If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Pre-Operative Testing

Policy Number: CPCPLAB012

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

The following pre-operative tests **may be reimbursable** for the indications as noted:

Test	Indication
PT/INR and PTT	• Clinical evidence or history of bleeding disorder (easy bruising, nose bleeds, bleeding gums from dental procedures), or

	• Family history of bleeding disorder, or • History or presence of liver disease, or • Anticoagulant use or drugs affecting coagulation, or • Craniotomy or spine surgery.
Platelet Count	• Known platelet abnormality or abnormal bleeding history, or • History of hematological malignancy, or • Thrombosis, purpura, petechiae or clinical bleeding, or • History of radiation or chemotherapy, or • Systemic diseases that may affect platelet count (i.e., Lupus, liver disease, etc.), or • HIV or AIDS.
Hemoglobin and Hematocrit	• Any procedure in which significant blood loss (greater than 500ml) is anticipated, or • If the patient has donated blood within the last 2 months, or • Patient history suggestive of anemia, leukemia, or cancer, or • Abnormal bleeding history, or • History of renal or liver disease, or • Anticoagulant use, or • Bariatric surgery.
Serum Chemistry – Basic Metabolic Panel (BMP)	• History of diabetes, or • History of hypertension or CAD, or • History of renal disease or renal toxic medications, or • Medications that may cause electrolyte or other BMP abnormalities (i.e., diuretics, NSAID, steroids, Digoxin, etc.), or • History of liver disease, or • Central nervous system disease, or • Morbid obesity, or • Any systemic disease that may significantly affect electrolytes or other BMP components (i.e., adrenal disease, AIDS, etc.).
Liver Function Tests	• Any patient with known or suspected liver disease, or • Patients with bleeding abnormalities.
TSH	• History of hyperthyroidism or hypothyroidism, or • Patients taking medications that can alter thyroid function (i.e., Amiodarone, Lithium), or • History of palpitations, sweating, or weight loss of unknown etiology, or • History of lethargy, cold intolerance, weight gain, constipation, or hair loss of unknown etiology.
Urinalysis	• Patients with or getting prosthetic implants, or • Patients undergoing prostatectomy, or • Patients who are symptomatic for a urinary tract infection, or • Patients with a specific indication for urinalysis (i.e., a kidney stone or planned genitourinary procedure), or

	• A reflex urinalysis (culture will only be done if UA is abnormal) should be requested rather than a UA and C/S unless a symptomatic UTI is suspected.
Urine Culture	• Patients with renal stones in the genitourinary tract, or • Patients who will have urethral manipulation as part of the surgical procedure, or • Patients with suspected urinary tract infections.
Pregnancy Test	• Any female of childbearing potential, regardless of birth control method, or • Any patient undergoing a hysterectomy or gynecological procedure with childbearing potential or unclear childbearing status, or • Pregnancy tests DO NOT need to be performed on women who cannot conceive.
Type and Screen or Crossmatch	• A blood screen (T&S) should be done for any patient that has a reasonable probability for requiring blood intra-operatively, or • A blood type and crossmatch (T&C) should be done for any patient that is expected to require an intra-operative transfusion.

Procedure Codes

Codes
80047, 80048, 80050, 80053, 81000, 81001, 81002, 81003, 81005, 81025, 84702, 84703, 85014, 85018, 85025, 85027, 85610, 85730, 86904, 86920, 87086, 87088

References:

Alzahrani, A., Othman, N., Bin-Ali, T., Elfaraidi, H., Al Mussaed, E., Alabbas, F., . . . Elyamany, G. (2019). Routine Preoperative Coagulation Tests in Children Undergoing Elective Surgery or Invasive Procedures: Are They Still Necessary? Clin Med Insights Blood Disord, 12, 1179545x18821158. doi:10.1177/1179545x18821158

Apfelbaum, J. L., Connis, R. T., Nickinovich, D. G., Pasternak, L. R., Arens, J. F., Caplan, R. A., . . . Twersky, R. S. (2012). Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology, 116(3), 522-538. doi:10.1097/ALN.0b013e31823c1067

ASA. (2012). Practice Advisory for Preanesthesia Evaluation. Retrieved from https://anesthesiology.pubs.asahq.org/article.aspx?articleid=2443414.

ASA. (2016). Pregnancy Testing Prior to Anesthesia and Surgery. Retrieved from https://www.asahq.org/standards-and-guidelines/pregnancy-testing-prior-to-anesthesia-and-surgery

ASCP. (2013). ASCP Pre-Op Testing for Low-Risk Surgery | Choosing Wisely. Retrieved from http://www.choosingwisely.org/clinician-lists/american-society-clinical-pathology-routine-preop-testing-for-low-risk-surgeries-without-indication/.

