

Clinical Policy: Surgical Site of Care Optimization

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Line of Business: Marketplace and Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Ambulatory surgery centers (ASC) operate for the purpose of offering outpatient surgical services to members/enrollees in an environment appropriate for low-risk procedures on members/enrollees with low-risk health status. Ambulatory surgical centers and outpatient office settings can serve as a high-quality, cost-effective alternative to inpatient surgical services and outpatient hospital site of care.

This policy recognizes and supports the use of office and ambulatory surgical centers as high-quality, cost-effective alternatives for low-risk procedures when medically appropriate, based on individual health risk profiles and seeks to promote timely/efficient access for procedures outlined in this policy if performed in an outpatient (OP) or ASC setting.

Policy/Criteria

- I. It is the policy of Arizona Complete Health that elective low risk surgeries and/or procedures that are medically necessary can be safely performed in an ASC setting. **Contraindications** and **exceptions** to performing surgeries and/or procedures in an ASC setting are as follows:
 - A. Contraindications to ASC:
 1. Procedure is emergent or for a life-threatening situation;
 2. Documented Health status is American Society of Anesthesiologist (ASA) physical status (PS) class 4 or higher, or member has one of the following medical conditions:
 - a. Personal history or family history of severe complication of anesthesia including but not limited to malignant hyperthermia;
 - b. BMI (body mass index) > 50;
 - c. Member has severe uncontrolled obstructive sleep apnea;
 - d. Uncompensated chronic heart failure (NYHA class III or IV);
 - e. History of myocardial infarction in past 6 months;
 - f. Coronary artery disease with ongoing cardiac ischemia requiring ongoing medical management, or placement of a STENT in last 6 months;
 - g. Significant uncompensated valvular heart disease;
 - h. Symptomatic cardiac arrhythmia despite medication;
 - i. Cardiomyopathy with EF < 30%;
 - j. Poorly controlled asthma (FEV1 < 80% despite medical management);
 - k. Advanced liver disease (MELD Score > 8);
 - l. Operative time expected >3 hours and combined operative and recovery time is anticipated to be > 23 hours;

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- m. Procedure is expected to result in extensive blood loss or need special infusion products to correct a coagulation defect (DDAVP is not a blood product and is not a contraindication);
 - n. Member is pregnant and the procedure will place member or fetus at risk of medical complications;
- B. Exceptions:
- 1. Qualified ASC capable of providing the requested procedure is not available in the area.
 - 2. Requesting provider does not have privileges at an ASC qualified to manage the procedure;

Note: Procedures appropriate for an ASC (*see Table 1*) do not require authorization when done in an ASC but require authorization if requested in an outpatient hospital setting. These procedures should be considered medically necessary per nationally recognized clinical decision support tools (i.e., InterQual[®] or MCG).

- II.** It is the policy of Arizona Complete Health that unless noted as a contraindication or exception in section I above, procedures medically appropriate for an ASC that are performed in an inpatient or outpatient hospital setting, are *considered to not be provided* in the most appropriate care setting. Providers who request these services will be directed to the most appropriate care setting when the requesting physician has privileges at a qualified ASC capable of providing the requested procedure.

Background

Ambulatory surgery centers (ASCs) are distinct entities that operate to furnish outpatient surgical services to patients. These facilities are either independent (i.e., not a part of a provider of services or any other facility) or operated by a hospital.⁴ According to an analysis in the 2010 Hospital Ambulatory Medical Care Survey, there were over 22 million surgical and nonsurgical procedures performed at ambulatory surgical centers.⁵ Outpatient surgery in ASCs provide safe, cost-effective alternatives for a variety of surgical procedures with low complication rates. For example, a survey of the American Society for Surgery of the Hand noted that over 65% of hand surgeons reported performing hand procedures at ASCs.⁶ Furthermore, a retrospective study of Medicare beneficiaries reported a 7% decline in hospital-based outpatient surgery rates after an ASC opened in the hospital service area without any increases noted in mortality or admission rates.¹²

