

To: AmeriHealth Caritas Louisiana Providers

Date: April 28, 2021

Subject: Ambulatory Surgery Center Procedures

Summary: AmeriHealth Caritas Louisiana is providing notice of an approved policy regarding Ambulatory Surgery Center Procedures.

The attached policy has been approved by the Louisiana Department of Health in accordance with Louisiana R.S. 46:460.54, and will become effective **June 1, 2021**.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007, or your [Provider Network Management Account Executive](#).

Missed an alert?

You can find a complete listing of provider alerts on the [Provider Newsletters and Updates](#) page of our website.

Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <http://amerihealthcaritasla.com/covid-19> for up-to-date information for both providers and members, including frequently asked questions, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.

Ambulatory Surgery Center Procedures

Clinical Policy ID: CCP.1445

Recent review date: 1/2020

Next review date: 1/2022

Policy contains: Ambulatory Surgery Center; Outpatient Procedures

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

No prior authorization is required if any of the following procedures are performed in an in network Ambulatory Surgery Center. Performance of the following procedures in a hospital setting requires prior authorization.

- **Abscess Drainage, Superficial**
- **Arthroscopy/Arthroplasty**
- **Carpal Tunnel Release**
- **Cataract-related Interventions**
- **Colonoscopy**
- **Cystourethroscopy**
- **Debridement**
- **Excision Superficial Soft Tumor**
- **Hernia Repair**
- **Hysteroscopy**
- **Laryngoscopy**
- **Lithotripsy**
- **Septoplasty, Submucous Resection**
- **Sinus Interventions**
- **Tonsillectomy + Adenoidectomy**

- **Trigger Finger Release**
- **Tympanostomy**
- **Upper Endoscopy (CDC 2017; CMS, 2019a; CMS 2019b).**

Ambulatory Surgical Center is a freestanding facility where surgical and diagnostic procedures **are** performed on an ambulatory basis. The procedures and diagnostic services are unlikely to exceed 24 hours and the complexity of the procedure will not require immediate access to a hospital services specific setting or post-operative inpatient setting.

Exceptions: Situations that may support performance of one of the above procedures in a hospital setting:

- **Duration of service is likely to exceed 24 hours and/or require immediate access to services specific to hospital setting or post-operative inpatient setting.**
- **Increased risk of complications due to severe comorbidity indicated in the American Society Anesthesiologist classification IV or higher (American Society of Anesthesiologist 2019; CMS, 2019a, CMS, 2019c).**

Alternative covered services

No alternative covered services were identified during the writing of this policy.

References

On December 5, 2019, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were Ambulatory Surgery Center, outpatient surgery, National hospital ambulatory medical car survey We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

American Society of Anesthesiologist. ASA physical status classification system. 2019.

<https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>. Accessed on December 5, 2019.

Centers for Disease Control and Prevention. Ambulatory Surgery Data from Hospitals and Ambulatory Surgery Centers: United States, 2010. 2017. <https://www.cdc.gov/nchs/data/nhsr/nhsr102.pdf>. Accessed on December 5, 2019.

Centers for Medicare and Medicaid. Ambulatory Surgical Center (ASC) Payment. 2019a.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs>. Accessed on December 5, 2019.

Centers for Medicare and Medicaid. Ambulatory Surgical Center (ASC) Payment. 2019b.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index>. Accessed on December 5, 2019.

Centers for Medicare and Medicaid. Medicare claims processing manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>. 2019c. Access on December 5, 2019.

Policy updates

1/2020: initial review date and clinical policy effective date: 1/2020

1/2020: Policy was reviewed and approved by the Clinical Policy Committee.