



Cohere Medical Policy – Site of Service Criteria for Inpatient vs. Outpatient Services

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: All specialties

Guideline Name: Site of Service Criteria

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Type: ☒ Adult (18+ yo) | ☒ Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Site of Service Criteria

Recommended Clinical Approach

This policy is intended for use to determine the appropriate site of service (inpatient vs outpatient) for elective scheduled surgical procedures. This includes consideration of patient-specific factors such as age and comorbidities, as well as social factors.

Medical Necessity Criteria

Indications

→ **Inpatient Care** is considered appropriate if **ANY** of the following is **TRUE**¹⁻⁹:

- ◆ Patient age less than 12 years undergoing a complex surgery if **ANY** of the following is **TRUE**:
 - Expected blood loss that could require a transfusion; **OR**
 - Duration of anesthesia longer than 2 hours (e.g., congenital heart surgery, scoliosis surgery); **OR**
- ◆ American Society of Anesthesiologists (ASA) Physical Status Classification System ASA III or higher in adult patients; **OR**
- ◆ Clinical comorbidities, including **ANY** of the following:
 - Cardiovascular disease, including **ANY** of the following:
 - History of myocardial infarction (MI) within 90 days prior to planned surgical procedure; **OR**
 - Coronary artery disease (CAD) with ongoing cardiac ischemia requiring medical management and poor functional capacity (less than 4 METS or Canadian

Cardiovascular Society (CCS) [Class III or IV angina](#);

OR

- Symptomatic cardiac arrhythmia despite treatment with medications; **OR**
- Uncompensated chronic heart failure NYHA Class III or higher; **OR**
- Poorly controlled or uncontrolled hypertension despite the use of three or more prescription medications; **OR**
- Severe valvular heart disease; **OR**
- Hepatic or renal compromise, including **ANY** of the following:
 - Advanced liver disease with model for end-stage liver disease (MELD) score greater than 8; **OR**
 - End-stage renal disease with hyperkalemia, defined as a serum potassium level greater than 5; **OR**
 - The patient is on scheduled peritoneal dialysis or hemodialysis; **OR**
- Poorly controlled diabetes mellitus with hemoglobin A1C greater than 8 within the last 3 months prior to the planned surgical procedure; **OR**
- Respiratory conditions, including **ANY** of the following:
 - Obstructive sleep apnea; **OR**
 - Poorly controlled asthma (FEV1 less than 80%) despite appropriate medical management; **OR**
 - Severe chronic obstructive pulmonary disease (COPD) (FEV1 less than 50%); **OR**
 - Oxygen dependence (the patient is on supplemental home oxygen); **OR**
- Hematologic conditions, including **ANY** of the following:

- Bleeding disorder requiring factor replacement or blood products; **OR**
 - Thrombocytopenia with recent platelet count less than 100,000/microL; **OR**
 - Sickle cell disease; **OR**
- Neurological or neuromuscular conditions, including **ANY** of the following:
 - History of cerebrovascular accident (CVA) within 6 months of planned surgical procedure; **OR**
 - Recent transient ischemic attack (TIA) within 90 days of planned surgical procedure; **OR**
 - Multiple sclerosis (MS); **OR**
 - Amyotrophic lateral sclerosis (ALS); **OR**
 - Muscular dystrophy; **OR**
- Active substance abuse, including **ANY** of the following:
 - Alcohol, opioid, or other substance abuse; **OR**
 - Chronic, prescription high-dose opioid use; **OR**
- Obesity, including **ANY** of the following:
 - BMI greater than 35 with comorbidities; **OR**
 - BMI greater than 40; **OR**
- ◆ Surgical procedure that involves **ANY** of the following:
 - Procedure expected to last greater than 3 hours; **OR**
 - Surgical blood loss that is expected to require a transfusion.

Medical Evidence

Determining the appropriate site of service for patient care depends on many factors. A widely used preoperative evaluation tool is the American Society of Anesthesiologists (ASA) Physical Status Classification System.¹ This has been used successfully for over 60 years in adult patients. The physical status may be determined at various times during the patient's care journey, with the final assessment occurring on the day of surgery. Ferrari et al (2021) have identified this system is not as reliable for use in pediatric patients with the common themes around the presence of an acute illness and how well a chronic condition was controlled; therefore, the ASA criteria should be reserved for adults.³

Hedge et al. (2017) review ischemic heart disease and associated risk factors in elective surgery patients. These patients are prone to myocardial infarction and arrhythmias during surgery; therefore, a thorough preoperative evaluation is needed. Any modifiable risk factors should be corrected before surgery.⁵

Sethuraman et al. (2022) provide a narrative review of studies of Hemoglobin A1c (HgbA1c) levels within 8-12 weeks of surgery. While there is no consensus, they suggest HgbA1c levels should be checked prior to elective surgery and recommend a cut-off level of HgbA1c less than 8 with consideration of a lower cut-off of less than 7 for spine and joint replacement surgeries and cardiac surgeries.⁶

Madsen et al. (2023) discuss the additional risks associated with surgery in obese patients. These include longer operative times with higher adjusted odds of developing infection, venous thromboembolism, and renal complications.⁸

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Clinical Guideline Revision History/Information

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