

POLICY

DEPARTMENT: Medical Management	DOCUMENT NAME: Ambulatory Surgery Center Optimization
PAGE:	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED: 02/18
PRODUCT Type: ALL	REFERENCE NUMBER: MO.UM.56

SCOPE:

Home State Health Medical Management Department

PURPOSE:

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:

- 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:
 - i. Procedure is non-emergent and for a non-life threatening situation;
 - ii. BMI (body mass index) < 40;
 - iii. Post-operative ventilation is not anticipated;
 - iv. Operative time expected < 3 hours and combined operative and recovery time is anticipated to be < 23 hours;
 - v. Procedure is not expected to result in extensive blood loss or directly involves major blood vessels;
 - vi. Major or prolonged body cavity invasion is not anticipated;
 - vii. Health status is American Society of Anesthesiologist (ASA) physical status (PS) class I, II, or III; or if class IV, meets the following:
 1. Only local anesthetic with minimal sedation is planned;
 2. No respiratory distress is present;
 3. 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):
 - i. Brittle diabetes (instable diabetes that results in disruption of life and often recurrent/prolonged hospitalization);
 - ii. Resistant hypertension (poorly controlled despite use of 3 antihypertensive agents of different classes);

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- iii. Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%);
 - iv. Advanced liver disease (MELD Score > 8);
 - v. Alcohol dependence who is at risk for withdrawal syndrome;
 - vi. End stage renal disease (on peritoneal or hemodialysis)
 - vii. Uncompensated chronic heart failure (NYHA class III or IV)
 - viii. History of myocardial infarction in past 3 months;
 - ix. History of cerebrovascular accident or transient ischemic attack in past 3 months;
 - x. Coronary artery disease with ongoing cardiac ischemia requiring ongoing medical management, placement of drug eluting stent in past year, or non-drug eluting stent or plain angioplasty in past 3 months unless aspirin and antiplatelet drugs will be continued by agreement of surgeon, cardiologist, and anesthesia;
 - xi. Moderate to severe uncontrolled obstructive sleep apnea;
 - xii. Implanted pacemaker;
 - xiii. Personal history or family history of complication of anesthesia such as malignant hyperthermia;
 - xiv. Pregnancy;
 - xv. 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);
 - xvi. Recent history of drug abuse;
 - xvii. Poorly controlled asthma (FEV1 < 80% despite medical management);
 - xviii. Significant valvular heart disease;
 - xix. 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 and include, but may not be limited to:
- i. Gynecologic procedures;
 - ii. Hernia repair;
 - iii. Tonsillectomy, adenoidectomy, and other ENT procedures;
 - iv. Endoscopic procedures;
 - v. Urological procedures;
 - vi. Carpal tunnel surgery;
 - vii. Cataract surgery and other ophthalmologic procedures.

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- II. It is the Health Plan's policy that procedures that are medically appropriate for an ASC and that meet all criteria listed in section I above are not considered to be provided in the most appropriate care setting when provided in an inpatient or outpatient hospital setting. Providers who request these services will be directed to the most appropriate care setting.

REVISION LOG

REVISION	DATE
Policy Created	02/2018

WORK PROCESS APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.

Vice President, Medical Management: Approval on File