

Early Inpatient Admission, Medical 145

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Coverage Policy Medical 145
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Purpose:

This policy addresses the medical necessity of - Early Inpatient Admission

Description & Definitions:

Early Inpatient Admission is for individuals who are having elective surgery are generally admitted to the hospital the day of surgery. The preoperative evaluations, preparation and testing are usually performed prior to surgery on an outpatient basis. There may be situations in which it may be medically necessary to admit the individual to the hospital a day prior to the surgical procedure.

Criteria:

It is considered medically necessary for individuals to be admitted to the hospital the day prior to surgery with **1 or more of the following**:

- Inpatient treatment is needed as the individual has a coexisting medical issue that needs treatment prior to major surgery and the treatment may assist with a more positive outcome or decrease operative risk.
- The individual is an unstable insulin-dependent diabetic and close monitoring of blood glucose is required prior to the operative procedure
- The individual requires extensive bowel preparation preoperatively due to **1 or more of the following**:
 - The individual has a partially obstructed bowel
 - The individual has a co-morbid condition that would make them high risk for fluid or electrolyte imbalance from the bowel prep
- The individual requires conversion from coumadin to **intravenous** heparin for a surgical procedure planned for the next day. (Individuals with mitral valve disease, especially with atrial fibrillation, may require 2 pre-op days)

- The individual is scheduled for both an invasive diagnostic procedure (e.g., aortogram, myelogram, arteriogram or cardiac catheterization) and major surgery the next day
- The individual requires intravenous steroid preparation the day prior to surgery due to a documented prior allergic reaction to contrast material
- The individual is scheduled for an open heart procedure requiring cardiopulmonary bypass and has **1 or more of the following**:
 - Congestive heart failure
 - Severe hypertension
 - Significant ventricular arrhythmias
 - Unstable angina
- The individual is scheduled for a craniotomy the next day and requires **1 or more of the following**:
 - Intravenous steroid preparation
 - Intravenous anticonvulsant protection
 - Osmotic diuresis
- The individual is less than 1 year old and requires intravenous hydration the day prior to a major surgical procedure.
- The individual has been diagnosed with Parkinson's Disease and requires discontinuation of medications prior to insertion of a neurostimulator the next day.
- The individual requires intravenous medication pre-operatively due **to 1 or more of the following**:
 - The Individual has a history of seizure disorder and requires intravenous anticonvulsants.
 - The Individual requires intravenous steroid administration.
 - The Individual is considered unstable for surgery and is unable to take the necessary medication orally.

Early Inpatient Admission is considered not medically necessary for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low-level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2019: December

Reviewed Dates:

- 2024: April
- 2023: May
- 2022: April
- 2021: April
- 2020: April, May
- 2018: November
- 2017: December
- 2016: July
- 2015: June
- 2014: June
- 2013: June
- 2012: June
- 2011: June
- 2010: March

Effective Date:

- March 2009

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Apr 17, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Apr 17, 2023, from UpToDate:

https://www.uptodate.com/contents/search?search=preoperative%20day&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=en&max=10&index=&autoCompleteTerm=

(2023). Retrieved Apr 17, 2023, from HAYES:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Early%2520Inpatient%2520Admission%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522%257B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522>

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https://www.google.com/search?q=preoperative+inpatient+admissions+association+reccomendations&rlz=1C1GCEA_enUS1019US1019&oq=&aqs=chrome.0.69i59i450l8.250394691j0j15&sourceid=chrome&ie=UTF-8

Local Coverage Determination (LCD) Outpatient Observation Bed/Room Services L34552. (2019, Oct 31).

Retrieved Apr 17, 2023, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lclid=34552&ver=34&bc=0>

SPA 21-002 Removal of 21 Out of 60 Day Limit. (2021, Mar 29). Retrieved Apr 17, 2023, from DMAS -

Commonwealth of Virginia: <https://www.dmas.virginia.gov/media/3304/spa-21-002-removal-of-21-out-of-60-day-limit-final-04-07-2021.pdf>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded

by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Early Inpatient Admission, Medical 145, bowel preparation, concurrent medical problem, insulin-dependent diabetic, partially obstructed bowel, co-morbid condition, invasive diagnostic procedure, Coumadin, major surgery