



POLICY AND PROCEDURE MANUAL

<b>Policy Title: Outpatient Procedure</b>		<b>Policy Number: B.06</b>			
<b>Primary Department: Medical Management</b>		NCQA Standard: N/A			
<b>Affiliated Department(s): N/A</b>		URAC Standard: N/A			
<b>Last Revision Date: 11/20/2015</b>		<b>Next Review Date: 12/2016</b>			
<b>Revision Dates: 12/16/2012; 06/06/2012; 01/24/2014; 02/23/2015; 11/20/2015</b>		<b>Review Dates: 11/19/2010; 12/16/2011; 07/13/2012; 06/28/2013; 04/30/2014; 03/27/2015; 12/18/2015</b>			
<b>Effective Date: 09/29/2010</b>					
<b>Special Instructions Alert: N/A</b>					
<b>State/Program</b>	<b>MI</b>	<b>IL</b>	<b>IA</b>		
<b>Medicare:</b>	<input type="checkbox"/> SNP <input type="checkbox"/> MMAI <input type="checkbox"/> MA <input type="checkbox"/> PDP	<input type="checkbox"/> SNP <input type="checkbox"/> MMAI <input type="checkbox"/> MA <input type="checkbox"/> PDP	<input type="checkbox"/> SNP <input type="checkbox"/> MMAI <input type="checkbox"/> MA <input type="checkbox"/> PDP	<input type="checkbox"/> SNP <input type="checkbox"/> MMAI <input type="checkbox"/> MA <input type="checkbox"/> PDP	<input type="checkbox"/> SNP <input type="checkbox"/> MMAI <input type="checkbox"/> MA <input type="checkbox"/> PDP
<b>Medicaid:</b>	<input type="checkbox"/> TANF <input type="checkbox"/> SPD <input type="checkbox"/> SCHIP	<input type="checkbox"/> TANF <input type="checkbox"/> SPD <input type="checkbox"/> SCHIP	<input type="checkbox"/> TANF <input type="checkbox"/> SPD <input type="checkbox"/> SCHIP	<input type="checkbox"/> TANF <input type="checkbox"/> SPD <input type="checkbox"/> SCHIP	<input type="checkbox"/> TANF <input type="checkbox"/> SPD <input type="checkbox"/> SCHIP
<b>Commercial:</b>	<input type="checkbox"/> Exchange	<input type="checkbox"/> Exchange	<input type="checkbox"/> Exchange	<input type="checkbox"/> Exchange	<input type="checkbox"/> Exchange

**Policy:**

Changing technology has transitioned many procedures from the need for an inpatient hospitalization to procedures that can be safely and appropriately performed in the outpatient setting based on community and / or national practice patterns. Meridian will utilize the current [CMS CY ASC List](#) as the basis for our initial determination for placement of a procedure as inpatient or outpatient. Based on our review of local utilization patterns, we have also designated additional procedures (see below) for initial placement in the outpatient setting.

**Procedure:**

Any request for a surgical or other procedure will be evaluated in comparison to this document to assess appropriate initial placement in either inpatient or outpatient settings.

1. Surgical procedures that the requesting physician asks to be done in the Outpatient setting will be placed in the Outpatient setting unless other MHP policy indicates that inpatient is mandated. Once approved as an outpatient, these will only be considered for inpatient upon evidence of medical necessity for hospitalization beyond the expected post-op timeframe.
2. Surgical procedures that are designated by InterQual as being able to be performed in either the inpatient or outpatient setting will be initially placed in an outpatient setting irrespective of facility or physician request. Complications from a procedure requiring a protracted recovery beyond the normal expected recovery timeframe can be reviewed once that aspect of care is exceeded.
3. The following procedures / operations will have their initial placement in an outpatient setting:
  - a. Spinal Laminectomy/Hemilaminectomy-lumbar
  - b. Peripheral vascular stent (excludes Carotid) procedures

- c. Non-urgent, urgent or emergent cardiac catheterization with or without cardiac stents (either regular or drug-eluting stents) unless complicated by a concomitant AMI.
- d. ArterioVenous (AV) Shunt revision
- e. Hernia repairs-inguinal, obturator, ventral (less than 3 cm), (including reducible and irreducible)
- f. TransVaginal Bladder Suspension procedures
- g. Vascular Repair
- h. Embolectomy /Thrombectomy peripheral artery
- i. Laparoscopic/Robotic hysterectomies
- j. Laparoscopic Appendectomy
- k. Laparoscopic Cholecystectomy

