GUIDELINES FOR SURGERY AND PROCEDURES
PERFORMED IN THE INPATIENT SETTING
McKesson strongly recommends that this list be reviewed and approved at an organizational level before it is instituted. It is imperative to note that McKesson’s Guidelines for Surgery and Procedures in the Inpatient Setting is not designed to be all-inclusive and does not necessarily align with CMS guidelines on inpatient settings.

McKesson Health Solutions’ Guidelines for Surgery and Procedures in the Inpatient Setting was developed to assist clients in determining when a procedure might be appropriate for the inpatient setting. A procedure is designated as inpatient when admission to the hospital with a planned postoperative stay of ≥ 24 hours is required.

The decision to admit a patient remains the responsibility of the treating provider. Determination of the appropriate setting for a surgical patient (inpatient versus outpatient) is a clinical decision best made with consideration of multiple clinical factors including, but not limited to, type of procedure planned, urgency, hemodynamic stability, comorbidities, and the likelihood of complications. This might differ based upon legislative and geographic variances and might impact organizational policy. Documentation of the patient’s clinical condition is essential to ensure the appropriate setting and level of care required. Patients experiencing complications during an outpatient procedure might require admission. Appropriate admission criteria for these patients can be found in the InterQual® Acute Level of Care Criteria.

Procedures and interventions listed in these guidelines are organized alphabetically by surgical specialty (e.g., General Surgery, Orthopedics, Vascular Surgery) into two groups. The first group includes procedures and interventions for which InterQual Procedures Criteria are available to support the medical necessity and the inpatient setting designation. The second group includes procedures and interventions that are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria.

Organizations that follow the Center for Medicare and Medicaid Services (CMS) inpatient designations can find a link to the CMS Inpatient Only List (Addendum E) on the MHS Customer Hub, (http://MHScustomerhub.mckesson.com) in the Documents section by clicking "Documents" and then searching for the keyword “inpatient.”

**Interpreting the Guidelines**

Qualifiers have been added to certain procedures to specify when that procedure is appropriate for the inpatient setting.

<table>
<thead>
<tr>
<th>Qualifiers</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain approaches, age restrictions, or conditions make a procedure appropriate for the inpatient setting.</td>
<td>Salpingectomy: Open – Open removal of the fallopian tube is appropriate for the inpatient setting, while laparoscopic salpingectomy can be safely performed in the outpatient setting.</td>
</tr>
<tr>
<td>Urgent procedures are those that must be performed immediately due to the severity of the patient’s symptoms or findings.</td>
<td>Percutaneous Coronary Intervention (PCI): Urgent – Unscheduled, urgent coronary angioplasty, stent insertion, or atherectomy is appropriate for the inpatient setting. Those undergoing the procedure electively (not urgently) can be safely discharged to home when clinically stable.</td>
</tr>
<tr>
<td>An asterisk “*” next to a procedure indicates that due to variations in practice, the procedure may be performed in either the inpatient or outpatient setting.</td>
<td>Meckel’s Diverticulum Excision: Open / Laparoscopic* – In this example the open procedure is appropriate for the inpatient setting, but when performed laparoscopically it may be appropriate for either the inpatient or outpatient setting.</td>
</tr>
</tbody>
</table>

When a procedure is “also known as” (AKA) another name, or if a different procedure will produce the same result, the additional procedure name is italicized and indented beneath the original. For example: “Total Joint Replacement: Hip” is also known as “Arthroplasty, Total, Hip”.

Procedures in the Pediatric category have been specifically reviewed or evaluated for pediatric indications. Other procedures in the guidelines may also be appropriate for the pediatric population.
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

CARDIAC
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Biventricular Pacemaker Insertion:
  - Cardiac Resynchronization Therapy (CRT)

- Electrophysiology (EP) Testing: Urgent

- Implantable Cardioverter Defibrillator (ICD) Insertion:
  - Urgent
  - Thoracotomy approach
  - Subxiphoid approach

- Pacemaker Insertion:
  - Urgent
  - Thoracotomy approach

- Percutaneous Coronary Intervention (PCI): Urgent
  - Angioplasty, Coronary Artery
  - Atherectomy, Coronary Artery
  - Brachytherapy, Coronary Artery
  - Percutaneous Transluminal Coronary Angioplasty (PTCA)
  - Stent Insertion, Coronary Artery

