PREMERA HMO

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MEDICAL POLICY – 11.01.526

Site of Service Ambulatory Surgery Center (ASC): Procedures Not Subject to Medical Necessity Review

Effective Date:	**Jan. 1, 2027***	RELATED MEDICAL POLICIES:
Last Revised:	Nov. 6, 2026	4.02.503 Infertility and Assisted Reproduction Services
Replaces:	N/A	7.01.160 Cartilage Implants for Joint Pain
		10.01.523 Preventive Care

The Site of Service Medical Necessity criteria within this policy DO NOT apply to Indian Health Services (IHS) facilities.

Select a hyperlink below to be directed to that section.

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RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | APPENDIX | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Surgical and diagnostic procedures may safely be performed in various settings. Common settings include an inpatient hospital or medical center, an off-campus or on-campus outpatient hospital or medical center, an ambulatory surgical center, or a doctor's office. Costs for procedures may vary among these different settings. To encourage the use of safe, appropriate, and cost-effective sites of service, prior authorization may be required for the site of service for certain procedures. The procedures addressed in this policy are not subject to medical necessity review for the procedure itself; however, the requested site of service may be reviewed to determine whether it meets criteria in this policy.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Criteria

We will review the site of service for procedures listed in this policy that are not subject to medical necessity review. Site of service is defined as the location where the procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Procedures	Medical Necessity
Medically necessary sites of service: • **Ambulatory surgical center**	**Certain elective procedures will be covered in the most appropriate, safe, and cost-effective site. This is the preferred medically necessary site of service for certain elective procedures.**
• **Off campus-outpatient hospital/medical center** • **On campus-outpatient hospital/medical center**	**Certain elective procedures will be covered in the most appropriate, safe, and cost-effective site. An elective procedure performed in a hospital outpatient department may be considered medically necessary if there is no access to an ambulatory surgical center due to one of the following criteria:** • There is no qualifying ASC within 30 miles that can provide the necessary care due to one of the following: ○ There is no geographically accessible ASC that has the necessary equipment to perform the procedure; or ○ There is no geographically accessible ASC available at which the individual's physician has privileges; or ○ An ASC's specific guideline prohibits the use of the ASC related to the individual's health condition or weight, or • The individual is aged 18 or younger, or • The service being performed is in conjunction with an additional service that requires the use of a hospital outpatient department, and the procedures are being performed in the same operative session **OR** • The individual has a clinical condition which puts them at increased risk for complications including any of the following (this list may not be all inclusive):

Site of Service for Elective Procedures	Medical Necessity
	○ **Anesthesia Risk** ▪ ASA classification III or higher (see definition) ▪ Personal history of complication of anesthesia ▪ Documentation of alcohol dependence or history of cocaine use ▪ Prolonged surgery (greater than 3 hours) ○ **Cardiovascular Risk** ▪ Uncompensated chronic heart failure (NYHA class III or IV) ▪ Recent history of myocardial infarction (MI) (less than 3 months) ▪ Poorly controlled, resistant hypertension* ▪ Recent history of cerebrovascular accident (less than 3 months) ▪ Increased risk for cardiac ischemia (drug eluting stent placed less than 1 year or angioplasty less than 90 days) ▪ Symptomatic cardiac arrhythmia despite medication ▪ Significant valvular heart disease ○ **Liver Risk** ▪ Advanced liver disease (MELD Score greater than 8)** ○ **Pulmonary Risk** ▪ Chronic obstructive pulmonary disease (COPD) (FEV1 less than 50%) ▪ Poorly controlled asthma (FEV1 less than 80% despite treatment) ▪ Moderate to severe obstructive sleep apnea (OSA)*** ○ **Renal Risk** ▪ End stage renal disease (on dialysis) ○ **Other** ▪ Morbid obesity (BMI greater than or equal to 50) ▪ Pregnancy ▪ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion]) ▪ Anticipated need for transfusion(s)

Site of Service for Elective Procedures	Medical Necessity
	* 3 or more drugs to control blood pressure ** https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease *** Moderate-AHI greater than or equal to 15 and less than or equal to 30, Severe-AHI greater than or equal to 30 ****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)
• **Off campus-outpatient hospital/medical center** • **On campus-outpatient hospital/medical center**	**These sites of service are considered not medically necessary for certain elective procedures when the site of service criteria listed above are not met.**
• **Inpatient hospital/medical center**	**This site of service is considered not medically necessary for this elective procedure**

This guideline applies to any of the following procedures.