**Special Instructions:** N/A

**CPT/HCPCS Codes:**

10040, 11719, 11720, 11721, 11730, 11732, 11750, 11752, 11755, 11760, 11762, 11765, 11900, 11901, 11960, 11970, 11971, 11976, 11980, 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 15731, 15786, 15787, 15823, 15830, 17311, 17312, 17313, 17314, 17315, 19316, 19318, 18324, 19325, 19328, 19330, 19499, 21060, 21081, 21082, 21083, 21084, 21086, 21087, 21089, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21235, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21270, 21280, 21282, 21299, 21310, 21315, 21320, 21325, 21330, 21335, 21499, 21685, 21740, 21742, 21743, 22520, 22521, 22522, 22523, 22524, 22525, 22899, 23412, 23415, 23420, 23450, 23455, 23460, 23462, 23470, 23472, 23472, 23473, 23474, 24357, 24360, 24361, 24362, 24363, 24365, 24366, 24370, 24371, 24999, 25000, 25001, 25111, 25112, 25332, 25441, 25442, 25443, 25444, 25445, 25446, 25447, 26055, 26121, 26123, 26125, 26160, 26530, 26531, 26535, 26536, 26560, 26561, 26562, 26568, 26580, 26587, 26590, 26989, 27096, 27200, 27332, 27333, 27403, 27405, 27407, 27409, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27700, 27702, 27703, 27704, 27899, 28035, 28070, 28072, 28110, 28111, 28112, 28113, 28114, 28116, 28118, 28119, 28238, 28240, 28250, 28280, 28285, 28286, 28288, 28289, 28290, 28292, 28293, 28294, 28296, 28297, 28298, 28300, 28302, 28310, 28312, 28313, 28315, 28446, 29800, 29804, 29805, 29806, 26807, 29819, 29820, 29821, 29822, 29823, 29824, 29824, 29825, 29827, 29828, 29848, 29850, 29851, 29855, 29856, 29860, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29993, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29893, 29894, 29895, 29897, 29898, 29899, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, 30150, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 31299, 31647, 31648, 31649, 31651, 33535, 33570, 35632, 35633, 35634, 36299, 36475, 36476, 36478, 36479, 37210, 37500, 37501, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 40806, 40819, 41520, 41530, 41820, 42145, 42699, 42810, 42815, 42820, 42825, 42826, 42830, 42831, 42835, 42836, 43279, 43280, 43281, 43282, 43283, 43289, 43332, 43333, 43334, 43335, 43336, 43337, 43644, 43645, 43647, 43648, 43651, 43652, 43653, 43659, 43771, 43772, 43774, 43845, 43882, 43999, 44970, 44979, 4549946505, 47560, 47561, 47562, 47563, 47564, 47570, 47579, 49250, 49320, 49321, 49322, 49323, 49324, 49325, 49326, 49327, 49329, 49560, 49561, 49565, 49566, 49568, 49570, 49572, 49580, 49582, 49585, 49587, 49590, 49650, 49651, 49659, 49904, 49999, 51990, 51992, 51999, 52287, 53440, 53442, 53444, 53445, 53447, 53448, 53449, 53505, 54400, 54401, 54405, 54406, 54410, 54415, 54416, 54690, 54692, 54699, 55550, 55559, 55706, 55866, 55873, 57265, 57284, 57287, 57288, 57425, 58150, 58180, 58200, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 28285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58545, 58546, 58550, 58552, 58553, 58554, 58555, 58558, 58559, 58560, 58561, 58562, 58563, 58570, 58571, 58572, 58573, 58578, 58579, 58660, 58661, 58662, 58670, 58671, 58672, 58673, 58679, 61796, 61797, 61798, 61799, 91800, 91885, 91886, 62360, 62361, 62362, 63620, 63621, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 64455, 64479, 64611, 64612, 64613, 64614, 64620, 64630, 64632, 64633, 64634, 64635, 64636, 64640, 64650, 64653, 65710, 65730, 65750, 65756, 65757, 65772, 65775, 65780, 65781, 65782, 66999, 67299, 67311, 67312, 67314, 67316, 67318, 67320, 67331, 67332, 67334, 67335, 67340, 67345, 67399, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912, 67914, 67915, 67916, 67921, 67922, 67923, 67924, 67950, 67971, 67973, 67974, 67975, 67999, 68320, 68325, 68326, 68328, 68330, 68335, 68340, 68399, 68899, 69310, 69320, 69399,

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Approved by: _____ Corporate Chief Operating Officer	Date: 01/13/2016
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Reviewed and approved by Physician Advisory Committee:	Date: 12/18/2015
Reviewed and approved by Healthcare Compliance Subcommittee:	Date: 01/13/2016

**References:**

1. Michigan Department of Community Health (MDCH). Version Date: July 1, 2015. Medicaid Provider Manual- Ambulatory Surgical Centers, p. 1-5. Retrieved from: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
2. Illinois DHFS. Handbook for Ambulatory Surgical Treatment Centers, Chapter G-200 Policy and Procedures for Ambulatory Surgical Treatment Centers. Sec. G-270, p.1-3 (issued December 2014) Retrieved from: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/g200.pdf>
3. State of Iowa Department of Human Services. Medicaid Provider Manual, Iowa Medicaid- Ambulatory Surgical Centers Provider Manual (April 1, 2014). Retrieved from: <http://dhs.iowa.gov/sites/default/files/Amb.pdf>
4. Iowa Medicaid Enterprise DHS, Acute Hospital Services-Provider Manual. Sec. D, Chapter III- p. 43 (June 1, 2014). Retrieved from: <http://dhs.iowa.gov/sites/default/files/AHosp.pdf>
5. CMS1613-FC Ambulatory Surgery Center (ASC) Addenda. Retrieved from: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/>

<b>State Letters/Bulletins</b>					
<b>CMS National/Local Coverage Determination (NCD/LCD)</b>					
<b>Medicare Managed Care Manual:</b>					
<b>Medicaid CFR:</b>					
<b>State Administrative Codes:</b>					
<b>Contract Requirements:</b>					
<b>Related Policies:</b>	Meridian Claims Data				