The Health Plan may also use tools developed by third parties, such as the InterQual[®] Guidelines, MCG, and other consensus guidelines and evidence-based medicine, to assist us in administering health benefits. The InterQual[®] Care Guidelines and others are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Table 1: Codes that are appropriate to be done in an Ambulatory surgery center when criteria are not met

| CPT® Codes | Description |
|------------|---|
| 10121 | Incision & removal foreign body subq tiss comp |
| 11440 | Exc b9 lesion mrgn xcp sk tg f/e/e/n/l/m 0.5cm/< |
| 11450 | Excision hidradenitis axillary smpl/intrm rpr |
| 11624 | Excision malignant lesion s/n/h/f/g 3.1-4.0 cm |
| 11770 | Excision pilonidal cyst/sinus simple |
| 13101 | Repair complex trunk 2.6-7.5 cm |
| 13121 | Repair complex scalp/arm/leg 2.6-7.5 cm |
| 13132 | Repair complex f/c/c/m/n/ax/g/h/f 2.6-7.5 cm |
| 14040 | Adjnt tis trns/reargmt f/c/c/m/n/a/g/h/f 10sqcm/< |
| 14060 | Adjnt tis trnsfr/rearrgmt e/n/e/l dfct 10 sq cm/< |
| 14301 | Adjnt tis trnsfr/reargmt any area 30.1-60 sq cm |
| 15100 | Split agrft t/a/l 1st 100 cm/&/1% bdy inft/chld |
| 15120 | Split agrft f/s/n/h/f/g/m/d gt 1st 100 cm/</1 % |
| 15240 | Fth/gf fr w/dir clsr f/c/c/m/n/ax/g/h/f 20sqcm/< |
| 19020 | Mastotomy w/exploration/drainage abscess deep |
| 19120 | Exc cyst/aberrant breast tissue open 1/> lesion |
| 19125 | Exc breast les preop plmt rad marker open 1 les |
| 21012 | Excision tumor soft tiss face/scalp subq 2 cm/> |
| 21013 | Exc tumor soft tiss face&scalp subfascial <2cm |
| 21320 | Closed tx nasal bone fx w/mnpj w/stabilization |
| 21336 | Open tx nasal septal fracture w/wo stabilization |
| 21552 | Exc tumor soft tis neck/ant thorax subq 3 cm/> |

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| CPT® Codes | Description |
|------------|---|
| 21554 | Exc tumor soft tissue neck/thorax subfasc 5 cm/> |
| 21555 | Exc tumor soft tissue neck/ant thorax subq <3cm |
| 21556 | Exc tumor soft tiss neck/thorax subfascial <5cm |
| 21930 | Excision tumor soft tissue back/flank subq <3cm |
| 21931 | Excision tumor soft tis back/flank subq 3 cm/> |
| 22902 | Exc tumor soft tissue abdominal wall subq <3cm |
| 22903 | Exc tumor soft tissue abdominal wall subq 3 cm/> |
| 23071 | Excision tumor soft tissue shoulder subq 3 cm/> |
| 23075 | Excision tumor soft tissue shoulder subq <3cm |
| 24071 | Exc tumor soft tissue upper arm/elbow subq 3cm/> |
| 27327 | Excision tumor soft tissue thigh/knee subq <3cm |
| 27337 | Excision tumor soft tissue thigh/knee subq 3 cm/> |
| 27632 | Excision tumor soft tissue leg/ankle subq 3 cm/> |
| 28035 | Release tarsal tunnel |
| 28039 | Excision tumor soft tis foot/toe subq 1.5 cm/> |
| 28041 | Exc tumor soft tissue foot/toe subfasc 1.5 cm/> |
| 28060 | Fasciectomy plantar fascia partial spx |
| 28080 | Excision interdigital morton neuroma single each |
| 28090 | Exc lesion tendon sheath/capsule w/synvct foot |
| 28104 | Exc/curtg bone cyst/b9 tumortarsal/metatarsal |
| 28110 | Ostectomy prtl 5th metar head spx |
| 28118 | Ostectomy calcaneus |
| 28119 | Ostectomy calcaneus spur w/wo plntar fascial rls |
| 28124 | Partical excision bone phalanx toe |
| 28285 | Correction hammertoe |
| 28289 | Hallux rigidus w/cheilectomy 1st mp jt w/o implt |
| 28292 | Corrj hlx vlgs bncy sesmdc rescj prox phlx base |
| 28296 | Corrj hlx vlgs bncy sesmdc dstl metar osteot |
| 28297 | Corrj hlx vlgs bncy sesmdc joint arthrodesis |
| 28298 | Corrj hlx vlgs bncy sesmdc prox phlx osteot |
| 28299 | Corrj hlx vlgs bncy sesmdc w/double osteotomy |
| 29835 | Arthroscopy elbow surgical synovectomy partial |
| 29840 | Arthroscopy wrist diag w/wo synovial biopsy spx |
| 29845 | Arthroscopy wrist surgical synovectomy complete |
| 29846 | Arthrs wrst exc&/rpr triang fibrocart&/joint |

