

## Provider update

# Outpatient orthopedic prior authorization initiative

**Background:** Wellpoint requires outpatient orthopedic procedures and surgeries to be provided at an ambulatory surgery center (ASC) or provider office unless preauthorized at a hospital in the following counties: Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County, Montgomery County, or Prince George's County. Effective April 1, 2022, only the services that cannot be provided safely and effectively at a freestanding ASC or office will be approved to be performed at the hospital.

### What is the impact of this change?

Unless there is a medical reason for providing the outpatient orthopedic procedures and surgeries listed on the provided code list in a hospital, the services must be performed at a freestanding ASC or in an office. Members who are 18 years of age or younger are excluded from this initiative.

Review section one of this communication for a list of procedure codes that will require prior authorizations to be performed in a hospital. For code-specific prior authorization requirements, please refer to <https://provider.wellpoint.com/MD> > Resources > Prior Authorization Lookup Tool.

This initiative applies to providers in Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County, Montgomery County, or Prince George's County, and covers all orthopedic codes listed on our provider website.

### How do I obtain prior authorization?

To obtain prior authorization, you must call Provider Services at **833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET and provide clinical documentation that identifies a medical reason requiring that the member have an outpatient orthopedic procedure done in a hospital.

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET.

### Medical necessity criteria

Provide a list of relevant case- or member-specific facts that support the use of hospital-based or regulated space procedures. Facts may include but are not limited to:

- Ability of a freestanding site of service to safely and adequately accommodate and support the member in the course of treatment because of specialized equipment or staff skill set.
- Access or availability of a freestanding site of service within the 30-minute or 30-mile standard.
- Member is 18 years of age or younger.
- Member is suffering from any of the following conditions:
  - Respiratory disease:
    - Asthma
    - Chronic obstructive pulmonary disease/emphysema
    - Sleep apnea and actively using continuous positive airway pressure
  - Cardiac disease:
    - Congestive heart failure symptomatic within the last month (any episode of documented or active congestive heart failure, emergency room visit, admission, worsening chronic congestive heart failure, recent adjustment of medicines, etc.)
    - Myocardial infarction within the last six weeks
    - Arrhythmia within the last six weeks
    - Pacemaker in place
    - Automatic implantable cardioverter defibrillator in place
    - On warfarin or another anticoagulant
    - On Plavix® or another platelet inhibitor
- Severe anemia/hematocrit < 25%, platelets < 30,000.
- Morbid obesity/body mass index > 40.
- History of any complication with sedation, anesthesia, or surgery.

### Section one

The following procedure codes will require prior authorization to be performed in a hospital. Providers must identify a medical reason why the procedure must be performed in a hospital setting.

Procedures performed in association with an emergency department (ED) visit or associated with an outpatient surgery performed at a hospital on the same day will not require prior authorization.

### Procedure codes requiring prior authorization

17107

Destruction, cutaneous vascular proliferative lesions — 10.0-50.0 sq. cm

17110	Destruction of benign lesions (such as laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curettement)
17111	Destruction of benign lesions (such as laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curettement)
20600	Arthrocentesis, aspiration, or injection — small joint/bursa
20605	Arthrocentesis, aspiration, or injection — intermediate joint/bursa
20610	Arthrocentesis, aspiration, or injection — major joint/bursa
20611	Arthrocentesis, aspiration, or injection, major joint or bursa (such as shoulder, hip, knee, or subacromial bursa) — with ultrasound guidance, with permanent recording and reporting
20692	Application of a multiplane (pins or wires in more than one plane), unilateral or external fixation system (such as ilizarov)
20693	Adjustment or revision of external fixation system requiring anesthesia — such as, new pin(s), new wire(s), or new ring(s)
20694	Removal, under anesthesia, external fixation system
25107	Arthrotomy, distal radioulnar joint with repair, triangular cartilage or complex
27093	Injection proc, hip arthrography — without anesthesia
29065	Application of cast — shoulder to hand (long arm)
29075	Application of cast — elbow to finger (short arm)
29085	Application of cast — hand and lower forearm (gauntlet)
29806	Arthroscopy, shoulder, surgical — capsulorrhaphy
29807	Arthroscopy, shoulder, surgical — repair or slap lesion
29822	Arthroscopy, shoulder, surgical — debridement (limited)
29823	Arthroscopy, shoulder, surgical — debridement (extensive)
29824	Arthroscopy, shoulder, surgical — distal claviclectomy with articular surface
29825	Arthroscopy, shoulder, surgical — with lysis and resection, or adhesions (with or without manipulation)
29826	Arthroscopy, shoulder, surgical — decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (such as arch) release — when performed list separately
29827	Arthroscopy, shoulder, surgical — with rotator cuff repair
29828	Arthroscopy, shoulder, surgical — biceps tenodesis
29834	Arthroscopy, elbow, surgical — with removal (loose/foreign body)
29846	Arthroscopy, wrist, surgical — excision/repair (triangular fibrocartilage/joint debridement)
29848	Endoscopy, wrist, surgical — with release (transverse carpal ligament)

29850	Arthroscopically aided treatment — fx, knee without or without manipulation — without internal/external fixation
29862	Arthroscopy, hip, surgical — with chondroplasty/arthroplasty, resection, or labrum
29863	Arthroscopy, hip, surgical — with synovectomy
29867	Arthroscopy, knee, surgical — osteochondral allograft (such as mosaicplasty)
29870	Arthroscopy, knee, dx — with or without synovial bx (sep proc)
29873	Arthroscopy, knee, surgical — with lateral release
29874	Arthroscopy, knee, surgical — removal (loose/foreign body)
29875	Arthroscopy, knee, surgical — synovectomy, limited (sep proc)
29876	Arthroscopy, knee, surgical — synovectomy, major, 2 or more compartments (such as medial or lateral)
29877	Arthroscopy, knee, surgical — debridement/shaving, articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical — abrasion arthroplasty (with chondroplasty), multiple drilling or microfx
29880	Arthroscopy, knee, surgical — with meniscectomy (medial and lateral, including any meniscal shaving) and debridement or shaving of articular cartilage (chondroplasty) — same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical — with meniscectomy (medial or lateral, including any meniscal shaving) and debridement or shaving of articular cartilage (chondroplasty) — when performed
29882	Arthroscopy, knee, surgical — with meniscus repair (medial or lateral)
29883	Arthroscopy, knee, surgical — with meniscus repair (medial and lateral)
29884	Arthroscopy, knee, surgical — with lysis, adhesions, and with or without manipulation (sep proc)
29888	Arthroscopically aided anterior cruciate ligament repair, augmentation, or reconstruction
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair
29891	Arthroscopy, Ankle, Surgical; Excision Osteochondral Defect
29914	Arthroscopy, hip, surgical — with femoroplasty (such as treatment of cam lesion)
20690	Application of a uniplane (pins or wires in one plane) — unilateral, external fixation system
20692	Application of a multiplane (pins or wires in more than one plane) — unilateral, external fixation system (such as ilizarov)
20693	Adjustment or revision of external fixation system requiring anesthesia — such as new pin(s), new wire(s), or new ring(s)

20694	Removal, under anesthesia, external fixation system
25105	Arthrotomy, wrist joint — with synovectomy
25107	Arthrotomy, distal radioulnar joint — with repair, triangular cartilage, complex
25111	Excision, ganglion, wrist (dorsal/volar) — primary
25112	Excision, ganglion, wrist (dorsal/volar) — recurrent