

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: INPATIENT APPROVAL FOR ELECTIVE SURGERY

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to outline when an inpatient admission for an elective surgery is considered medically necessary.

POLICY:

Indications: This policy applies to surgical procedures that have an applicable MCG guideline showing a goal length of stay of at least 2 days postoperative acute care. These guidelines typically also include a hospitalization for an optimal course of recovery.

1. Elective surgeries that require authorization:

Effective: 11/18

Revised:

Last reviewed: 10/23

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Inpatient Approval for Elective Surgery

Developed by: CCHP Medical Director

- a. If the submitted clinical documentation shows that the surgery meets the criteria of the appropriate MCG guideline's "Clinical Indications for Procedure," the associated inpatient admission is considered medically necessary, and therefore 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

Effective: 11/18

Revised:

Last reviewed: 10/23

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Inpatient Approval for Elective Surgery
Developed by: CCHP Medical Director