Care of the Surgical Patient

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

PacificSource requires sufficient documentation of surgical services to meet regulatory compliance and to promote best practice guidelines. Complete and clear documentation is critical to timely review for prior authorizations and reimbursement of services

In caring for a surgical patient, the attending surgeon is responsible for evaluation and management in the pre-operative through post-operative periods. When an alternate or non-physician, licensed health care professional is involved in the care of the surgical patient, the surgeon needs to ensure it is based on the patient's best interest. All providers will follow specific scope of practice requirements determined by regulations, including those of the governing boards of the applicable licensees.

This policy is intended to cover the basic assessment and documentation requirements for surgical procedures. Additional requirements may be needed per treatment specific PacificSource policies, procedures, criteria-based guidelines, and regulatory requirements.

Criteria

Commercial, Medicaid, Medicare

I. Pre-Operative Assessment

PacificSource recognizes that evaluation, diagnosis, and care of the surgical patient is the responsibility of the surgeon. When an alternate operating surgeon or procedural provider is to be used during an

elective or non-emergent surgery, documentation of independent clinical examination, including a diagnosis must be submitted with the prior authorization request. Urgent and emergency surgery documentation will not require the independent assessment due to clinical presentation.

A. Elective and Non-emergent Surgery

PacificSource requires the patient's surgeon to complete a face-to-face or telehealth pre-operative assessment, when permitted under applicable law and consistent with the same standard of care as an in-person evaluation, appropriate to the procedure, prior to the day of surgery.

Each provider, including any alternate operating surgeon(s) or co-surgeon or co-management of procedure, must provide a pre-operative assessment which includes the following documentation:

1. Review of patient history and physical examination
2. Any interval change in clinical status since the most recent history and physical examination, including current medications and allergies
3. The operating surgeon's independent diagnosis supporting the medical necessity of the proposed surgical procedure
4. Informed consent discussion, including surgical procedure, alternatives, risks, and questions
5. Examination completed by the surgeon immediately prior to procedure to confirm clinical status and appropriateness of planned procedure. This must be completed by the surgeon immediately prior to surgery.

Note: For elective and non-emergent surgeries requiring prior authorization, the documentation described above in numbers 1-4 above, must be submitted with the request for prior authorization to support medical necessity.

B. Urgent and Emergency Surgery

PacificSource recognizes that urgent or emergency surgical services may not adhere to this policy's prior authorization documentation requirements due to clinical presentation.

II. Post-Operative

PacificSource recognizes it is the responsibility of the operating surgeon to ensure safe and readily available post-operative care for each patient on whom he/she performs surgery. All services shall be provided within the scope of practice of the individual delivering service.

Related Policies

Documentation Requirements for Health Practitioners

References

Centers for Medicare & Medicaid Services (CMS). (December 2024). Complying with Medical Record Documentation Requirementshttps://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/certmedrecdoc-factsheet-icn909160.pdf

National Committee for Quality Assurance (NCQA). (2026). HEDIS® measurement year 2026 technical specifications for health plans. https://www.ncqa.org/hedis/measures/ Oregon Medical Board. (April

2023). Care of the Surgical Patient. https://www.oregon.gov/omb/board/philosophy/Pages/Care-of-the-Surgical-Patient.aspx

Oregon Medical Board. (n.d.). Telemedicine. https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx

Washington State Legislature. App.leg.wa.gov. 2024. *WAC 246-918-260:* https://app.leg.wa.gov/wac/default.aspx?cite=246-918-260

Appendix

Policy Number:

Effective: 10/1/2021 **Next review:** 9/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OAR 410-130-0380

OPs Approval: 7/2026