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Ablation, Cardiac: Open
- Aortopexy
- Aortoplasty
- Atrial Septostomy / Septectomy
- Blalock-Hanlon Procedure
- Blalock Shunt / Blalock-Taussig, Modified
- Cardiomyotomy
- Coarctation of the Aorta, Repair (Anastomosis / Waldhausen Procedure)
- Fontan Procedure
- Implantable Cardioverter Defibrillator (ICD), Removal*
- Intra-aortic Balloon Pump (IABP):
  - Insertion
  - Removal
- Myectomy / Myocardial Resection
- Pacemaker Removal, by Thoracotomy
- Patent Ductus Arteriosus:
  - Division
  - Ligation
- Pericardial Window
- Pericardiectomy
- Pericardiotomy
- Pulmonary Veins, Anomalous Drainage Repair
  - Repair:
    - Aorta / Great Vessels
    - Atrial-Ventricular (AV) Septal Defect (Complete)
    - Endocardial Cushion Defect +/- Prosthesis / Tissue Graft: Open
    - Pulmonary Atresia
    - Pulmonic Stenosis
    - Tetralogy of Fallot
    - Truncus Arteriosus
    - Transposition of the Great Vessels
    - Thrombolysis, Coronary, Intracoronary Infusion
    - Ventricular Assist Device (VAD) Insertion
    - Ventricularotomy
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

CARDIO-THORACIC
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

Antireflux Surgery / Hiatal Hernia Repair:
- Belsey’s Wrap
- Collis Gastroplasty
- Dor Fundoplication
- Hill’s Gastroplasty
- Nissen Fundoplication
- Rosetti Fundoplication
- Thal-Nissen Repair
- Toupet Fundoplication
- Laparoscopic
- Open

Aortic Dissection Repair
Aortic Valve Replacement (AVR)
Aortic Valvuloplasty, Percutaneous Balloon and Aortic Stenosis (AS) with High Surgical Risk
Atrial Septal Defect (ASD) Repair: Open
Coronary Artery Bypass Graft (CABG)
Esophageal Perforation Repair
Esophagectomy
Esophagomyotomy:
  - Heller Myotomy
Lobectomy
Lung Volume Reduction Surgery (LVRS)
Mediastinotomy: Open
  - Chamberlain Procedure
Mitral Valve Replacement (MVR) / Repair
Mitral Valvuloplasty, Percutaneous Balloon
Myotomy, Cricopharyngeal: Open
  - Zenker’s Diverticulum Resection / Repair
  - Zenker’s Diverticulectomy
  - Zenker’s Diverticulopexy
  - Zenker’s Diverticulostomy
Myotomy, Epiphrenic:
  - Epiphrenic Diverticulectomy
Pericardectomy:
  - Open
  - Percutaneous
  - Subxiphoid
Pericardiectomy
Pneumonectomy
Rib Resection, Thoracic Outlet Syndrome (TOS)
Thoracic / Thoracoabdominal Aortic Aneurysm Repair
Thoracoscopy, Video Assisted (VAT) (Except for Pleural Lesion)
Thoracostomy Tube Insertion
Thoracotomy: Pleural Disease / Bullectomy
Tricuspid Valve Annuloplasty
Tricuspid Valve Replacement (TVR) / Resection / Repair
Ventricular Septal Defect (VSD) Repair: Open
Wedge Resection, Lung:
  - Open
  - VAT

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

Bronchoplasty
Carinal Resection
Excision, Esophageal Lesion / Tumor

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CARDIO-TORACIC (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Excision:
  - External / Intra cardiac Tumor
  - Pericardial Cyst / Tumor
  - Lung Biopsy: Open
  - Mediastinal Mass Resection
  - Pleurectomy
  - Pneumonolysis
  - Pneumonostomy
  - Pulmonary Decortication
  - Repair Lacerated Diaphragm
  - Resection, Radical: Rib
  - Revision Chest Wall
  - Revision / Resection, Diaphragm
  - Sternal Reduction / Resection / Debridement
  - Suture, Tracheal Wound
  - Thoracic Duct Repair
  - Thoracoplasty
  - Tracheal Stenosis Repair
  - Tracheoplasty

GENERAL
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Abdominal Perineal Resection (APR)
- Adrenalectomy
- Adrenal Mass Removal
- Appendectomy:
  - Gangrenous appendix
  - Perforated appendix
  - Suppurative appendix
- Bariatric Surgery:
  - Biliopancreatic Diversion with Duodenal Switch
  - Roux-en-Y Gastric Bypass (RYGB)
  - Sleeve Gastrectomy
- Cholecystectomy:
  - Laparoscopic and Acute Cholecystitis (with or without stones)
  - Open
- Cholecystojejunostomy
- Choledochoduodenostomy
- Choledochojejunostomy
- Colectomy:
  - Left:
    - Left Hemicolectomy
    - Left Partial Colectomy
    - Low Anterior Resection
    - Sigmoid Colectomy
    - Sigmoidectomy
  - Right:
    - Right Hemicolectomy
    - Right Partial Colectomy
- Subtotal Colectomy, + Ileostomy
- Total Colectomy, + Ileostomy:
  - Continent Ileostomy with Total Colectomy
  - Ileo-Anal Pouch Anastomosis with Total Colectomy
  - Ileo-Rectal Anastomosis with Total Colectomy
- Proctocolectomy, Total, with Ileostomy
- Common Duct Exploration (CDE) with Failed Stone Extraction / Dilatation

