



## **Section 5 - Outpatient Services**

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## OUTPATIENT SERVICES

### What are Category A and B Outpatient Services and Procedures?

Outpatient services are categorized as described below. For a list of Category A and B services, including those that require prior authorization, see page 2.

**Category A** procedures are procedures that may be performed in an office setting. Offices performing these services should have an appropriate CLIA license for CLIA waived services. Category A procedures are divided into Categories A1, and A2:

- **Category A1** procedures may be performed in an office setting by the PCP or the specialist physician on referral as part of the diagnostic evaluation and treatment.
- **Category A2** procedures may be performed in an office setting only by specialists.

**Category B** procedures are procedures and services that must be performed only in an authorized facility or obtained from contracted providers.

### See page 2 for a list of Category A and B Outpatient Services and Procedures

### Procedures Requiring Second Surgical Opinion

The procedures listed below must have a mandated second opinion requested by the PCP. The PCP will then submit his request (via a SAF) with the two opinions to the UM Dept. for final approval. Procedures requiring a second surgical opinion are:

- Elective Cardiac Bypass Surgery
- Surgery For The Treatment Of Morbid Obesity
- Transplants



## OUTPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

Certain Category A and B outpatient services (as indicated with an asterisk below) require prior authorization by the Utilization Management Department.

Unless otherwise indicated below, services under \$500 allowable according to the Medicare Fee Schedule do not require prior authorization. All services over \$500 Medicare allowable require prior authorization unless they are listed below as specifically exempt.

### List of Category A and B Outpatient Services

OUTPATIENT SERVICES		Category A1	Category A2	Category B
<b>Procedure/Service</b>	<b>Prior Authorization Required?</b>	May be Performed in <b>PCP or Specialist Office</b>	May be Performed <b>only in a Specialist Office or Preferred Facility</b>	<b>Must be Performed in, or Obtained from a Preferred Facility / Provider</b>
Acupuncture* (See page 11 for criteria)	Yes, after initial consultation.			x
Allergy skin tests			x	
Amniocentesis*	Yes, after initial consultation		x	
Anoscopies		x		
Barium enema contrast study				x
Bone density scan			x	
Bone films for diagnosis & treatment of fractures.*	For 4th and subsequent study, same diagnosis		x (Orthopedist only)	x
Bone study*	Yes			x
CAT scan*	Yes			x
CLIA waived tests		x		
Colonoscopies			x	
Colposcopy			x	
Cytoscopies			x	
Durable Medical Equipment*	Yes			x
Echocardiogram			x	
EEG, EMG or ENG			x	
Electrocardiograms		x		



<b>OUTPATIENT SERVICES</b>		<b>Category A1</b>	<b>Category A2</b>	<b>Category B</b>
<b>Procedure/Service</b>	<b>Prior Authorization Required?</b>	<b>May be Performed in PCP or Specialist Office</b>	<b>May be Performed only in a Specialist Office or Preferred Facility</b>	<b>Must be Performed in, or Obtained from a Preferred Facility / Provider</b>
Endoscopies/Upper Endoscopies			x	
Epidural blocks for pain management*	Yes, including at Chinese Hospital		x	
Fetal, testing stress & non-stress*	For 2nd and subsequent		x	
Fine needle aspiration		x		
Fundus, extended exams			x	
Gall bladder contrast study				x
Glaucoma Provocation test			x	
Gonioscopy			x	
Heart Scans*	Yes			x
Holter monitoring			x	
Home Health Services*	Yes			x
IVP contrast study				x
Liver/spleen study*	Yes			x
Lung study*	Yes			x
Mammogram*	For 2nd or more in a year			x
Medical Macrophotography			x	
MRI scan*	Yes			x
Nuclear cardiograms*	Yes			
Occupational Therapy*	Yes, after initial consultation			x
Ophthalmologic tests			x	
Out of Plan Providers*	Yes			
PET scan*	Yes			x
Physical Therapy*	Yes, after initial consultation			x
Plain Films -Radiology (Also, see Bone Films)				x