BREAST/GYNECOLOGY SURGERY

EAR, NOSE, THROAT (ENT) SURGERY

GASTROINTESTINAL PROCEDURES

GENERAL and PLASTIC SURGERY

ORTHOPEDIC/PODIATRY SURGERY

UROLOGY PROCEDURES

Breast/Gynecology Surgery	
CPT	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C

Breast/Gynecology Surgery	
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)

Ear, Nose, Throat (ENT) Surgery	
CPT	
30140	Submucous resection inferior turbinate, partial or complete, any method
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
42821	Tonsillectomy & adenoidectomy; age 12 or over
42826	Tonsillectomy, primary or secondary; age 12 or over
42870	Excision or destruction lingual tonsil, any method (separate procedure)

Gastrointestinal Procedures	
CPT	
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45334	Sigmoidoscopy, flexible; with control of bleeding, any method
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

Gastrointestinal Procedures	
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre– and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	Colonoscopy, flexible; With transendoscopic balloon dilation

Gastrointestinal Procedures	
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45398	Colonoscopy, flexible; With band ligation(s) (eg. hemorrhoids)
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46200	Fissurectomy, including sphincterotomy, when performed
46255	Hemorrhoidectomy, internal and external, single column/group
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups
HCPCS	
G0104	Colorectal cancer screening; flexible sigmoidoscopy
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

General and Plastic Surgery	
CPT	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia

Orthopedic/Podiatry Surgery	
CPT	
20612	Aspiration and/or injection of ganglion cyst(s) any location
23430	Tenodesis of long tendon of biceps
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
25000	Incision, extensor tendon sheath, wrist (e.g., De Quervains disease)
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
26055	Tendon sheath incision (e.g., for trigger finger)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)

Orthopedic/Podiatry Surgery	
26160	Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method

Orthopedic/Podiatry Surgery	
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
29893	Endoscopic plantar fasciotomy
64718	Neuroplasty and/or transposition; ulnar nerve at elbow

Urology Procedures	
CPT	
50590	Lithotripsy, extracorporeal shock wave
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52000	Cystourethroscopy (separate procedure)
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55700	Biopsy, prostate; needle or punch, single or multiple, any approach

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Related Information

Definition of Terms

American Society of Anesthesiologists (ASA) Physical Status Classification

ASA PS Classification	Definition	Adult Examples including, but not limited to
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

DM-diabetes mellitus, HTN-hypertension, COPD-chronic obstructive pulmonary disease, ESRD-end stage renal disease, MI-myocardial infarction, CVA-cerebrovascular accident, TIA-transient ischemic attack, CAD-coronary artery disease, DIC-disseminated intravascular coagulation, ARD-acute respiratory distress.

Source: **Statement on ASA Physical Status Classification System**. Accessed July 27, 2026.

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, e.g., shortness of breath when walking, climbing stairs etc.
Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g., walking short distances (20–100 m). Comfortable only at rest.
Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.

Place of Service (Professional Claims Codes):

Ambulatory Surgical Center A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. (Code 24)

Inpatient Hospital A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions. (Code 21)

Off-Campus-Outpatient Hospital A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Code 19)

On Campus-Outpatient Hospital A portion of a hospital's main campus, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Code 22)

History

Date	Comments
10/01/26	New policy, approved September 8, 2026, effective for dates of service on or after January 1, 2027, following 90-day provider notification. Procedures listed in this policy will be considered medically necessary when performed in the ambulatory surgery center (ASC) setting.

Date	Comments
11/06/26	Minor update to related medical policy section. Policy title 7.01.160 Synthetic Cartilage Implants for Joint Pain updated to 7.01.160 Cartilage Implants for Joint Pain.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

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