Inpatient Admission Prior to Surgery (Preop Days)

- Clinical Policy Bulletins
- Medical Clinical Policy Bulletins

Number: 0255

Table Of Contents

Policy

Scope of Policy

This Clinical Policy Bulletin addresses inpatient admission prior to surgery (preop days).

1. **Medical Necessity**

    1. Aetna considers inpatient hospital admission on days prior to surgery medically necessary when any of the following criteria is met:

        - A cardiac catheterization or a major surgical procedure scheduled within 24 hours for a child less than 1 year of age which requires intravenous fluids to achieve and maintain adequate hydration prior to the procedure; *or*
        - A planned major surgical procedure which requires an extensive bowel preparation (GoLytely, laxatives, multiple enemas) in a member with a co-morbidity (e.g., chronic renal failure, elderly individual with muscle wasting and poor nutritional status resulting in a significant weight loss of greater than 10 %) whose condition places the individual at high-risk for electrolyte and fluid imbalances; *or*
        - A planned surgical procedure on partially obstructed bowel which requires a slow but extensive bowel preparation pre-operatively; *or*
        - An invasive diagnostic procedure (e.g., aortogram, arteriogram or cardiac catheterization, myelogram) with major surgery scheduled for the following day; *or*
        - Close monitoring of blood sugars is required to provide adequate adjustment of regular insulin coverage in preparation for an operative procedure in a brittle insulin-dependent diabetic member (i.e., diabetic individuals who experience large, unpredictable changes in blood glucose, within short periods of time, as a result of very small deviations from schedule); *or*
        - Placement of fiducials (small screws) prior to stereotactic brain surgery; *or*
        - The member has a concurrent medical problem that requires specific inpatient treatment prior to major surgery (defined as craniotomy, laparotomy, median sternotomy, or thoracotomy) to reduce the operative risk or assure a more favorable outcome; *or*
        - The member is scheduled for an open heart procedure requiring cardiopulmonary bypass (cardiac valve replacement or repair, coronary artery bypass grafting) and has unstable angina, congestive heart failure, severe hypertension, or significant ventricular arrhythmias; *or*
        - The member requires conversion from coumadin to intravenous heparin (not subcutaneous heparin) for a surgical procedure planned for the next day (individuals with mitral valve disease, especially with atrial fibrillation, may require 2 pre-operative days); *or*
        - The member requires intravenous steroid preparation for protection against a previously documented allergic reaction to dye prior to intravascular administration of dye necessary to perform a diagnostic study or operative procedure; *or*
        - The member requires intravenous steroid preparation, intravenous anti-convulsant protection, or osmotic diuresis prior to a craniotomy scheduled for the following day (e.g., intracranial arterio-venous malformations).

    2. **Hospitalization Prior to Transplant**

        Members awaiting transplants are commonly hospitalized prior to surgery. Hospitalization of such individuals, however, is only considered medically necessary when the member has needs that justify inpatient confinement.

Assessment of the medical necessity of hospitalization prior to transplant surgery is performed using the same criteria that are considered in assessing the medical necessity of hospitalization for other conditions.

2. **Related Policies**

- CPB 0200 - Coumadin (Warfarin) to Heparin Conversion Before and After Elective Surgery)

CPT Codes / HCPCS Codes / ICD-10 Codes

Other CPT codes related to the CPB:

Code	Code Description
32096 - 32160	Thoracotomy, limited or major
33016 - 33980	Surgery, heart and pericardium
47015	Laparotomy, with aspiration and /or injection of hepatic parasitic (e.g., amoebic or echinococcal) cyst(s) or abscess(es)
49000 - 49002	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure) or reopening of recent laparotomy
61304 - 61576	Craniectomy or craniotomy
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
62121	Craniotomy for repair of encephalocele, skull base
70010	Myelography, posterior fossa, radiological supervision and interpretation
72240	Myelography, cervical , radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, two or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
75600 - 75630	Aortography
93451 - 93454	Cardiac catheterization

Other HCPCS codes related to the CPB:

A4648	Tissue marker, implantable, any type, each
C1739	Tissue marker, imaging and non-imaging device (implantable)
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image-guided robotic linear accelerator-based sterotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment

---

References

The above policy is based on the following references:

1. American Society of Anesthesiologists (ASA). Basic Standards for Preanesthesia Care. Park Ridge, IL: ASA; October 14, 1987.
2. Arom KV, Emery RW, Petersen RJ, et al. Patient characteristics, safety, and benefits of same-day admission for coronary artery bypass grafting. Ann Thorac Surg. 1996;61(4):1136-1139.

3. Bach DS. Management of specific medical conditions in the perioperative period. Prog Cardiovasc Dis. 1998;40(5):469-476.
4. Becker RC, Ansell J. Antithrombotic therapy: An abbreviated reference for clinicians. Arch Intern Med. 1995;155:149-161.
5. Cygan R, Waitzkin H. Stopping and restarting medications in the perioperative period. J Gen Intern Med. 1987;2:270-283.
6. Kellerman PS. Perioperative care of the renal patient. Arch Intern Med. 1994;154:1674-1688.
7. Kroenke K. Preoperative evaluation: The assessment and management of surgical risk. J Gen Intern Med. 1987;2:257-269.
8. McCallion J, Krenis LJ. Preoperative cardiac evaluation. Am Fam Physician. 1992;45(4):1723-1732.
9. Merli GJ, Weitz HH. Approaching the surgical patient. Role of the medical consultant. Clin Chest Med. 1993;14(2):205-210.
10. Schiff RL, Emanuelle MA. The surgical patient with diabetes mellitus: Guidelines for management. J Gen Intern Med. 1995;10:154-161.

Policy History

- Last Review 04/24/2025

  Effective: 05/26/1998

  Next Review: 03/13/2025

- Review History
- Definitions

Additional Information

- Clinical Policy Bulletin Notes