OUTPATIENT SERVICES		Category A1	Category A2	Category B
<b>Procedure/Service</b>	<b>Prior Authorization Required?</b>	<b>May be Performed in PCP or Specialist Office</b>	<b>May be Performed only in a Specialist Office or Preferred Facility</b>	<b>Must be Performed in, or Obtained from a Preferred Facility / Provider</b>
<b>All procedures or services OVER \$500 Medicare Allowable require prior authorization unless specifically listed as exempt.*</b>	Yes	x	x	x
Proctosigmoidoscopies		x		
Prostate Ultrasound			x	
Pulmonary Function testing			x	
Referrals to CCHCA specialist physicians for over 4 visits in a calendar.*	Yes	N/A	N/A	N/A
Referrals to out-of-network providers/facilities*	Yes	N/A	N/A	N/A
Small bowel series contrast study				x
Screening audiometry		x		
Sigmoidoscopies			x	
Skin tests (except allergy testing)		x		
Speech Therapy*	Yes, after initial consultation visit			x
Stress Testing			x	
Thallium stress test				x
Thyroid study*	Yes, after initial consultation			x
Tonometry (1/year screen by non-specialist)		x		
Transportation, non-emergency*	Yes			
Transrectal Ultrasound			x	
UGI contrast study				x
Ultrasound for pregnancy & studies.*	For 3rd and subsequent		x	
Ultrasounds (For OB Ultrasounds, see above)				x



## Procedures Recommended for Performance in Outpatient Settings

The following procedures are recommended to be performed in ambulatory surgery settings. Exceptions require prior authorization.

- A. Gastroenterology
  - Liver Biopsy
  - Colonoscopy (depends on prep. or number of biopsies)
  - ERCP (Endoscopic retrograde cholangia pancreatology)
  - Sigmoidoscopy
  
- B. Gynecology
  - Marsupialization of Bartholin syst
  - Treatment of condylomata acuminata
  - Cryotherapy - alone
  - Cryotherapy with biopsy and/or dilation & curettage
  - Dilation and curettage
  - Examination under anesthesia
  - Culdoscopy
  - Hymenotomy
  - Hysterosalpingogram
  - Therapeutic abortion (first trimester)
  - Dilation and evacuation (second trimester)
  - Laparoscopy, diagnostic, or sterilization
  - Removal of IUD
  - Hysteroscopy
  - Culdocentesis (office)
  - Amniocentesis or amniogram
  - Perinerrhaphy (minor)
  - Cervical amputation
  - Cervical conization
  
- C. General Surgery
  - Breast biopsy (if a two-stage procedure is planned for a possible malignancy)
  - Cervical node biopsy
  - Lipoma excision
  - Muscle biopsy
  - Rectal polypectomy
  - Excision of sebaceous cyst
  - Excision of skin lesion with primary closure



- Excision Bakers cyst
- Excision breast masses
- Excision draining sinus tract
- Excision neuroma
- Foreign body removal
- I & D abscesses
- Varicose vein ligation without stripping
- Minor hemorrhoidectomy
- Infant hernia repair
- Paracentesis

D. Plastic Surgery

- Blepharoplasty (upper/lower or combined)
- Mammoplasty (augmentation, revision) after mastectomy for cancer, unless major case requiring postoperative hospital days.
- Small skin draft
- Dupuytren's contracture
- Many tendon repairs
- Fingertip injury revisions
- Excision lesions, minor
- Excision ganglion, wrist
- Acute nerve repair, hand
- Other minor hand procedures
- Staged reconstructive procedures
- Scar revision

E. Ophthalmology

- Argon laser prescription
- Chalazion
- Discission
- Ectropion and entropion
- Insertion of glass tube into lacrimal duct
- Lacrimal duct probing
- Pterygium
- Strabismus

F. Otolaryngology

- Myringotomy with or without tubes



- Antral puncture with or without irrigation
- Inferior turbinate fracture
- Nose, closed reduction
- Type I: Tympanoplasty with removal of attic and oval window cholesteatoma sacs
- Nasal reconstruction
- Otoplasty unilateral, bilateral (Depending on age: young children may require hospitalization overnight)
- Bronchoscopy
- Cervical node biopsy
- Esophagoscopy
- Frenulectomy
- I and D abscess (simple)
- Otoscopy with or without removal of foreign body
- Removal foreign body from nose or ear
- Removal scars, moles, or basal cell CA
- Wiring simple joint fracture

