Mass General Brigham
Health Plan

Medical Necessity Guidelines
Inpatient Surgical Care

Policy Number: 116

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Overview

This policy documents the medical necessity criteria Mass General Brigham Health Plan uses to review requests for prospective elective inpatient surgical care where applicable InterQual® subsets do not exist.

Medicare Advantage

Prior Authorization Required	Yes ☒ No ☐

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Mass General Brigham Health Plan uses the CMS Two Midnight Rule to determine medical necessity of inpatient hospital care for Medicare Advantage members, as described in the CMS Fact Sheet: Two-Midnight Rule. Pre-service authorization of inpatient hospital care may be granted when the elective surgical procedure is authorized (or does not require prior authorization), and one of the following is met:

1. The surgical procedure requested is on the CMS Inpatient Only List; OR
2. Mass General Brigham Health Plan commercial criteria for pre-service authorization of inpatient hospital care are met; OR
3. Clinical documentation indicates that the member will require medically necessary hospital care spanning at least two midnights (requires secondary review).

Mass General Brigham ACO

Prior Authorization Required	Yes ☒ No ☐

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **Because MassHealth does not provide medical necessity guidelines for inpatient surgical care, Mass General Brigham Health Plan criteria for Commercial and Qualified Health Plans are applied.**

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes ☒ No ☐

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, or the member does not meet all of the medical necessity criteria for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. **See Medicare Advantage criteria above.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes ☒ No ☐

Following urgent or emergent admission to an acute care hospital, Mass General Brigham Health Plan uses InterQual criteria for **concurrent** or **post-service** authorization of inpatient care. Please see the InterQual subsets "General Surgical," "General Trauma," or other subsets specific to the services requested.

For **pre-service** authorization of inpatient hospital care associated with an elective surgical procedure at an acute care hospital, Mass General Brigham Health Plan uses the following criteria. Inpatient hospital care is authorized when the elective surgical procedure is authorized (or does not require prior authorization), and one of the following is met:

1. The surgical procedure requested is listed on the InterQual® Procedures Setting by CPT® Code Report (located in the Clinical Reference section of the InterQual site) as an inpatient setting procedure; OR
2. Postoperative anticoagulation with unfractionated heparin bridge is required, and ALL of the following are met:
    a. The member takes warfarin; AND
    b. Low molecular weight heparin is contraindicated in the postoperative setting; AND
    c. The member has one of the following conditions associated with high risk of thromboembolism:
        i. Mechanical heart valve with at least one of the following:
            1. Major risk factor for stroke (e.g., atrial fibrillation (AF), prior stroke or transient ischemic attack (TIA), prior valve thrombosis, rheumatic heart disease, hypertension, diabetes, congestive heart failure, age 75 years or older); or
            2. Caged ball or tilting-disc valve in the mitral or aortic position; or
            3. Recent stroke or TIA (within that last 3 months); or
        ii. Atrial fibrillation with at least one of the following:
            1. CHA_2DS_2VASc (congestive heart failure, hypertension, age, diabetes mellitus, prior stroke or TIA, vascular disease history, female sex) score of 7 or greater; or

2. $CHADS_2$ (congestive heart failure, hypertension, age diabetes mellitus, prior stroke or TIA) score of 5 or greater; or
3. Recent stroke or TIA (within the last 3 months); or
4. Rheumatic valvular heart disease; or

iii. Venous thromboembolism (VTE) within the last 3 months; or

iv. Severe thrombophilia (e.g., deficiency of protein C, protein S, or antithrombin; homozygous factor V Leiden or prothrombin gene G20210A mutation; double heterozygous for these mutations; or multiple thrombophilias); or

v. Presence of antiphospholipid antibodies; or

vi. Active cancer associated with high VTE risk (e.g., pancreatic cancer, myeloproliferative disorders, primary brain cancer, gastric cancer, esophageal cancer); OR

3. Clinical documentation indicates that the patient is expected to require at least two postoperative nights in the hospital for medically necessary care; AND
4. The member has an American Association of Anesthesiology (ASA) Physical Status Classification System class III or IV condition, as described in Definitions below.

Definitions

	Definition	Adult examples include:	Pediatric examples include:	Obstetric examples include:
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. COPD, morbid obesity (BMI ≥40), active hepatitis, compensated cirrhosis, alcohol dependence or abuse, functional implanted pacemaker, moderate reduction of ejection fraction or CHF NYHA class 2 or 3, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, PE, or CAD/stents, significant cognitive dysfunction, isolated severe OSA regardless of CPAP compliance or any severity of obstructive	Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic	Preeclampsia with or without severe features, gestational diabetes poorly controlled or with complications or high insulin requirements, a thrombophilic disease requiring anticoagulation.

		sleep apnea with CPAP noncompliance. Poorly controlled DM or HTN with or without end organ dysfunction.	disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.	
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction or CHF NYHA class 4, shock, sepsis, DIC, ARDS, ESRD not undergoing regularly scheduled dialysis, uncompensated cirrhosis, severe cognitive dysfunction	Symptomatic congenital cardiac abnormality, congestive heart failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state.	Preeclampsia with severe features complicated by HELLP or other adverse event, peripartum cardiomyopathy, uncorrected/ decompensated heart disease.

Effective Dates

August 1, 2026: Effective date.

References

American Society of Anesthesiologists Statement on ASA Physical Status Classification System. Anesthesiology Open 1(1):p e0002, April 2026. | DOI: 10.1097/ao9.0000000000000002

Center for Medicare Services. Fact Sheet: Two-Midnight Rule. Accessed 6/16/2026 at https://www.cms.gov/files/document/two-midnight-rule-fact-sheet.pdf

InterQual criteria ”General Surgical” (March 2026).