SUBJECT: INPATIENT APPROVAL FOR ELECTIVE SURGERY

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
- Individual and Family
  - Commercial
  - Care4Kids Program
  - Marketplace

PURPOSE OR DESCRIPTION:
The purpose of this policy is to outline when an inpatient admission for an elective surgery can be approved.

POLICY:

Indications: The policy applies to surgical procedures where the MCG guideline for the surgery indicates the goal length of stay includes at least 2 days postoperative acute care. These guidelines typically also include a hospitalization optimal recovery course.

1. Elective surgeries that require authorization for the procedure:
a. If the clinical information in the submitted documentation indicates the surgery meets the criteria of the appropriate MCG guideline’s “Clinical Indications for Procedure”, the associated inpatient admission can be approved.

b. It is not necessary to meet the criteria for inpatient admission of any other MCG guideline

2. Elective surgeries that do not require authorization:
   a. The inpatient admission can be approved.
   b. The only clinical documentation required is validation that the surgery is being performed at an in-network facility by in-network providers.
   c. It is not necessary to meet the criteria for inpatient admission of any other MCG guideline.

REFERENCES
1. MCG Health: Inpatient & Surgical Care