PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPUP3035 (previously UP100335)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Preoperative Day Review</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/28/1999</td><td colspan="4">Next Review Date: 09/09/2027
Last Review Date: 09/09/2026</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td>☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td>☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td colspan="2">☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/09/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MPUP3139 – Criteria and Guidelines for Utilization Management

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

Preoperative Day – The planned admission of a Member to an acute care hospital prior to a scheduled (elective) procedure.

1. As part of the precertification review process, patients are identified for Preoperative Day Review when the reasons for and the timing of admissions are submitted by the provider of service.
2. Preoperative Day Review is initiated for a patient to be admitted before surgery. If the admitting physician requests that the patient be admitted before surgery, all patient information is reviewed to determine if it meets medical necessity criteria for an elective admission. If necessary, the clinical information is referred to the Chief Medical Officer (CMO) or Physician Designee.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To identify elective surgical cases that may be admitted to the hospital the day prior to surgery rather than the day of surgery.

VI. POLICY / PROCEDURE:

A. Objective
   1. To determine the appropriateness of a patient's admission to the hospital prior to the day of surgery. Whenever possible, early morning admission on the day of a proposed surgical procedure should be utilized. If the patient's problem precludes such utilization, special certification consideration by the CMO/Physician Designee may be given through the prior authorization process.
B. Procedure
   1. Admissions for elective surgical procedures are identified during the precertification review process.
   2. If the admitting physician requests the patient be admitted prior to the day of surgery, a Nurse

Coordinator reviews all pertinent clinical information to see if it meets medical necessity criteria for a preoperative day admission. The authorization request must clearly explain the medical necessity of the requested preoperative day.

a. If the request meets applicable medical necessity criteria elements, the Nurse Coordinator may approve admission on the day prior to the planned procedure.
b. If none of the criteria elements are met, or the medical need for the request is not clear, the case is referred to the CMO/Physician Designee for medical necessity review using criteria as described in policy MPUP3139 Criteria and Guidelines for Utilization Management.

3. The CMO or Physician Designee are the only individuals who can deny a request based on lack of medical justification.

VII. REFERENCES:

A. InterQual® criteria

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal
05/17/00; 09/19/01; 10/16/02, 10/20/04; 10/19/05; 10/18/06; 08/20/08; 11/18/09; 10/01/10; 05/16/12; 08/20/14; 01/20/16; 09/21/16; 09/20/17; *10/10/18; 11/13/19; 11/11/20; 10/13/21; 10/12/22; 10/11/23; 10/09/24; 11/12/25; 09/09/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids - MPUP3035 (Healthy Kids program ended 12/01/2016)
10/18/06; 08/20/08; 11/18/09; 10/01/10; 05/16/12; 08/20/14; 01/20/16; 09/21/16 to 12/01/2016
PartnershipAdvantage:
MPUP3035 - 10/18/2006 to 01/01/2015
Healthy Families:
MPUP3035 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

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The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.