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Elective Inpatient Services (for Louisiana Only)

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[➔ Instructions for Use](#)

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Application

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

Coverage Rationale

[➔ See Benefit Considerations](#)

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)

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- 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

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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.

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.
- 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).

Instructions for Use

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