



<b>Policy Title: Outpatient and Ambulatory Surgery Review</b>		<b>POLICY #: 70.2.5</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 11/97	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable): PHP CMO</b> 			<b>Date: 3/21</b>

**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.

**POLICY**

All elective ambulatory services and outpatient surgery procedures require authorization by Blue Shield Promise Health Plan Utilization Management Department. Services must be provided by the patient's PCP or the designated physician that has been authorized by Blue Shield Promise Health Plan Utilization Management (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 P&P 70.2.16 Non-Contracted Providers)

**PROCEDURE**

Authorization for elective ambulatory services or outpatient surgery is obtained in the same manner as any service requiring prior authorization. (See Prior Authorization Review & Approval Process P&P 70.2.50).

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 Health Plan Case Managers and the Chief Medical Officer or physician reviewer will utilize medical appropriateness criteria sets (i.e. Milliman Care Guidelines) to evaluate necessity for an elective ambulatory service or outpatient surgery. The ability to perform a surgery on an outpatient basis merely indicates that post-operative care does not require overnight stay in an acute care hospital.

When Blue Shield Promise Health Plan Utilization Management (UM) Department is notified that a scheduled elective ambulatory service or outpatient surgery converted to inpatient status a Case Manager will immediately implement the Admission and Concurrent Review procedures (see Concurrent Review P&P 70.2.3) and indicate the change in patient status in the Managed Health Care Systems.

## **REFERENCES**