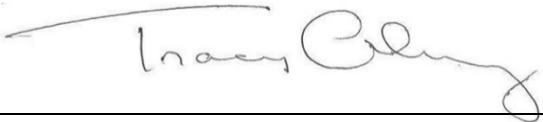
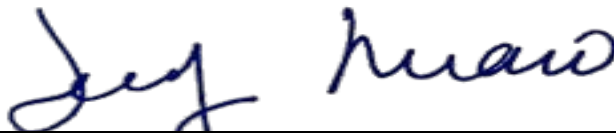


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|--|--|---|---|
| Policy Title:<br>Outpatient and Ambulatory Surgery Review  |  | POLICY #: 10.02.66                      |   |
| Department Name:<br>Utilization Management   |  | Original Date<br>11/97                  | Effective Date<br>5/19                  |
|  |  |   | Revision Date<br>12/18, 11/22,<br>11/23 |
| VP Approval:<br>Tracy Alvarez, VP, Medical Care Solutions<br>   |  | Date of Approval:<br>06/11/2024         |   |
| Medical Services/P&T Committee: (If Applicable):<br>Jennifer Nuovo, MD, Blue Shield Promise Chief Medical Officer<br> |  | Date of Committee Review:<br>06/11/2024 |   |

A. PURPOSE

To establish and define mechanisms for the Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department to approve, modify, or deny outpatient surgery and elective ambulatory services.

B. DEFINITIONS

“Medical necessity review” is a process to consider whether services that are covered only when medically necessary meet criteria for medical necessity and clinical appropriateness. A medical necessity review requires consideration of the member’s circumstances, relative to appropriate clinical criteria and the organization’s policies.

C. POLICY

All elective ambulatory services and outpatient surgery procedures require authorization by the Blue Shield Promise UM Department. Services must be provided by the patient’s primary care physician (PCP) or the designated physician that has been authorized by Blue Shield Promise UM Department for consultation and treatment. In the event that the service cannot be provided in network, an authorization will be provided to a qualified out-of-network provider (see UM Policy 10.02.41 Out of Network Services).

D. PROCEDURE

Authorization for elective ambulatory services or outpatient surgery is obtained in the same manner as any service requiring prior authorization. (See UM Policy 10.02.38

Utilization Management Prior Authorization Review).

If the requested service involves a delegated IPA and Blue Shield Promise has shared financial responsibility for the facility component, the approval, denial, or modification will be faxed to the IPA for distribution to providers. If the requested service(s) are solely the financial responsibility of Blue Shield Promise, the approval, denial, or modification will be faxed to the requesting provider(s). Authorizations are valid for 30 days and providers are reminded to verify eligibility immediately prior to performing the procedure.

Blue Shield Promise UM Clinicians and the Blue Shield Promise Chief Medical Officer or physician reviewer will utilize medical appropriateness criteria sets (e.g., Milliman Care Guidelines) to evaluate necessity for an elective ambulatory service or outpatient surgery. The ability to perform surgery on an outpatient basis merely indicates that post-operative care does not require overnight stay in an acute care hospital.

When the Blue Shield Promise UM Department is notified that a scheduled elective ambulatory service or outpatient surgery has been converted to inpatient status, a clinician will immediately implement the Admission and Concurrent Review procedures (see UM Policy 10.02.30 Concurrent Hospital Review) and indicate the change in patient status in the Managed Health Care Systems.

E. MONITORING

N/A

F. REPORTING

N/A

G. REFERENCES & ATTACHMENTS

1. UM Policy 10.02.22 UM Decision Making Timeframes
2. UM Policy 10.02.30 Concurrent Hospital Review
3. UM Policy 10.02.38 Utilization Management Prior Authorization Review
4. UM Policy 10.02.41 Out of Network Services

H. REVISION HISTORY

| Date    | Modification (Reviewed and/or revised)   | E-Filing Number |
|---------|--|-----------------|
| 11/2023 | Annual Review: <ul style="list-style-type: none"> <li>• Annual Review of Regulatory Requirements DHCS, DMHC, NCQA</li> <li>• Formatting updates</li> <li>• Corrected references to UM policy numbers and titles</li> </ul> |                 |

|         |   |  |
|---------|---|--|
| 11/2022 | Annual Review: <ul style="list-style-type: none"><li>• Updated Policy Numbering to reflect Medi-Cal Only;</li><li>• Annual Review of Regulatory Requirements DHCS, DMHC, NCQA</li></ul> |  |
|---------|---|--|