

Elective Inpatient Services

Guideline Number: CS182.E
Effective Date: July 1, 2022

[Instructions for Use](#)

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Application

This Utilization Review Guideline only applies to Arizona, California, District of Columbia, Florida, Hawaii, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New York, Ohio, Rhode Island, Texas, Virginia, Washington, and Wisconsin.

Refer to the guidelines listed below for the following states:

State	Policy/Guideline
Indiana	Elective Inpatient Services (for Indiana Only)
Kentucky	Elective Inpatient Services (for Kentucky Only)
Louisiana	Elective Inpatient Services (for Louisiana Only)
Mississippi	Elective Inpatient Services (for Mississippi Only)
Nebraska	Elective Inpatient Services (for Nebraska Only)
New Jersey	Elective Inpatient Services (for New Jersey Only)
North Carolina	Elective Inpatient Services (for North Carolina Only)
Pennsylvania	Elective Inpatient Services (for Pennsylvania Only)
Tennessee	Elective Inpatient Services (for Tennessee Only)

Coverage Rationale

A planned elective inpatient admission for certain surgeries or procedures is considered medically necessary when any of the following criteria is met:

- Medical conditions increasing the risk of major post-operative complications:
 - Advanced liver disease (MELD Score > 8)
 - Cognitive status that warrants inpatient stay
 - Severe renal disease (GFR < or = 30 mL/min)
 - Severe valvular heart disease
 - Stroke or TIA within last 3 months
 - Symptomatic chronic lung disease (e.g., asthma, COPD)
 - Symptomatic coronary artery disease or heart failure
 - Unstable medical condition (e.g., poorly controlled diabetes)

- Procedure related factors that may increase the risk of complications:
 - Anesthetic risk
 - [American Society of Anesthesiologists class III or greater](#)
 - Age 85 years or older
 - High risk for thromboembolism
 - Moderate ([AHI 15-30](#)) to severe ([AHI > 30](#)) sleep apnea
 - Persistent electrolyte abnormalities unresponsive to treatment (e.g., hyperkalemia, hyponatremia)
 - Risk of post-operative airway compromise (e.g. open neck procedure, airway surgery)
 - Complexity of surgical procedure
 - Complex surgical approach (e.g., unusually extensive dissection needed)
 - Complex post-operative wound care (e.g., complex drain management, open wound, previous local tissue injury resulting from factors such as, radiation, previous surgery, impaired circulation, sustained pressure)
 - Difficult approach because of previous operation
 - Extensive or prolonged (longer than the usual time frame) surgery
- The need for preoperative diagnostic studies that cannot be performed as an outpatient
- Advance surgical planning determines an individual requires inpatient recovery and care following a surgical procedure:
 - Individual's residence is distant to medical facility and there is a potential for urgent complications and no other nearby temporary residence is available and not appropriate for ambulatory or observation level of care
 - Pre- or post-operative inpatient monitoring or treatment related to need to discontinue drugs or other therapies
- Procedural related event that may require an inpatient stay as indicated by any of the following:
 - [Acute Kidney Injury](#)
 - Altered mental status that is severe or persistent
 - Ambulatory or appropriate activity level status is not achieved
 - Conversion to open or complex procedure that requires inpatient care
 - Excessive drainage or bleeding from the operative site
 - [Hemodynamic Instability](#)
 - Longer postoperative monitoring or treatment is needed due to preoperative use of drugs (e.g., cocaine, amphetamines)
 - Pain, fever, or vomiting not appropriate for ambulatory or observation level of care
 - Severe complications of procedure (e.g., bowel injury, airway compromise, vascular injury)
 - Unstable clinical status

Note: This policy does not apply to an obstetric member during pregnancy, childbirth, or the post-partum period.

Definitions

Acute Kidney Injury: Acute Kidney Injury is defined as any of the following:

- Increase in the serum creatinine value of ≥ 0.3 mg/dL (26.52 micromol/L) in 48 hours
- Increase in serum creatinine of ≥ 1.5 times baseline within the prior 7 days
- Reduction of more than 50% in estimated glomerular filtration rate from baseline
- Urine volume < 0.5 mL/kg/hour for 6 hours (KDIGO, 2012)

Apnea Hypopnea Index (AHI): The number of apneas plus the number of hypopneas during the entire sleeping period, times 60, divided by total sleep time in minutes; unit: event per hour (AASM Scoring Manual, 2020).

ASA Physical Status Classification System Risk Scoring Tool: The American Society of Anesthesiologists (ASA) physical status classification system was developed to offer clinicians a simple categorization of a patient's physiological status that can be helpful in predicting operative risk. The ASA score is a subjective assessment of a patient's overall health that is based on five classes.

Hemodynamic Instability: Vital sign abnormality not readily corrected by appropriate treatment as indicated by 1 or more of the following:

- A systolic blood pressure < 90 mm hg or decrease in systolic blood pressure > 40 mm hg
- Oliguria treatment goal of 0.5ml/kg/hour urine output'

- Mean arterial pressure (MAP) is < 65 mm hg
- New abnormal capillary refill (greater than 3 seconds)
- Altered level of consciousness
- Shortness of breath
- Persistent tachycardia (Sevransky, 2009)

References

American Academy of Sleep Medicine (AASM). AASM Manual for the Scoring of Sleep and Associated Events: Rules, terminology and technical specifications. v2.6. January 2020.

American Heart Association. Classes of Heart Failure. Available at: [Classes of Heart Failure | American Heart Association](#).

American Society for Metabolic and Bariatric Surgery (ASMBS). Obesity in America Fact Sheet.2021.

American Society of Anesthesiologists ([ASA](#)) [Physical Status Classification System](#). December 13, 2020.

American Society of Anesthesiologists. Guidelines for ambulatory anesthesia and surgery. October 17, 2018.

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Guideline History/Revision Information

Date	Summary of Changes
07/01/2022	<p>Application</p> <ul style="list-style-type: none"> • Added language to indicate this Utilization Reivew Guideline does not apply to the state of New Jersey; refer to the state-specific policy version <p>Coverage Rationale</p> <ul style="list-style-type: none"> • Updated list of procedure-related factors that may increase risk of anesthetic complications; removed “class III obesity (body mass index greater than 40) with hemodynamic or respiratory problems” (duplicative of “American Society of Anesthesiologists class III or greater”) <p>Definitions</p> <ul style="list-style-type: none"> • Added definition of “Hemodynamic Instability” • Updated definition of “Acute Kidney Injury” <p>Supporting Information</p> <ul style="list-style-type: none"> • Updated <i>References</i> section to reflect the most current information • Archived previous policy version CS182.D

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.