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| CPT® Codes | Description |
|------------|--|
| 29848 | Ndsc wrst surg w/rls transvrs carpl ligm |
| 29893 | Endoscopic plantar fasciotomy |
| 30140 | Submucous resecj inferior turbinate prtl/compl |
| 30802 | Abtj sof tiss inf turbs uni/bi supfc intramural |
| 30930 | Fracture nasal inferior turbinate therapeutic |
| 31525 | Laryngoscopy w/wo tracheoscopy dx except newborn |
| 31535 | Laryngoscopy direct operative w/biopsy |
| 31536 | Laryngoscopy w/biopsy microscope/telescope |
| 31541 | Largsc exc tum&/strpg cords/epigl mcrcsep/tlscp |
| 31624 | Brnchsc w/brncl alveolar lavage |
| 36590 | Rmvl tun ctr vad w/subq port/pmp ctr/prph insj |
| 36832 | Revj opn arven fstl w/o thrmbc dial grf |
| 38500 | Bx/exc lymph node open superficial |
| 38510 | Bx/exc lymph node open deep cervical node |
| 38525 | Bx/exc lymph node open deep axillary node |
| 42415 | Exc prtd tum/prtd glnd lat dsj&prsrv facial nr |
| 42440 | Excision submandibular submaxillary gland |
| 42820 | Tonsillectomy & adenoidectomy <age 12 |
| 42821 | Tonsillectomy & adenoidectomy age 12/> |
| 42825 | Tonsillectomy primary/secondary <age 12 |
| 42826 | Tonsillectomy primary/secondary age 12/> |
| 42830 | Adenoidectomy primary <age 12 |
| 42831 | Adenoidectomy primary age 12/> |
| 42835 | Adenoidectomy secondary <age 12 |
| 42836 | Adenoidectomy secondary age 12/> |
| 43200 | Esophagoscopy flexible transoral diagnostic |
| 43235 | Esophagogastroduodenoscopy transoral diagnostic |
| 43236 | Esophagogastroduodenoscopy submucosal injection |
| 43237 | Esophagogastroduodenoscopy us scope w/adj strxrs |
| 43238 | Egd intrmural us needle aspirate/biopsy esophags |
| 43239 | Egd transoral biopsy single/multiple |
| 43242 | Egd intrmural needle aspir/biop altered anatomy |
| 43245 | Egd dilation gastric/duodenal stricture |
| 43246 | Egd percutaneous placement gastrostomy tube |
| 43247 | Egd flexible foreign body removal |

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| CPT® Codes | Description |
|------------|--|
| 43248 | Egd insert guide wire dilator passage esophagus |
| 43249 | Egd balloon dilation esophagus <30 mm diam |
| 43251 | Egd removal tumor polyp/other lesion snare tech |
| 43254 | Egd transoral endoscopic mucosal resection |
| 43255 | Egd transoral control bleeding any method |
| 43259 | Edg us exam surgical alter stom duodenum/jejunum |
| 44360 | Endoscopy upper small intestine |
| 44361 | Endoscopy upper small intestine w/biopsy |
| 45171 | Exc rct tum not incl muscularis propria |
| 45334 | Sigmoidoscopy flx control bleeding |
| 45335 | Sgmdsc flx dired sbmcsl njx any sbst |
| 45378 | Colonoscopy flx dx w/collj spec when pfrmd |
| 45380 | Colonoscopy w/biopsy single/multiple |
| 45381 | Colsc flx with directed submucosal njx any sbst |
| 45384 | Colsc flx w/removal lesion by hot bx forceps |
| 45385 | Colsc flx w/rmvl of tumor polyp lesion snare tq |
| 45390 | Colonoscopy flx w/endoscopic mucosal resection |
| 45990 | Anret xm surg req anes general spi/edrl dx |
| 46020 | Placement seton |
| 46040 | I&d ischiorectal&/perirectal abscess spx |
| 46050 | I&d perianal abscess superficial |
| 46200 | Fissurectomy incl sphincterotomy when performed |
| 46220 | Excision single external papilla or tag anus |
| 46221 | Hemorrhoidectomy, internal, by rubber band ligation(s) |
| 46250 | Hemorrhoidectomy xtrnl 2/> column/group |
| 46255 | Hemorrhoidectomy ntrnl & xtrnl 1 column/group |
| 46261 | Hrhc ntrnl & xtrnl 2/> column/group w/fissu |
| 46270 | Surg tx anal fistula subq |
| 46275 | Surg tx anal fistula intersphincteric |
| 46288 | Clsr anal fstl w/rct advmnt flap |
| 46505 | Chemodenervation internal anal sphincter |
| 46750 | Sphnctrop anal incontinence/prolapse adult |
| 46910 | Dstrj lesion anus smpl eltrdsiccation |
| 46946 | Int hrhc by ligation 2+ hroid w/o img gdn |
| 47000 | Biopsy liver needle percutaneous |

