

**McLAREN HEALTH PLAN
POLICY & PROCEDURE MANUAL**

Initial Approval Date: 3/18/2025

Effective Date: 4/1/2025

Effective Revision Date:

Last Review Date:

Review Cycle: As needed

SCOPE

McLaren Health Plan

SUBJECT

Site of Service

POLICY NUMBER

15-03

SECTION

Medical Policies

AUTHORIZED BY

Quality, Safety and Service
Improvement Committee

POLICY STATEMENT

Medically necessary services must be rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. Where applicable, McLaren Health Plan (MHP) may compare the cost-effectiveness of services, settings, or supplies when determining least intensive setting.

This policy applies to the Medicaid, Healthy Michigan Plan, Commercial/Community, and Individual on Exchange products.

PURPOSE

MHP members may choose to receive certain eye and gastrointestinal procedures in an ambulatory surgical center (ASC) or other locations. MHP is conducting site of service medical necessity reviews to determine whether the outpatient hospital setting is medically necessary, in accordance with the terms of the member's benefit plan. If the outpatient hospital setting is not considered medically necessary, this location will not be covered under the member's plan.

PROCEDURE

Site of service procedures requested to be performed in the outpatient hospital setting will require preauthorization and medical necessity review. If these services are not preauthorized to be performed in the outpatient hospital setting, the claim will be denied.

McLaren Health Plan will conduct medical necessity reviews to determine whether a site of service procedure performed in a hospital outpatient setting is medically necessary. Examples of conditions that may necessitate a hospital setting for a site of service procedure may include but is not limited to the following:

- Advanced liver disease

- Anticipated need for transfusion
- Bleeding disorder requiring replacement factor/products to correct a coagulation defect
- Symptomatic arrhythmia despite medication
- Chronic obstructive pulmonary disease (COPD)
- Ongoing cardiac ischemia requiring medical management
- Developmental stage or cognitive status warranting higher level of care
- Cerebrovascular accident (CVA) or transient ischemic attack (TIA) < 3 months
- Myocardial infarction (MI) within past 3 months
- End stage renal disease [(hyperkalemia above reference range) receiving peritoneal or hemodialysis]
- Individuals with drug eluting stents (DES) placed within one year or bare metal stents (BMS) 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 - FEV1 < 80% despite medical management
- Pregnancy
- Resistant hypertension (Poorly Controlled)
- Severe valvular heart disease
- Moderate to severe Obstructive Sleep Apnea (OSA)]
- Uncompensated Chronic heart failure (CHF) (NYHA class III or IV)
- Uncontrolled diabetes with recurrent diabetic ketoacidosis (DKA) or severe hypoglycemia
- Under 18 years of age
- There is no geographically accessible ambulatory surgical center 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).
- An ASC's specific guideline regarding the member's weight or health condition(s) that prevents the use of an ASC; or
- The member is clinically unstable based on documented medical history and susceptible to complications with the requested procedure.

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 service.

Service Category	Service Code
Cataract Surgery	66821
Cataract Surgery	66982
Cataract Surgery	66984
Cataract Surgery	66987
Cataract Surgery	66988
Colonoscopy	45378
Colonoscopy	45380
Colonoscopy	45384
Colonoscopy	45385
Eye and Ocular Adnexa	65710
Eye and Ocular Adnexa	65820
Eye and Ocular Adnexa	66250
Eye and Ocular Adnexa	66710
Eye and Ocular Adnexa	66711
Eye and Ocular Adnexa	66825
Eye and Ocular Adnexa	66986
Eye and Ocular Adnexa	67010
Eye and Ocular Adnexa	67041
Eye and Ocular Adnexa	67042
Eye and Ocular Adnexa	67105
Eye and Ocular Adnexa	67108

Service Category	Service Code
Eye and Ocular Adnexa	67113
Eye and Ocular Adnexa	67840
Eye and Ocular Adnexa	68110
Eye and Ocular Adnexa	68115
Eye and Ocular Adnexa	68320
Eye and Ocular Adnexa	68720
Eye and Ocular Adnexa	68815
Ophthalmologic	65426
Ophthalmologic	65730
Ophthalmologic	65855
Ophthalmologic	66170
Ophthalmologic	66761
Ophthalmologic	67028
Ophthalmologic	67036
Ophthalmologic	67040
Ophthalmologic	67228
Ophthalmologic	67311
Ophthalmologic	67312
Upper Gastrointestinal Endoscopy	43235
Upper Gastrointestinal Endoscopy	43239
Upper Gastrointestinal Endoscopy	43249

REQUIREMENTS AND STANDARDS:

<u>REVIEWED DATE</u>	<u>REVISED DATE</u>	<u>EFFECTIVE DATE</u>
3/18/2025	--	4/1/2025