

# Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- |  |   |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

**SUBJECT:** SITE OF SERVICE FOR AMBULATORY SURGICAL PROCEDURES NOT REQUIRING INPATIENT LEVEL OF CARE: HOSPITAL BASED OUTPATIENT FACILITY VERSUS AMBULATORY SURGICAL CENTER

### INCLUDED PRODUCT(S):

#### Medicaid

BadgerCare Plus

Care4Kids Program

#### Individual and Family

Commercial

Marketplace

### PURPOSE OR DESCRIPTION:

In order to effectively use healthcare resources, a lower acuity place of service such as an Ambulatory Surgical Center (ASC) should be used for ambulatory surgical procedures when the higher acuity offered by a hospital based outpatient setting is not medically necessary for a low risk individual.

### POLICY:

CCHP considers the use of a hospital based outpatient facility medically necessary for individuals who meet one or more of the criteria below:

- Age less than 18 years
- Pregnancy
- Morbid obesity (BMI > 40 or > 35 with comorbidities)
- Surgical procedure expected to last more than 3 hours
- Increased anesthesia risk:
  - including but not limited to congenital or acquired airway abnormalities or prior history of complications with anesthesia
- Increased cardiac risk:

Effective:

Reviewed:

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- including but not limited to congenital heart disease, congestive heart failure, coronary artery disease, significant rhythm disorder or uncontrolled hypertension
- Increased respiratory risk:
  - including but not limited to uncontrolled asthma, significant chronic obstructive pulmonary disease (COPD), obstructive sleep apnea (OSA) or other disorder leading to hypoxia and/or hypoventilation
- Increased hematologic risk:
  - including but not limited to bleeding disorder, sickle cell disease or significant anemia
- Increased endocrine risk:
  - including but not limited to hyperthyroidism or uncontrolled diabetes mellitus
- Increased risk due to advanced liver or renal disease
- Increased neurologic risk:
  - including but not limited to altered level of consciousness, poorly controlled seizure disorder, recent cerebrovascular accident (CVA) or recent transient ischemic attack (TIA), or neurologic disorder known to increase risk of anesthesia
- Increased psychiatric or behavioral health risk:
  - including but not limited to active psychosis, opiate dependence > 90 mg morphine equivalents/day or risk of alcohol withdrawal syndrome
- Any other medical condition that significantly increases the risk of complications during the planned procedure which requires the immediate availability of higher level of care available in a hospital based setting

CCHP also considers the use of a hospital based outpatient facility medically necessary when:

- An in-network ASC is not available within 25 miles of the individuals home
- Any available ASC is not able to safely provide services for the planned surgery
- The physician performing the procedure does not have privileges at an in-network ASC

The medical reasons that determine a procedure must be performed in a hospital based outpatient setting must be fully documented in the medical record and if requested, made available to CCHP.

## **REFERENCES:**

1. Agency for Healthcare Research and Quality (AHRQ). Surgeries in hospital-based ambulatory surgery and hospital inpatient settings. Revised 2020.
2. American Society of Anesthesiologists ASA physical status classification system. December 13, 2020.
3. American Society of Anesthesiologists. Position Statement for distinguishing monitored anesthesia care from moderate sedation/analgesia (conscious sedation). October 17, 2018.
4. American Society for Gastrointestinal Endoscopy. ASGE guideline: modifications in endoscopic practice for the elderly. *Gastrointest Endosc.* 2013; 78(1):1-7.
5. Borgaonkar MR, Hookey L, Hollingworth R, et al. Indicators of safety compromise in gastrointestinal endoscopy. *Can J Gastroenterol.* 2012; 26(2):71-78.
6. Fox JP, Burkardt DD, Ranasinghe I, Gross CP. Hospital-based acute care after outpatient colonoscopy: implications for quality measurement in the ambulatory setting. *Med Care.* 2014; 52(9):801-808.
7. Graetz TJ, Nutta G, Shander A. Perioperative Blood Management: Strategies to Minimize Transfusions. UpToDate. Retrieved 12/21/23.

Effective:

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8. Joshi G; Chung F; Vann Mary Ann, et al. Society for Ambulatory Anesthesia Consensus Statement on perioperative blood glucose management in diabetic patients undergoing ambulatory surgery. *Anesthesia & Analgesia*. December 2010;111(6): 1378–1387.
9. Medscape. MELD Score – Age above 12 years.
10. United States Department of Health and Human Services, Centers for Disease Control and Prevention