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| CPT® Codes | Description |
|------------|--|
| 49505 | Rpr 1st ingun hrna age 5 yrs/> reducible |
| 49591 | Rpr AA hrna Initial <3cm/ reducible |
| 49613 | RPR AA Hernia Recur <3cm Reducible |
| 49650 | Laparoscopy surg rpr initial inguinal hernia |
| 49651 | Laps surg rpr recurrent inguinal hernia |
| 49593 | RPR AA Hernia 1st 3-10 CM, Reducible |
| 49615 | RPR AA HERNIA RECUR 3-10CM reducible |
| 50590 | Lithotripsy xtrcorp shock wave |
| 52000 | Cystourethroscopy |
| 52005 | Cysto bladder w/ureteral catheterization |
| 52204 | Cystourethroscopy with biopsy |
| 52224 | Cysto w/removal of lesions small |
| 52234 | Cysto w/removal of tumors small |
| 52235 | Cystourethroscopy w/dest &/rmvl med bladder tum |
| 52260 | Cystourethroscopy w/dil bladder general anesth |
| 52276 | Cystourethroscopy w/internal urethrotomy |
| 52281 | Cysto calibration dilat urtl strix/stenosis |
| 52287 | Cystourethroscopy inj chemodenervation bladder |
| 52310 | Cysto w/simple removal stone & stent |
| 52320 | Cystourethroscopy w/rmvl ureteral calculus |
| 52332 | Cysto w/insert ureteral stent |
| 52344 | Cysto w/urtroscopy w/tx ureteral stricture |
| 52351 | Cysto w/urtroscopy&/pyeloscopy dx |
| 52352 | Cysto w/ureteroscopy w/rmvl/manj stones |
| 52353 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy |
| 52356 | Cysto/uretero w/lithotripsy &indwell stent insrt |
| 54840 | Excision spermatocele w/wo epididymectomy |
| 55040 | Excision hydrocele unilateral |
| 55700 | Prostate needle biopsy any approach |
| 57240 | Anterior colporrhaphy rpr cystocele w/cysto |
| 57250 | Posterior colporrhaphy for repair of rectocele including perineorrhaphy if performed |
| 57288 | Sling operation stress incontinence |
| 57461 | Colposcopy cervix vag eltrd conization cervix |
| 57520 | Conization cervix w/wo d&c rpr knife/laser |

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| CPT® Codes | Description |
|------------|--|
| 57522 | Conization cervix w/wo d&c rpr eltrd exc |
| 58353 | Endometrial abltj thermal w/o hysteroscopic guid |
| 58558 | Hysteroscopy bx endometrium&/polypc w/wo d&c |
| 58561 | Hysteroscopy removal leiomyomata |
| 58562 | Hysteroscopy removal impacted foreign body |
| 58563 | Hysteroscopy endometrial ablation |
| 58565 | Hysteroscopy bi tube occlusion w/perm implnts |
| 64721 | Neuroplasty &/transpos median nrv carpal tunne |
| 65426 | Excision/transposition pterygium w/grafg |
| 65710 | Keratoplasty anterior lamellar |
| 65730 | Keratoplasty pentrg except aphakia/pseudophakia |
| 65820 | Goniotomy |
| 65855 | Trabeculoplasty by laser surgery |
| 66170 | Fstlj sclera glaucoma trabeculect ab externo |
| 66250 | Revj/rpr oprative wound anterior segment |
| 66710 | Ciliary body dstrj cyclophotocoag transsceral |
| 66711 | Ecp ciliary body dstrj w/o rmvl crystalline lens |
| 66761 | Iridotomy/irridectomy laser surg per session |
| 66821 | Post-cataract laser surgery |
| 66825 | Repositioning io lens prosthesis req inc spx |
| 66982 | Xcapsl ctrc rmvl insj io lens prosth cplx wo ecp |
| 66984 | Xcapsl ctrc rmvl insj io lens prosth w/o ecp |
| 66986 | Exchange intraocular lens |
| 66987 | Xcapsl ctrc rmvl insj io lens prosth cplx w/ecp |
| 66988 | Xcapsl ctrc rmvl insj io lens prosth w/ecp |
| 67010 | Rmvl vitreous ant appr subtot rmvl mech vitrect |
| 67028 | Intravitreal njx pharmacologic agt spx |
| 67036 | Vitrectomy mechanical pars plana |
| 67040 | Vtrectomy mechnl pars plna endolaser panrta pc |
| 67041 | Vitrectomy pars plana remove preretinal membrane |
| 67042 | Vitrectomy pars plana remove int memb retina |
| 67105 | Rpr retinal dtchmnt drg subretinal fluid pc |
| 67108 | Rpr retinal dtchmnt w/vitrectomy any meth |
| 67113 | Rpr complex retina detach vitrect &membrane peel |
| 67228 | Treatment extensive retinopathy photocoagulation |

