

# Elective Inpatient Services

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## Application

### UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

### UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

## 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  $\geq 0.3$  mg/dL (26.52 micromol/L) in 48 hours
- Increase in serum creatinine of  $\geq 1.5$  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)

## 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

## References

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## Policy History/Revision Information

Date	Summary of Changes
10/01/2023	<p><b>Application</b></p> <p><b>Individual Exchange Plans</b></p> <ul style="list-style-type: none"><li>Removed language indicating this Medical Policy does not apply to Individual Exchange benefit plans in the states of Massachusetts, Nevada, and New York</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version MP.19.04</li></ul>

## Instructions for Use

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

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies 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.