Pre and Post Operative laboratory exams

Adjudication Guideline

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1. Abstract

1.1 For Members

Preoperative testing is a set of medical tests that a patient is required to carry out before he/she undergoes a planned procedure; the choice of tests is made by the physician based on the patient's health condition.

As part of pre-operative evaluation, the history should include information about the condition for which the surgery is planned, any past surgical procedures and the patient's experience with anaesthesia. In children, the history should also include birth history, focusing on risk factors such as prematurity at birth, perinatal complications and congenital chromosomal or anatomic malformations, and history of recent infections, particularly upper respiratory infections or pneumonia.

1.2 For Medical Professionals

The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities based on the ASA classification (Table 1), physical examination findings and surgery grade (minor, intermediate, and major/complex) as classified by the American Association of the Family Physician (Table 2), as listed below. Pre-operative testing should be performed as per high grade evidence in line with international best practice.

2. Scope

This Adjudication rule specifies the coverage details for medically justified pre-operative tests, as per the policy terms and conditions of each health insurance plan administered by Daman.

Preoperative testing (e.g., chest radiography, ECG, laboratory testing, and bleeding time) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anaesthetic choices, and guide postoperative management; the assessment should be customized for each patient based on the health status (healthy patient or having comorbidities as per the ASA classification (Table 1) and the surgery grade (Table 2).

The ASA Classification (Table 1):

ASA classification	Definition	Examples, including but not limited to
ASA I	A normal healthy patient	Healthy (age is taken into consideration)
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease like asthma.
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis. Ruptured abdominal/thoracic aneurysm, massive trauma, and intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction.

- A sample type of surgeries is classified as presented in the tables below, (Table 2):

Major Risk Procedures ○ Aortic and major vascular surgery ○ Prolonged surgical procedures with large fluids shift or blood loss ○ Unstable hemodynamic situations
Intermediate Risk Procedures (cardiac complication rate 1-5%) ○ Abdominal or thoracic surgeries ○ Neurosurgeries ○ ENT procedures ○ Minor vascular surgery, including carotid endarterectomy ○ Orthopaedic surgeries ○ Prostatectomy
Low Risk Procedures (cardiac complication rate <1%) ○ Breast surgery (e.g. superficial excisional biopsy ○ Eye surgeries (e.g. Cataract) ○ Endoscopic procedures ○ Ambulatory surgeries

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

- In line with internationally published guidelines for Preoperative testing, the factors which guide decision making include the patient's cardiovascular risk and functional capacity along with surgery specific risk.

- Tests are valid for **6 months** provided there has been no interim change in the patient's condition.

- Routine laboratory tests in patients without medical justification and sufficient necessity are not recommended and clinicians should consider the risk-benefit ratio of any ordered lab tests.

- Lab tests should be ordered based on information obtained from the history and physical exam, the age of the patient and the complexity of the surgical procedure.

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

Daman does not cover preoperative testing in low-risk surgeries such as those listed above in Table 2. and if not ASA III or above.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
CODE-014	Diagnosis is inconsistent with the patient's gender
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
NCOV-001	Diagnosis/es is(are) not covered
NCOV-003	Service(s) is (are) not covered
AUTH-005	Claim information is inconsistent with pre-certified/authorized services

5. Appendices

5.1 References

- https://www.uptodate.com/contents/preoperative-medical-evaluation-of-the-adult-healthy-patient
- https://www.uptodate.com/contents/gynecologic-surgery-overview-of-preoperative-evaluation-and-preparation
- https://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system
- https://www.medscape.com/viewarticle/556255_6
- https://www.sciencedirect.com/science/article/pii/S1555415512001092
- http://www.anaesthesia.med.usyd.edu.au/resources/lectures/Preop_JL.html
- https://www.sciencedirect.com/science/article/pii/S0001209214010916
- https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/cpt-moleculardpathology-tier-2-codes-january-2017.pdf
- https://www.modahealth.com/pdfs/reimburse/RPM017.pdf
- https://www.nice.org.uk/guidance/NG45

5.2 Revision History

Date	Change(s)
23/12/2018	Creation of Adjudication Guideline-External Instruction Template. Version 1.0
28/12/2024	General content and template update Version 2.0
30/04/2025	General template update Version 2.1