ASH/ASPHO. (2019). Don’t perform routine pre-operative hemostatic testing (PT, aPTT) in an otherwise healthy child with no prior personal or family history of bleeding. Retrieved from https://www.choosingwisely.org/clinician-lists/ash-aspho-avoid-routine-pre-operative-hemostatic-testing/

Benarroch-Gampel, J., Sheffield, K. M., Duncan, C. B., Brown, K. M., Han, Y., Townsend, C. M., Jr., & Riall, T. S. (2012). Preoperative laboratory testing in patients undergoing elective, low-risk ambulatory surgery. Ann Surg, 256(3), 518-528. doi:10.1097/SLA.0b013e318265bcdb

CAS. (2020). Five Things Physicians and Patients Should Question. Retrieved from https://choosingwiselycanada.org/anesthesiology/

Chung, F., Yuan, H., Yin, L., Vairavanathan, S., & Wong, D. T. (2009). Elimination of preoperative testing in ambulatory surgery. Anesth Analg, 108(2), 467-475. doi:10.1213/ane.0b013e318176bc19

CSTM. (2020). Transfusion Medicine. Retrieved from https://choosingwiselycanada.org/transfusion-medicine/

De Hert, S., Staender, S., Fritsch, G., Hinkelbein, J., Afshari, A., Bettelli, G., . . . Wappler, F. (2018). Pre-operative evaluation of adults undergoing elective noncardiac surgery: Updated guideline from the European Society of Anaesthesiology. European Journal of Anaesthesiology | EJA, 35(6). Retrieved from https://journals.lww.com/ejanaesthesiology/Fulltext/2018/06000/Pre_operative_evaluation_of_adults_undergoing.2.aspx

Ding, Q., Trickey, A. W., Mudumbai, S., Kamal, R. N., Sears, E. D., & Harris, A. H. S. (2020). Prevalence and Factors Associated With Low-Value Preoperative Testing for Patients Undergoing Carpal Tunnel Release at an Academic Medical Center. Hand (N Y), 1558944720906498. doi:10.1177/1558944720906498

Dobson, G., Chow, L., Filteau, L., Flexman, A., Hurdle, H., Kurrek, M., . . . Wong, M. (2020). Guidelines to the Practice of Anesthesia - Revised Edition 2020. Can J Anaesth, 67(1), 64-99. doi:10.1007/s12630-019-01507-4

Feely, M. A., Collins, C. S., Daniels, P. R., Kebede, E. B., Jatoi, A., & Mauck, K. F. (2013). Preoperative testing before noncardiac surgery: guidelines and recommendations. Am Fam Physician, 87(6), 414-418.

Fritsch, G., Flamm, M., Hepner, D. L., Panisch, S., Seer, J., & Soennichsen, A. (2012). Abnormal pre-operative tests, pathologic findings of medical history, and their predictive value for perioperative complications. Acta Anaesthesiol Scand, 56(3), 339-350. doi:10.1111/j.1399-6576.2011.02593.x

Geynisman-Tan, J., Bochenska, K., Gillingham, A., Collins, S., Lewicky-Gaupp, C., Mueller, M., & Kenton, K. (2020). Clinical Utility of Routine Preoperative Laboratory Assessment in a Urogynecologic Population. Female Pelvic Med Reconstr Surg, 26(9), 550-553. doi:10.1097/spv.0000000000000606

Husk, K. E., Willis-Gray, M. G., Dieter, A. A., & Wu, J. M. (2018). The Utility of Preoperative Laboratory Testing Before Urogynecologic Surgery. Female Pelvic Med Reconstr Surg, 24(2), 105-108. doi:10.1097/spv.0000000000000551

ICSI. (2014). Perioperative Protocol. Retrieved from https://www.icsi.org/wp-content/uploads/2019/01/Periop.pdf

ICSI. (2020). Health Care Guideline: Perioperative, 6th Edition. Retrieved from https://www.icsi.org/wp-content/uploads/2020/01/Periop_6th-Ed_2020_v2.pdf

Kachalia, A., Berg, A., Fagerlin, A., Fowler, K. E., Hofer, T. P., Flanders, S. A., & Saint, S. (2015). Overuse of testing in preoperative evaluation and syncope: a survey of hospitalists. Ann Intern Med, 162(2), 100-108. doi:10.7326/m14-0694

Kaplan, E. B., Sheiner, L. B., Boeckmann, A. J., Roizen, M. F., Beal, S. L., Cohen, S. N., & Nicoll, C. D. (1985). The usefulness of preoperative laboratory screening. Jama, 253(24), 3576-3581. Retrieved from http://dx.doi.org/

