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Elective Inpatient Services (for Louisiana Only)

Policy Number: CS182LA.BA
Effective Date: ~~October 1, 2021~~ TBD

[➔ Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Louisiana.

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
 - ~~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

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- 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 conditions.

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)

~~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

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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 (eg, 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

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**

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Association <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~~ **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.

American Society of Anesthesiologists Task Force on Perioperative Management of patients with obstructive sleep apnea. Practice guidelines for the perioperative management of patients with obstructive sleep apnea: an updated report by the American Society of Anesthesiologists Task Force on Perioperative Management of patients with obstructive sleep apnea. Anesthesiology. 2014 Feb;120(2):268-86.

Bilimoria KY, Liu Y, Paruch JL, 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.

Fleisher LA, Fleischmann KE, Auerbach AD, et al. 2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2014 Dec 9;130(24):e278-333.

GINA Report, Global Strategy for Asthma Management and Prevention. 2021~~0~~.

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.

Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO clinical practice guideline for acute kidney injury. Kidney inter., Suppl. 2012; 2: 1-138.

~~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~~ **et al.** 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. **10892, 08-06-21** ~~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.

Sevransky J. Clinical assessment of hemodynamically unstable patients. Curr Opin Crit Care. 2009 Jun;15(3):234-8.

Subramanyam R, Yeramane 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) **Apr 22;13:89**.

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Policy History/Revision Information

Date	Summary of Changes
<u>TBD</u>	<p><u>Template Update</u></p> <ul style="list-style-type: none"> • <u>Changed policy type classification from "Utilization Review Guideline" to "Medical Policy"</u> <p><u>Coverage Rationale</u></p> <ul style="list-style-type: none"> • <u>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")</u> • <u>Replaced notation indicating "this policy does not apply to obstetric conditions" with "this policy does not apply to an obstetric member during pregnancy, childbirth, or the post-partum period"</u> <p><u>Definitions</u></p> <ul style="list-style-type: none"> • <u>Added definition of "Hemodynamic Instability"</u> • <u>Updated definition of "Acute Kidney Injury"</u> <p><u>Supporting Information</u></p> <ul style="list-style-type: none"> • <u>Added Clinical Evidence section</u> • <u>Updated References section to reflect the most current information</u> • <u>Archived previous policy version CS182LA.A</u>

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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