

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Early Inpatient Admission

AUTH: SHP Medical 145 v5 (AC)

MCG Health
Ambulatory Care
25th Edition

[Link to Codes](#)

- [Coverage](#)
- [Application to Products](#)
- [Authorization Requirements](#)
- [Description](#)
- [Exceptions and Limitations](#)
- [Clinical Indications for Procedure](#)
- [Document History](#)
- [Coding Information](#)
- [References](#)
- [Codes](#)

Coverage

[Return to top of SHP Early Inpatient Admission - AC](#)

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

[Return to top of SHP Early Inpatient Admission - AC](#)

Policy is applicable to all products.

Authorization Requirements

[Return to top of SHP Early Inpatient Admission - AC](#)

Pre-certification by the Plan is required.

Description

[Return to top of SHP Early Inpatient Admission - AC](#)

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.

Exceptions and Limitations

[Return to top of SHP Early Inpatient Admission - AC](#)

There is insufficient scientific evidence to support the medical necessity of an individual being admitted to an inpatient facility prior to the day of surgery for any reason other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

[Return to top of SHP Early Inpatient Admission - AC](#)

- 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:
 - Unstable angina
 - Congestive heart failure
 - Severe hypertension
 - Significant ventricular arrhythmias
 - 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.

Document History

[Return to top of SHP Early Inpatient Admission - AC](#)

- Revised Dates:
 - 2019: December
- Reviewed Dates:
 - 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

Coding Information

[Return to top of SHP Early Inpatient Admission - AC](#)

• CPT/HCPCS codes covered if policy criteria is met:

- CPT 99221 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
- CPT 99222 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- CPT 99223 - Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

• CPT/HCPCS codes considered not medically necessary per this Policy:

- NONE

References

[Return to top of SHP Early Inpatient Admission - AC](#)

References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2021, Dec 28). Retrieved Mar 22, 2022, from DMAS Provider Manuals: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual/!ut/p/z1/04_Sj9CpYkssy0xPLMnMz0vMAfjjo8zivQJmHA2dDAx9DVzdDA0cjr1NXYAclwMfE_1wsAIDHMDRQD-KGP14FETHnz5cP4qQkoLc0AIDdEVFALarFmY!dz/d5/L2dBISeVz0FBIS9nQSEh/p0/Iz7_JP4A1B01M0EF10A3A5D01M

(2022). Retrieved Mar 22, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Mar 22, 2022, from Avalon: <https://www.avalonhcs.com/policies-optimahealth/>

(2022). Retrieved Mar 22, 2022, from NCCN Guidelines: https://www.nccn.org/guidelines/category_1

(2022). Retrieved Mar 22, 2022, from EncoderPro: <https://www.encoderpro.com>

(2022). Retrieved Mar 22, 2022, from Hayes: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522early%2520admission%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2527B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%25>

(2022). Retrieved Mar 22, 2022, from CMS.gov: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=preoperative+admission&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2022). Retrieved Mar 22, 2022, from DynaMed: <https://www.dynamed.com/results?q=early+inpatient+admission&lang=en>

(2022). Retrieved Mar 22, 2022, from UpToDate: https://www.uptodate.com/contents/search?search=early%20admission&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=&max=0&index=&autoCompleteTerm=&rawSent

Level of Care for Musculoskeletal Surgery. (2022, Jan 1). Retrieved Mar 22, 2022, from AIM Specialty Health: <https://guidelines.aimspecialtyhealth.com/level-of-care-for-musculoskeletal-surgery-01-01-22/?highlight=Preoperative+Admission>

Preoperative preparation of the patient. (2017). Retrieved Mar 22, 2022, from BasicMedical Key: <https://basicmedicalkey.com/preoperative-preparation-of-the-patient/>

Codes

[Return to top of SHP Early Inpatient Admission - AC](#)

CPT® : 99221, 99222, 99223

CPT copyright 2021 American Medical Association. All rights reserved.

MCG Health
Ambulatory Care 25th Edition