

# Elective Inpatient Services (for Indiana Only)

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[Instructions for Use](#)

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Related Policies
None

## Application

This Utilization Review Guideline only applies to the state of Indiana.

## Coverage Rationale

For medical necessity clinical coverage criteria, refer to [Indiana Surgical Services Provider Reference Module](#).

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
    - Class III obesity (body mass index greater than 40) with hemodynamic or respiratory problems
    - 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 obstetric conditions.

## Definitions

**Acute Kidney Injury:** An abrupt (within hours) decrease in kidney function, which encompasses both injury (structural damage) and impairment (loss of function) (Makris, 2016).

**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.

## 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: [http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure\\_UCM\\_306328\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure_UCM_306328_Article.jsp).

American Society for Metabolic and Bariatric Surgery (ASMBS). Obesity in America Fact Sheet. October 2018.

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.

Bilimoria KY, et al. Development and evaluation of the universal ACS NSQIP surgical risk calculator: a decision aid and informed consent tool for patients and surgeons. *Journal of the American College of Surgeons* 2013;217(5):833-842.e1-e3.

GINA Report, Global Strategy for Asthma Management and Prevention. 2020.

Joshi GP, Ahmad S, Riad W, et al. Selection of obese patients undergoing ambulatory surgery: a systematic review of the literature. *Anesthesia and Analgesia* 2013;117(5):1082-1091.

Makris K, Spanou L. Acute kidney injury: definition, pathophysiology and clinical phenotypes. Clin Biochem Rev. 2016 May;37(2):85-98.

Maganti K, Rigolin VH, Sarano ME, Bonow RO. Valvular heart disease: diagnosis and management. Mayo Clin Proc. 2010 May;85(5):483-500.

Medicare Benefit Policy Manual. Chapter 1 - Inpatient Hospital Services Covered Under Part A. Rev. 234, 03-10-17.

Rosero EB, Joshi GP. Nationwide use and outcomes of ambulatory surgery in morbidly obese patients in the United States. Journal of Clinical Anesthesia 2014;26(3):191-198.

Subramanyam R, Yeramaneeni S, Hossain MM, et al. Perioperative respiratory adverse events in pediatric ambulatory anesthesia: development and validation of a risk prediction tool. Anesthesia and Analgesia 2016;122(5):1578-1585.

Tricco, A.C., Antony, J., Vafaei, A. et al. Seeking effective interventions to treat complex wounds: an overview of systematic reviews. BMC Med 13, 89 (2015).

## Guideline History/Revision Information

Date	Summary of Changes
09/01/2021	<ul style="list-style-type: none"><li>New Utilization Review Guideline</li></ul>

## 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.