Keay, L., Lindsley, K., Tielsch, J., Katz, J., & Schein, O. (2019). Routine preoperative medical testing for cataract surgery. Cochrane Database Syst Rev, 1(1), Cd007293. doi:10.1002/14651858.CD007293.pub4

Lakomkin, N., Goz, V., Cheng, J. S., Brodke, D. S., & Spiker, W. R. (2018). The utility of preoperative laboratories in predicting postoperative complications following posterolateral lumbar fusion. Spine J, 18(6), 993-997. doi:10.1016/j.spinee.2017.10.010

Mathew, A., Devereaux, P. J., O'Hare, A., Tonelli, M., Thiessen-Philbrook, H., Nevis, I. F., . . . Garg, A. X. (2008). Chronic kidney disease and postoperative mortality: a systematic review and meta-analysis. Kidney Int, 73(9), 1069-1081. doi:10.1038/ki.2008.29

Nelson, S. E., Li, G., Shi, H., Terekhov, M., Ehrenfeld, J. M., & Wanderer, J. P. (2019). The impact of reduction of testing at a Preoperative Evaluation Clinic for elective cases: Value added without adverse outcomes. J Clin Anesth, 55, 92-99. doi:10.1016/j.jclinane.2018.12.027

NICE. (2016). Routine preoperative tests for elective surgery | Guidance and guidelines | NICE. Retrieved from https://www.nice.org.uk/guidance/ng45/chapter/Recommendations. from

NICE https://www.nice.org.uk/guidance/ng45/chapter/Recommendations

Nieto, R. M., De Leon, L. E., Diaz, D. T., Krauklis, K. A., & Fraser, C. D., Jr. (2017). Routine preoperative laboratory testing in elective pediatric cardiothoracic surgery is largely unnecessary. J Thorac Cardiovasc Surg, 153(3), 678-685. doi:10.1016/j.jtcvs.2016.10.082

Riggs, K. R., Bass, E. B., & Segal, J. B. (2018). Role of Patient- and Surgery-Specific Risk in Receipt of Outpatient Preoperative Testing. Perioper Care Oper Room Manag, 10, 18-26. doi:10.1016/j.pcorm.2018.03.001

Ruetzler, K., Lin, P., You, J., Schacham, Y., Naylor, A. J., Sessler, D. I., & Saager, L. (2018). The Association Between Timing of Routine Preoperative Blood Testing and a Composite of 30-Day Postoperative Morbidity and Mortality. Anesth Analg. doi:10.1213/ane.0000000000003300

SGIM. (2017). SGIM - Routine preop testing | Choosing Wisely. Retrieved from http://www.choosingwisely.org/clinician-lists/society-general-internal-medicine-routine-preoperative-testing-before-low-risk-surgery/. from Choosing Wisely

Sigmund, A. E., Stevens, E. R., Blitz, J. D., & Ladapo, J. A. (2015). Use of Preoperative Testing and Physicians' Response to Professional Society Guidance. JAMA Intern Med, 175(8), 1352-1359. doi:10.1001/jamainternmed.2015.2081

Smetana, G. (2020). Preoperative medical evaluation of the adult healthy patient - UpToDate. In UpToDate. Retrieved from https://www.uptodate.com/contents/preoperative-medical-evaluation-of-the-adult-healthy-patient?source=search_result&search=pre%20operative%20testing&selectedTitle=2~150

Smetana, G., Lawrence, V. A., & Cornell, J. E. (2006). Preoperative pulmonary risk stratification for noncardiothoracic surgery: systematic review for the American College of Physicians. Ann Intern Med, 144(8), 581-595. Retrieved from http://dx.doi.org/

Tirumala, V., Klemt, C., Xiong, L., Chen, W., van den Kieboom, J., & Kwon, Y.-M. (2021). Diagnostic Utility of Platelet Count/Lymphocyte Count Ratio and Platelet Count/Mean Platelet Volume Ratio in Periprosthetic Joint Infection Following Total Knee Arthroplasty. The Journal of Arthroplasty, 36(1), 291-297. doi:https://doi.org/10.1016/j.arth.2020.07.038

Turnbull, J. M., & Buck, C. (1987). The value of preoperative screening investigations in otherwise healthy individuals. Arch Intern Med, 147(6), 1101-1105. Retrieved from http://dx.doi.org/

Velanovich, V. (1991). The value of routine preoperative laboratory testing in predicting postoperative complications: a multivariate analysis. Surgery, 109(3 Pt 1), 236-243. Retrieved from http://dx.doi.org/

Policy Update History:

5/1/2022	New policy