Outpatient Surgical Procedures – Site of Service

Policy Number: MP.11.27
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➲ Instructions for Use

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- Light and Laser Therapy
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- Obstructive and Central Sleep Apnea Treatment
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Community Plan Policy

- Outpatient Surgical Procedures – Site of Service

Medicare Advantage Policy

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Application

UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans, except UnitedHealthcare West benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states, except for Illinois, Massachusetts, Nevada, Texas, and Wisconsin.

Coverage Rationale

UnitedHealthcare members may choose to receive surgical procedures in an ambulatory surgical center (ASC) or at other locations. However, we are conducting site-of-service medical necessity reviews to determine whether the outpatient hospital department is medically necessary, in accordance with the terms of the member's benefit plan. If the outpatient hospital department is not considered medically necessary, this location will not be covered under the member's plan.

Certain planned surgical procedures performed in a hospital outpatient department are considered medically necessary for an individual who meets any of the following criteria:

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- Advanced liver disease (Model for End-Stage Liver Disease score > 8)
- Advance surgical planning determines that an individual requires overnight recovery and care following a surgical procedure
- Anticipated need for transfusion
- Bleeding disorder requiring replacement factor or blood products or special infusion products to correct a coagulation defect
- Cardiac arrhythmia (symptomatic arrhythmia despite medication)
- Chronic obstructive pulmonary disease [forced expiratory volume in 1 second (FEV_1) < 50%]
- Coronary artery disease/peripheral vascular disease [ongoing cardiac ischemia requiring medical management or recently placed (within 1 year) drug-eluting stent]
- Developmental stage or cognitive status warranting use of a hospital outpatient department
- End-stage renal disease [(hyperkalemia above reference range) receiving peritoneal dialysis or hemodialysis]
- History of cerebrovascular accident or transient ischemic attack [recent event (< 3 months)]
- History of myocardial infarction [recent event (< 3 months)]
- Individuals with drug-eluting stents placed within 1 year or bare metal stents or plain angioplasty within 90 days unless acetylsalicylic acid and antiplatelet drugs will be continued by agreement of surgeon, cardiologist, and anesthesia
- Ongoing evidence of myocardial ischemia
- Poorly controlled asthma (FEV_1 < 80% despite medical management)
- Pregnancy
- Prolonged surgery (> 3 hours)
- Resistant hypertension (Poorly Controlled Hypertension)
- Severe valvular heart disease
- Sleep apnea (moderate to severe Obstructive Sleep Apnea)
- Uncompensated chronic heart failure (New York Heart Association class III or IV)
- Uncontrolled diabetes with recurrent diabetic ketoacidosis or severe hypoglycemia
- Under 18 years of age

A planned surgical procedure performed in a hospital outpatient department is considered medically necessary if there is an inability to access an ASC for the procedure due to any one of the following:

- An ASC's specific guideline regarding the individual's health conditions or weight that would preclude management of an individual in an ASC setting; or
- There is no geographically accessible ASC that has the necessary equipment for the procedure [examples include but are not limited to fluoroscopy, laser, ocular equipment, operating microscope, and nonstandard scopes required to perform specialized procedures (e.g., duodenoscope, ureteroscope)*]; or
- There is no geographically accessible ASC available at which the individual's physician has privileges

***Note**: This specifically excludes surgeon-preferred or proprietary instruments, instrument sets, and hardware sets.

Planned Surgical Procedures List

Site-of-service medical necessity reviews will be conducted for surgical procedures on the Applicable Codes List only when the procedure is performed in an outpatient hospital setting.

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled Medical Records Documentation Used for Reviews.

Definitions

ASA Physical Status Classification System Risk Scoring Tool: The American Society of Anesthesiologists (ASA) Physical Status Classification System was developed to offer clinicians a simple categorization of a patient's physiological status that can be helpful in predicting operative risk. The ASA score is a subjective assessment of a patient's overall health that is based on six classes (ASA, 2020; updated 2026).

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Obstructive Sleep Apnea: The American Academy of Sleep Medicine defines Obstructive Sleep Apnea as a sleep-related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe. Obstructive Sleep Apnea severity is defined as:

- Mild for Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) of ≥ 5 and < 15
- Moderate for AHI or RDI of ≥ 15 and ≤ 30
- Severe for AHI or RDI of > 30/hour

(American Academy of Sleep Medicine, 2008)

Poorly Controlled Hypertension: Requiring three or more drugs to control blood pressure (Sheppard et al., 2017).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

CPT/HCPCS Codes

Refer to the appropriate code list:

- **Commercial Plans**: Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Code List
- **Individual Exchange Plans**: UHCProvider.com ≥ Exchange Plans Advanced Notification/Prior Authorization Requirements

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References

American Academy of Sleep Medicine (AASM). Obstructive sleep apnea. 2008. Available at: https://aasm.org/resources/factsheets/sleepapnea.pdf. Accessed May 12, 2026.

American Heart Association. Classes of heart failure. March 1, 1994. Reviewed April 13, 2026.

American Society of Anesthesiologists. American Society of Anesthesiologists statement on ASA Physical Status Classification System. Anesthesiol Open. 2026 Jan;1(1):e0002.

American Society of Anesthesiologists. Position statement for distinguishing monitored anesthesia care ("MAC") from moderate sedation/analgesia (conscious sedation). October 18, 2023.

American Society of Anesthesiologists. Statement on ambulatory anesthesia and surgery. October 17, 2018. Amended October 18, 2023.

American Society of Anesthesiologists. Statement on patient care in anesthesiology. October 13, 2021.

Medicare Claims Processing Manual. Chapter 14 - Ambulatory Surgical Centers.

Practice guidelines for moderate procedural sedation and analgesia 2018: a report by the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia, the American Association of Oral and Maxillofacial Surgeons, American College of Radiology, American Dental Association, American Society of Dentist Anesthesiologists, and Society of Interventional Radiology. Anesthesiology. 2018 Mar;128(3):437-479.

Sheppard JP, Martin U, McManus RJ. Diagnosis and management of resistant hypertension. Heart. 2017 Aug;103(16):1295-1302.

Policy History/Revision Information

Date	Summary of Changes
08/01/2026	**Related Policies** • Added reference link to the Medical Policy titled *Surgery of the Wrist or Thumb* **Application** ***Individual Exchange*** • Added language to indicate this policy does not apply to Individual Exchange benefit plans in the state of **Illinois**

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Date	Summary of Changes

	Definitions
	• Updated definition of:
	  ○ ASA Physical Status Classification System Risk Scoring Tool
	  ○ Poorly Controlled Hypertension
	Applicable Codes
	Commercial Plans
	• Removed CPT codes 26530, 26535, 29800, 29804, 29805, 29830, 29840, and 29860
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version MP.11.26

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies 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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