G. Orthopedic Surgery

- Ganglion excision
- Carpal tunnel decompression
- Excision of foreign body
- Tenotomy
- Manipulation of joints, individual consideration, depending upon the joint involved and indication for procedure
- Removal of bursae (Olecranon)

H. Urology

- Circumcision (Pediatric)
- Circumcision
- Dorsal slit
- Meatotomy
- Urethra dilation
- Vasectomy
- Cystoscopy
- Fulguration of venereal warts
- Excision and biopsy of scrotal lesion
- Cystoscopy and retrograde
- Prostatic biopsy





I. Endoscopy

- Culdoscopy
- Diagnostic cystoscopy
- Gynecological laparoscopy
- Otoscopy
- Proctosigmoidoscopy
- Fiberoptic sigmoidoscopy and fiber optic colonoscopy, only as a diagnostic procedure
- Gastroscopy

J. Thoracic or Vascular

- Esophageal dilation
- Excisional surgery: chest wall lesion
- Lymph node biopsy
- Mediastinoscopy
- Thoracentesis
- Transfusions

### **Procedures Recommended for Day-of-Admission Surgeries**

Preoperative days require prior authorization from the Medical Group.

A. Gynecology

- Mini Lap (tubal ligation)
- Bartholin systectomy
- Vaginal tubal ligation

B. General Surgery

- Pilonidal systectomy
- Excision of thyroglossal duct cyst
- Varicose vein ligation with stripping
- Hernia repairs, inguinal and femoral
- Umbilical herniorrhaphy

C. Ophthalmology

- Correction of eye muscle impairment



- Cataract extraction
- Iridectomy
- Phacoemulsificati
- Prolapsed iris, etc.
- Reconstruction of lacrimal duct

D. Urology

- Cystoscopy with fulguration of small bladder tumors
- Instillation of chemotherapy in ureter and bladder locally

E. Otolaryngology

- Ethmoidectomy (intranasal)
- Tonsillectomies
- Adenoidectomies
- T and A
- Tympanoplasties
- Sinus surgery

F. Neurosurgery

- Morton's neuroma
- Neuroma

G. Cardiology

- Pacemaker generator change
- Pacemaker programming
- Cardiac catheterization

H. Orthopaedics

- Morton's neuroma
- Hammertoes with tonotomies and resection of bone(1)
- Arthroscopy
- Bunionectomy

I. Endoscopy



- Observation bronchoscopy (flexible, in patient under 40 years of age)
- Triple upper endoscopy

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(1) This procedure has been recommended for outpatient stays except when performed on both feet at the same time, or when a patient is elderly and cannot ambulate on crutches or walker without physical therapy training.

## HOME OXYGEN THERAPY

Home oxygen requires prior authorization from the Utilization Management (UM) Department **before** placing an order with the CCHCA preferred oxygen vendor.

When requesting an authorization for home oxygen, in addition to the Service Authorization Form, please submit:

- 1) a Certificate of Medical Necessity
- 2) documentation of the correct diagnosis, and
- 3) recent documentation of the Arterial Blood Gas (ABG) or oximetry to ensure sufficient clinical information is provided to make a determination of medical necessity based on Medicare Guidelines and Milliman Criteria.



## PROCEDURE FOR OBSTETRICAL SERVICES

To obtain authorization for pregnancy benefits, the following protocol is to be followed:

- 1) PCP shall refer patient to Ob-Gyn specialist for pre-natal and delivery care.
- 2) Obstetrician shall submit a Service Authorization Form (SAF) once pregnancy has been confirmed. SAF should include date of last menstrual period (LMP) and an estimated date of confinement (EDC). (See CCHP maternity protocol for further information).
- 3) The Utilization Review Dept. will verify eligibility for pregnancy benefit, and notify the obstetrician, including any co-payments that may be applicable.
- 4) SAF will be returned and shall serve as authorization for elective admission. However, for the SAF to be valid, patient must remain a Plan member during the course of the pregnancy.
- 5) All obstetrical admissions will be subject to concurrent review.
- 6) PREGNANCY ULTRASOUNDS:
  - a. An initial ultrasound study in a pregnant patient and one follow-up study does not require an approval from the Utilization Review Dept. and may be performed either at plan radiology facilities, or in an approved physician's office. Subsequent studies will require an SAF with indications for need of follow-up.
  - b. After the second ultrasound, subsequent ultrasound studies will be reimbursed as follow-up limited examinations, unless explanation is provided.
  - c. If performed in an office setting, certification/documentation of training or proficiency in this procedure is required and may be performed in an office setting only after approval by the Membership Committee.
  - d. All billings will be considered as "by report" and a report of the findings must be submitted with the billings.



## **CRITERIA AND PROCEDURE FOR ACUPUNCTURE SERVICES**

Providers are responsible for ensuring acupuncture services are covered by their respective patients' health coverage. Acupuncture services should only be provided or referred if the patient has adequate benefits and medical necessity for acupuncture services.

### **PROTOCOL:**

The following protocol shall be utilized at this time for the approval procedure, and will be modified by experience and review:

- 1) If the patient is covered for acupuncture services under their health coverage, the PCP or specialist physician may refer a patient for consultation with the plan acupuncturist for acupuncture services with approved prior authorization for with "medically necessary" indication.
- 2) Following the first visit, the acupuncturist, in consultation with the referring and/or PCP, must submit a further treatment plan to Utilization Review (UR) for approval.
- 3) Utilization Review will utilize the National Institutes of Health consensus statement by categories as a basis for approval the listed conditions for which acupuncture has been found to be beneficial or possibly beneficial.
- 4) The consensus statement categories are as outlined in Table I (See following pages)



## Criteria and Procedure for Acupuncture Services (Continued)

Table I

### NIH CONSENSUS STATEMENT CATEGORIES

#### CATEGORY I: Definitely Efficacious

- Nausea and Vomiting (post surgical, pregnancy-related, chemotherapy induced)
- Pain Related to Dental Surgery

#### CATEGORY II: Possible Efficacious

- Musculoskeletal Pain
- Osteoarthritis
- Head & neck pain, including migraine, trigeminal neuralgia, myofascial
- Neurological rehabilitation, post-stroke
- Improvement of motor function in spinal cord injury and cerebral palsy
- Carpal tunnel syndrome
- Promotion of gastrointestinal motility
- Clearance of cholelithiasis
- Local surgical anesthesia
- Induction of ovulation
- Dysmenorrhea
- Immune enhancement
- Relaxation of bronchospasm in asthma

#### CATEGORY III: Probably not efficacious (although possibly effective):

- Neuropathic pain
- Smoking Cessation
- Drug Detoxification

Requests for acupuncture services should relate to one of these diagnoses, and be accompanied by a sufficient history of previous attempts for amelioration of the conditions if in Categories II and III.



**Criteria and Procedure for Acupuncture Services (Continued)**

Category I: The diagnosis is sufficient to warrant authorization

Category II: There should be evidence that other modalities had been tried, and found lacking, either from the record of the consultant or additional information available from the attending physicians (PCP or other consultants). Recommendation for trial of acupuncture in this category can come from the PCP or consultant. Approval may be granted by UM department.

Category III: There should be evidence that other modalities had been tried, and there had been specialty consultation available to suggest no other conventional remedies are available and recommendation by consultants for use of acupuncture for the given condition. Recommendation must come from BOTH PCP and a CONSULTANT. Approval must include a medical director.

Additional services require review of a Medical Director.

Note that many plans do not cover smoking cessation or drug detoxification if it is a substance abuse issue. Requested services must be within the parameters of plan benefits.

SUMMARY OF PROCESS

Category	Documentation Required	Recommendations Required	Authorized by
I	Diagnosis	Acupuncturist	UM RN
II	Evidence other modalities had been tried	PCP OR consultant in addition to acupuncturist	UM RN
III	Evidence other modalities had been tried. Specialist consultation should be reviewed. Check plan benefits.	PCP AND a specialist consultant in addition to acupuncturist.	Medical Director

Please call the Utilization Management Department for further information.

