenhar's Syndrome, and Epidermolysis Bullosa)
  - Poorly controlled asthma (FEV1 < 80% despite medical management)
  - Moderate to severe sleep apnea (moderate = apnea hypopnea (AHI) or respiratory disturbance index (RDI)  $\geq 15$  and  $\leq 30$  severe = AHI or RDI >30/hr)
  - Dependent on a ventilator or continuous supplemental oxygen.
- Personal history or family history of complication of anesthesia such as malignant hyperthermia;
- History of any of the following gastrointestinal conditions that would increase risk for aspiration:
  - Documented history of achalasia
  - Documented history of delayed gastric emptying disorder or gastroparesis;
- History of any of the following neurological diagnoses that would increase risk:
  - Active multiple sclerosis
  - Myasthenia gravis
  - Severe motor disorder (e.g., severe Parkinson's, or other severe neurological dysfunction)
- A condition is present that will require the use of restraints;
- History of total joint infection;
- Individual is awaiting major organ transplant;
- Risk of procedure-specific complication;
- Provider documents a requirement for overnight recovery based on a unique circumstance for the individual.

The use of a hospital outpatient department for surgical services instead of an ambulatory surgery center or physician office is considered not medically necessary when the above criteria are not met.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED INFORMATION:

The information below must be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and physical/chart notes
- American Society of Anesthesiologists (ASA) score, as applicable
- Clinical documentation for specific policy criteria (refer to the Policy Criteria) that qualifies the individual for the site of service requested
- For specific services requiring prior authorization in addition to the site of service, submission of the applicable medical policy clinical documentation required for review

I certify that the criteria has been met to use of a hospital outpatient department instead of an ambulatory surgery center or physician's office as defined above.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name (please print)

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Fax Number