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| CPT® Codes | Description |
|------------|--|
| 67311 | Strabismus recession/rescj 1 hrzntl musc |
| 67312 | Strabismus recession/rescj 2 hrzntl musc |
| 67840 | Exc lesion eyelid w/o clsr/w/simple dir closure |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm |
| 68115 | Excision lesion conjunctiva > 1 cm |
| 68320 | Conjunctivoplasty w/grf/xtnsv rearrangement |
| 68720 | Dacryocstorhinostomy |
| 68815 | Probe nasolacrimal duct w/wo irrg insj tube/stnt |
| 69205 | Rmvl fb xtrnl auditory canal anes |
| 69436 | Tympanostomy general anesthesia |
| 69631 | Tympanoplasty w/o mastoidect w/o ossicle recnstj |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|-----------------------------------|---------------|---------------|
| Policy developed | 11/24 | 11/24 |

References

1. Ambulatory Surgery Center Association. Ambulatory Surgery Centers: A positive trend in health care. <https://www.ascconnect.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=2e3fb5b2-0332-4af2-9537-86b8ba077a38&forceDialog=0>. Accessed September 24, 2024.
2. American Society of Anesthesiologists: Committee on Ambulatory Surgery Care. Statement on outcome indicators for office-based and ambulatory surgery. Published October 16, 2013. Reaffirmed October 26, 2022. <https://www.asahq.org/standards-and-practice-parameters/statement-on-outcome-indicators-for-office-based-and-ambulatory-surgery> Accessed September 24, 2024.
3. Change Healthcare InterQual® 2024 CMS Inpatient List Only List Addendum E (CY2024).
4. Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual; Chapter 14 - Ambulatory Surgery Centers. Rev.11927. March 24, 2023. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c14.pdf> Accessed September 24, 2024.
5. Hall MJ, Schwartzman A, Zhang J, Liu X. Ambulatory Surgery Data From Hospitals and Ambulatory Surgery Centers: United States, 2010. *Natl Health Stat Report*. 2017;(102):1 to 15.
6. Thompson NB, Calandruccio JH. Hand surgery in the ambulatory surgery center. *Orthop Clin North Am*. 2018;49(1):69 to 72. doi:10.1016/j.ocl.2017.08.009

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7. Lee JH. Anesthesia for ambulatory surgery. *Korean J Anesthesiol.* 2017;70(4):398 to 406. doi:10.4097/kjae.2017.70.4.398.
8. Change Healthcare InterQual® 2024 Guidelines for Surgery and Procedures Appropriate for the Inpatient Setting.
9. Centers for Medicare and Medicaid Services. Ambulatory Surgical Center (ASC) Payment Rates – Addenda: July 2024 ASC Approved HCPCS Code and Payment Rates.
10. American College of Obstetricians and Gynecologists. Nonobstetric Surgery During Pregnancy. No.775. April 2019 (Replaces Committee Opinion No. 696, April 2017. Reaffirmed 2021). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/04/nonobstetric-surgery-during-pregnancy>. Accessed September 24, 2024.
11. Norwitz ER, Park JS. Nonobstetric surgery in pregnant patients: Patient counseling, surgical considerations, and obstetric management. UpToDate. www.uptodate.com. Updated July 7, 2023. Accessed September 24, 2024.
12. Hollenbeck BK, Dunn RL, Suskind AM, Strobe SA, Zhang Y, Hollingsworth JM. Ambulatory Surgery Centers and Their Intended Effects on Outpatient Surgery. *Health Serv Res.* 2015;50(5):1491 to 1507. doi:10.1111/1475-6773.12278
13. [ORM_0913_32_ASC_Selection.pdf](#)
14. [Improving Patient Safety in Ambulatory Surgery Centers: A Resource List for Users of the AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture.](#)
15. [Ambulatory Care | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
16. [A Roadmap to Advance Patient Safety in Ambulatory Care - PMC \(nih.gov\).](#)
17. [Patient selection in ambulatory surgery - ScienceDirect](#)

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

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contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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