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This website uses cookies. By continuing to use this website, you consent to the use of cookies. For information about cookies and how to disable them, visit our privacy and cookie policy. I got it, thank you! Go to the Basic Content Clinical UMA Guide: Outpatient or Outpatient Surgery Center Procedure Guide No: CG-SURG-10 Publication Date: 12/18/2019 Status: Review Date of last review: 11/07/2019 This document addresses procedures performed in outpatient or outpatient surgery centers. Outpatient surgery refers to surgical or invasive diagnostic procedures performed by qualified suppliers in outpatient or specialized surgical apartments with pre-bite and immediate follow-up on the same day or follow-up to hospitalization (VHAbook Hand outpatient surgery criteria). Note: Please see the following relevant documents for more information: Note: Medical necessity of the procedure may be considered separately in accordance with the relevant criteria. Medical necessity: The use of an outpatient or outpatient surgical center (ASC) facility, rather than an office-based setting, is considered necessary from a medical perspective when any of the following criteria are met: The procedure must be of a level of difficulty, that it cannot be performed in less intense conditions such as office-based settings, but also not so complex as to require immediate access to specific medical center/hospital settings or post-operative recovery. For example, the complexity of the procedure requires one of the following, including but not limited to: the need for anesthesia or sedation outside of local anesthesia, a digital unit, or local anesthesia with the attendant need to monitor physiological parameters for periodic checks of vital signs; or the need for a significant recovery period, go beyond the capacity of the doctor's office; OR a person has clinical conditions that can jeopardize the safety of office procedures, including, but not limited to: medical conditions that require enhanced monitoring, medication or a long recovery period; or an increased risk of complications due to severe comorbidities, such as this is evidenced by the American Society of Anesthesiologists (ASA) Class III or higher physical status. Not necessary from a medical point of view: All other uses of an outpatient or ASC facility, rather than office-based settings, are considered non-medical necessity. Coding rights for medical review need are not performed for this guide. In those when there is a more specific policy or guidance, the document will take precedence and may include specific changes in coding and/or instructions. The inclusion or exclusion of the device's procedure, diagnosis or code (s) does not or implies a policy of reimbursement to a member or supplier. Please contact benefits, in effect at the time of service to determine the coverage or non-origin of these services, as it applies to an individual member. Discussion/general information While hospitals continue to provide basic services for serious illnesses, a large proportion of medical activities are carried out in outpatient facilities. Surgical practice has been transformed in such a way that more than half of all surgeries in the United States are performed on an outpatient basis (Criteria for patient selection for outpatient (same-day) VHA Surgery Handbook). Outpatient (or outpatient) surgery provides an effective and flexible means to ensure many surgical and therapeutic procedures without requiring inpatient hospitalization. With the development of health care and the advent of new technologies, the list of such services continues to evolve. While it is important to emphasize that both the complexity of the procedure and the clinical conditions of the individual may jeopardize the safety of the office procedure, we provide the following examples of procedures that generally do not require the use of an outpatient or outpatient surgical centre: minor aspiration or injection procedures; Minor skin procedures such as acne surgery, incision and drainage, disassembly, parry or cutting, biopsy, shaving, excision, destruction, peeling or electrolysis; Minor nail procedures such as pruning, debridation, evacuation of subundual hematoma or excision of the nail and nail matrix; Implantation or removal of contraceptive capsules or pellets; Simple repair of superficial wounds; Removal of superficial abnormal bodies, including protruding surgical equipment (e.g.: c-wires, pins); Arthrotestis, aspiration and/or injection procedures with or without image guidance; Low-intensity ultrasonic stimulation to assist in bone healing, non-invasive (unfeasible); Closed treatment of falanges, metatarsal, sesame, calcaneal, thalus fracture or fracture of resin bone; No manipulation Venipuncture services; Maximum impression for the palace prosthesis; Insert of a pin-retained palace prosthesis; Artificial insemination; intracervic or intrauterine sperm wash for artificial insemination; The use of a superficial (transcost) neurostimulator; Chemodenceration of salivary glands or muscles (s) (e.g.: blepharospasm, hemiphacial spasm); Destruction by a neurolytic agent, peripheral nerve or branch; Assorted patch, scratches, prick and intradermal allergy tests. State Agency, Medical Society and other reputable publications: a guide to handling Medicare claims. Chapter 14 - Outpatient Surgical Centers. (12/27/2017 . Accessed October 3, 2019. the Medical Association has amended the basic principles (management-based surgery principles) submitted to the AMA House of Delegates 1/03. 1/03. for anesthesia based on the office of the American Society of Anesthesiologists (approved by the ASA Chamber of Delegates on October 13, 1999 and reconvened on October 15, 2014). Available by: . Accessed October 3, 2019. Criteria and standards for performing outpatient (same-day) surgery are performed in outpatient or specialized surgical suites. VHA Handbook 1102.5 Appendix A of May 20, 2003.Ambulatory or Outpatient Surgery Center Procedure Outpatient Surgery Center ForSpace Surgery Center Procedure Status Date Action Review 11/07/2019 Medical Policy - Technology Evaluation Committee (MPTAC) review. An updated review date, links, and a section of the document's history. Review 24.01.2019 MPTAC. Updated review date, description/area, links, and history sections of the document. Revised MPTAC review 01/25/2018. Revised B2 bullet in medical criteria; by changing the ASA Class I-II to Class III or above. Updated review date, links, and sections of history documents. Review 11/02/2017 MPTAC review. The wording of the title of the document has been updated with the current effective date before the publication date. Updated review date, Discussion/General Information, Links, and History Sections. Review 11/03/2016 MPTAC review. Updated review date, links, and sections of history documents. Revised MPTAC review of May 11, 2015. Revised medically necessary clinical evidence. Added no medical statement. Updated review date, links, and sections of history documents. Review 11/13/2014 MPTAC review. Updated review date, links, and sections of history documents. Review 11/14/2013 MPTAC review. Updated review date, links, and sections of history documents. Review 11/08/2012 MPTAC review. Updated review date, links, and sections of history documents. Review 11/17/2011 MPTAC review. Updated review date, links, and sections of history documents. Review 11/18/2010 MPTAC review. Updated review date, links, and sections of history documents. Review of the 11/19/2009 MPTAC review. Updated review date, links, and sections of history documents. Review of the 11/20/2008 MPTAC review. Updated review date, links, and sections of history documents. Review of the 11/29/2007 MPTAC review. Updated review date, links, and sections of history documents. Review 12/07/2006 MPTAC review. A review of literature from September 2005 to September 2006 will not change clinical criteria. Revised coding language, updated links, and history sections. Revised review 12/01/2005 MPTAC. The review is based on the preliminary merging of Anthem and the pre-merger of WellPoint Harmonization. Pre-Merger Organizations Latest Review Date Document Title Anthem, Inc. No WellPoint Network Inc. 12/02/2004 No outpatient or outpatient The Center for Procedures for Federal and State Law as well as contract language, including definitions and specific coverage provisions/exceptions, and medical policy takes precedence over the Clinical UM Guidelines and should be considered primarily in determining eligibility for coverage. Contractual benefits of the participant, acting on the date of service delivery, should be used. The clinical guidelines of the UMA, which relate to medical efficacy, should be considered before using the medical opinion in the decision. Medical technologies are constantly evolving, and we reserve the right to periodically review and update UM clinical guidelines. Um clinical guidelines are used when a plan performs a review of use for an item. 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