

Elective Inpatient Services

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[Instructions for Use](#)

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Related Policies
None

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)
- Procedural 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
 - Morbid 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 a member requires inpatient recovery and care following a surgical procedure:
 - Member'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, times 60, divided by total sleep time (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

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Guideline History/Revision Information

Date	Summary of Changes
05/01/2021	<ul style="list-style-type: none">New Medical Management Guideline

Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management 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. UnitedHealthcare West Medical Management 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.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.