



SURGICAL SITE OF SERVICE ADDITIONAL INFORMATION FORM

Note: This form must be completed and submitted at the time of preauthorization request submission to ensure timely and accurate processing. If this information is not submitted with the preauthorization request, the site of service may be denied.

Patient Information

Form with fields: Last Name, First Name, Middle Initial, Member ID, Date of Birth, Date(s) of Service, Procedure Codes

MEDICAL POLICY CRITERIA

The use of a hospital outpatient department instead of an ambulatory surgery center or physician office for surgical services may be considered medically necessary when one or more of the following criteria are met:

- Checkboxes for medical policy criteria including: no qualifying ambulatory surgery center, geographic accessibility, ASC guidelines, medication discontinuation, substance use, hemodynamic instability, age, additional services, ASA classification, BMI, bleeding disorder, transfusion, sickle cell disease, and cardiovascular risk factors.

- Prolonged surgery (> 3 hours);
- Advanced liver disease (Model for End-Stage Liver Disease [MELD] Score > 8);
- Diabetes, when uncontrolled (HgbA1c>8%) or with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia;
- End stage renal disease (ESRD0; Stage 4 or 5 chronic kidney disease);
- Incompletely treated skin or wound infection;
- Pregnancy;
- Pulmonary risk is increased, including but not limited to:
 - Abnormal airway
 - Prior difficult intubation
 - Active respiratory infection
 - Chronic obstructive pulmonary disease (COPD) (FEV1 < 50%)
 - Medical conditions that are commonly connected with difficult airway (e.g., Pierre-Robin, Treacher-Collins, Goldenhar's Syndrome, and Epidermolysis Bullosa)
 - Poorly controlled asthma (FEV1 < 80% despite medical management)
 - Moderate to severe sleep apnea (moderate = apnea hypopnea (AHI) or respiratory disturbance index (RDI) ≥ 15 and ≤ 30 severe = AHI or RDI >30/hr)
 - Dependent on a ventilator or continuous supplemental oxygen.
- Personal history or family history of complication of anesthesia such as malignant hyperthermia;
- History of any of the following gastrointestinal conditions that would increase risk for aspiration:
 - Documented history of achalasia
 - Documented history of delayed gastric emptying disorder or gastroparesis;
- History of any of the following neurological diagnoses that would increase risk:
 - Active multiple sclerosis
 - Myasthenia gravis
 - Severe motor disorder (e.g., severe Parkinson's, or other severe neurological dysfunction)
- A condition is present that will require the use of restraints;
- History of total joint infection;
- Individual is awaiting major organ transplant;
- Risk of procedure-specific complication;
- Provider documents a requirement for overnight recovery based on a unique circumstance for the individual.

The use of a hospital outpatient department for surgical services instead of an ambulatory surgery center or physician office is considered not medically necessary when the above criteria are not met.

LIST OF INFORMATION NEEDED FOR REVIEW

REQUIRED INFORMATION:

The information below must be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and physical/chart notes
- American Society of Anesthesiologists (ASA) score, as applicable
- Clinical documentation for specific policy criteria (refer to the Policy Criteria) that qualifies the individual for the site of service requested
- For specific services requiring prior authorization in addition to the site of service, submission of the applicable medical policy clinical documentation required for review

I certify that the criteria has been met to use of a hospital outpatient department instead of an ambulatory surgery center or physician's office as defined above.

Provider Signature

Date

Provider Name (please print)

Office Phone Number

Fax Number