

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MPUP3035 (previously UP100335)		<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Preoperative Day Review		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 05/28/1999		<b>Next Review Date:</b> 10/09/2025 <b>Last Review Date:</b> 10/09/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b> <input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 10/09/2024

**I. RELATED POLICIES:**

MCUP3041 – Treatment Authorization Request (TAR) Review Process

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**III. DEFINITIONS:**

Preoperative Day – The planned admission of a member to the acute hospital one or more days 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 patients who must be admitted on the day prior to the planned procedure. If the admitting physician requests that the patient be admitted the day before surgery, all patient information is compared to InterQual® criteria for an elective admission and to the anesthesia staging criteria. If necessary, the clinical information is referred to the Utilization Management (UM) leadership team or to the Chief Medical Officer or Physician Designee.

**IV. ATTACHMENTS:**

APPENDIX

- A. Preoperative Day Review/ American Society of Anesthesiologists (ASA) Patient Classification System

**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 Chief Medical Officer, Physician Designee or UM leadership team may be given through the prior authorization process.

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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 the day prior to surgery, all pertinent clinical information is compared to InterQual® criteria and to the anesthesia staging criteria. The authorization request must clearly explain the medical necessity of the requested preoperative day.
3. If any one of the criteria elements for anesthesia staging criteria class IV-V is met (see Appendix A), the Nurse Coordinator approves the admission for the day prior to the planned procedure.
4. If none of the criteria elements are met, or the medical need for the request is not clear, the case is referred to the UM leadership team or to the Chief Medical Officer or Physician Designee.
5. Chief Medical Officer or Physician Designee is the only individual who can deny a request based on lack of medical justification.

**VII. REFERENCES:**

- A. [American Society of Anesthesiologists \(ASA\) Standards and Guidelines](#)
- B. InterQual® criteria

**VIII. DISTRIBUTION:**

- A. PHC Department Directors
- B. PHC 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

\*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

Partnership Advantage:

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 PHC 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 PHC.

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

## APPENDIX Preoperative Day Review

### AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA) PATIENT CLASSIFICATION SYSTEM

- CLASS I -** The patient has no organic, physiologic, biochemical, or psychiatric disturbance. The pathologic process for which the surgery is to be performed is localized and does not entail a systemic disturbance.  
Examples - A fit patient with an inguinal hernia; fibroid uterus in an otherwise healthy person.
- CLASS II -** Mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiologic processes.  
Examples - Non- or only slightly limiting organic heart disease, mild diabetes, essential hypertension, or anemia. Some might choose to list the extremes of age here, either the neonate or the octogenarian, even though no discernible systemic disease is present. Extreme obesity and chronic bronchitis may be included in this category. Normal pregnancy may also be included. (Although pregnancy is not a disease, the parturient's physiologic state is significantly altered from when the woman is not pregnant, hence the assignment of ASA 2 for a woman with uncomplicated pregnancy).
- CLASS III -** Severe systemic disturbance or disease from whatever cause even though it may not be possible to define the degree of disability with finality.  
Examples - Severely limiting organic heart disease, severe diabetes with vascular complications, moderate to severe degrees of pulmonary insufficiency, angina pectoris, or healed myocardial infarction.
- CLASS IV -** Indicative of the patient with severe systemic disorders that are already life threatening, not always correctable by surgery.  
Examples - Patients with organic heart disease showing marked signs of cardiac insufficiency, persistent anginal syndrome, or active myocarditis; advanced degrees of pulmonary, hepatic, renal, or endocrine insufficiency.
- CLASS V -** The moribund patient who has little chance of survival but is submitted to surgery in desperation.  
Examples - The burst abdominal aneurysm with profound shock, major cerebral trauma with rapidly increasing intracranial pressure, massive pulmonary embolus. Most of these patients require surgery as a resuscitative measure with little if any anesthesia.
- CLASS VI -** A declared brain-dead patient whose organs are being removed for donor purposes.

**Emergency Operation (E) -** Any patient in one of the classes listed previously who is operated upon as an emergency is considered to be in poorer physical condition. The letter "E" is placed beside the numerical classification. Thus, the patient with a hitherto uncomplicated hernia now incarcerated and associated with nausea and vomiting is classified "I. E".