

Elective Inpatient Services

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[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Definitions	2
Clinical Evidence	3
References	3
Policy History/Revision Information	4
Instructions for Use	4

Commercial Policy
• Elective Inpatient Services
Medicare Advantage Coverage Summary
• Hospital Services (Outpatient, Observation, and Inpatient)

Application

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)
New Jersey	Elective Inpatient Services (for New Jersey Only)
Ohio	Elective Inpatient Services (for Ohio 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 ≤ 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 0.5 ml/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)

Clinical Evidence

The American College of Cardiology (ACC) and The American Heart Association (AHA)

The ACC and AHA Task Force states in the 2014 guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery, evaluation of patients should include assessment of perioperative risk, determination of the need for changes in management, and identification of cardiovascular conditions or risk factors requiring longer-term management. Changes in management can include the decision to change medical therapies, the decision to perform further cardiovascular interventions, or recommendations about postoperative monitoring. This may lead to recommendations and discussions with the perioperative team about the optimal location and timing of surgery (e.g., ambulatory surgery center versus outpatient hospital, or inpatient admission) or alternative strategies.

The American Society of Anesthesiologists (ASA)

The 2014 ASA Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea states that a determination should be made regarding whether a surgical procedure is most appropriately performed on an inpatient or outpatient basis. Factors to be considered in determining whether outpatient care is appropriate include:

- Sleep apnea status
- Anatomical and physiologic abnormalities
- Status of coexisting diseases
- Nature of surgery
- Type of anesthesia
- Need for postoperative opioids
- Patient age
- Adequacy of post discharge observation
- Capabilities of the outpatient facility

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Policy History/Revision Information

Date	Summary of Changes
05/01/2023	<p>Template Update</p> <ul style="list-style-type: none">Changed policy type classification from “Utilization Review Guideline” to “Medical Policy” <p>Application</p> <ul style="list-style-type: none">Reformatted and modified content to indicate this Medical Policy does not apply to the following states:<ul style="list-style-type: none">IndianaKentuckyLouisianaNew JerseyOhioPennsylvaniaTennessee <p>Supporting Information</p> <ul style="list-style-type: none">Added <i>Clinical Evidence</i> sectionUpdated <i>References</i> section to reflect the most current informationArchived previous policy version CS182.F

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy is provided for informational purposes. It does not constitute medical advice.

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