

# Children's Hospital and Health System Children's Community Health Plan 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"/> Children's Community Health Plan |
| <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

##### Commercial

Together with CCHP

##### Marketplace

Together with CCHP

#### 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:

Effective: 11/18

Revised:

Reviewed: 10/21

Q:/ CCHP Leadership/ Medical Utilization Management Policy/Approved UM Med Policies/Inpatient Approval for Elective Surgery  
Developed by: CCHP Medical Director and Executive Director Health Plan Clinical Services

- 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

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