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GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

GENERAL (cont)
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Exploratory Laparotomy
- Gastrectomy:
  - Antrectomy
  - Hemigastrectomy
- Subtotal
- Total
- Gastric Stimulation:
  - Gastric Pacing / Pacemaker Insertion
- Herniorrhaphy, Ventral / Incisional:
  - Epigastric Herniorrhaphy
- Incarcerated or Strangulated
- Large (defect > 4 cm)
- Multiple Fascial Defects
- Recurrent Hernia
- Laparotomy
- Mastectomy:
  - (Excludes Lumpectomy)
  - Modified Radical (MRM)
  - Prophylactic: Total / Simple
- Pancreatectomy:
  - Subtotal
  - Total
- Pancreatic Pseudocyst, Laparotomy and Drainage
- Pancreaticoduodenectomy:
  - Whipple Procedure
- Pancreaticejejunoanastomosis:
  - Beger Procedure
  - Frey Procedure
  - Partington-Rochelle Procedure
  - Puestow Procedure
- Pancreatocystogastrostomy
- Pancreatocystojejunoanastomosis
- Parathyroid Excision
- Parathyroid Exploration
- Pyloroplasty and Vagotomy
- Small Bowel Resection
- Splenectomy:
  - Laparoscopic
  - Open
- Thyroidectomy:
  - Partial
  - Total

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Anoplasty*
- Biopsy: Open
- Liver
- Pancreas
- Stomach
- Cecostomy
- Cholecystoenterostomy
- Cholecystostomy: Laparoscopic*
- Cholecystotomy*
- Choledochochotomy
- Colostomy Closure
- Colostomy Creation

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

GENERAL (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Colotomy
- Drainage Abdominal Abscess: Open
- Duodenal Atresia Repair
- Duodenoduodenostomy
- Duodenojejunostomy
- Enterostomy
- Enterotomy
- Esophagogastrostomy*
- Esophagojejunostomy
- Esophagoplasty
- Esophagostomy
- Esophagotomy
- Fistula Repair:
  - Colonic
  - Cutaneous
  - Enteroenteric
  - Vesical
- Gastroduodenostomy
- Gastroenterostomy
- Gastrojejunostomy
- Gastroplasty:
  - Revision (Janeway Procedure)
  - Vertical Banded (VBG)
- Gastrotomy
- Hepatic:
  - Exploration
  - Lobectomy
  - Repair
  - Resection
- Hepatectomy:
  - Donor
  - Partial
  - Hepaticotomy
  - Hepatotomy
- Incision & Drainage Appendiceal Abscess: Open
- Ileostomy (e.g., Koch Procedure)
- Intestinal Plication
- Intussusception, Reduction
- Ladd Procedure
- Ligation of Esophageal Varices
- Lysis of Adhesions*
- Mastectomy: Radical
- Meckel’s Diverticulum Excision:
  - Laparoscopic*
  - Open
- Omentectomy*
- Omphalocele Repair
- Pharyngoesophageal Repair
- Proctopexy
- Radical Abdominal Exploration
- Radical Neck Dissection
- Rectal Prolapse Repair
- Staging Procedure (e.g., Hodgkin’s Disease, Lymphoma)
- Thymectomy
- Tracheostomy
- Tube Cecostomy
- Vagotomy

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GENERAL (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Volvulus Reduction:
- Colon
- Small Intestine

HAND, PLASTIC, & RECONSTRUCTIVE
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Breast Reconstruction: Flap
- Burn, Excision, +/- Graft:
  - Full Thickness (3rd degree)
  - Deep Partial Thickness (2nd degree)
- Digital Artery Repair, Hand, Microsurgical
- Escharotomy (3rd degree burn)
- Facial Nerve Repair*
- Free Tissue Transfer
- Incision & Drainage, Infection, Hand / Digit:
  - High Pressure Injection Injury
  - Septic Joint
- Suppurative Flexor Tenosynovitis
- Muscle Flap, +/- Skin Flap:
  - Cutaneous Flap
  - Fascial/Fasciocutaneous Flap
  - Musculocutaneous Flap
- Panniculectomy, Abdominal
- Pedicle Flap

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Toe / Hand Transfer

NEUROLOGIC & SPINE
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Artificial Disc, Lumbar:
  - Total Disc Arthroplasty
  - Total Disc Replacement
- Biopsy:
  - Brain
  - Nerve Root Tumor
  - Spinal Cord Tumor
- Cranectomy / Burr Holes
- Craniotomy:
  - Arteriovenous Malformation (AVM) Removal:
    - Endovascular Embolization
    - Stereotactic Radiosurgery
  - Brain Tumor Excision
  - Intracranial Aneurysm Clipping:
    - Endovascular coiling
- Cerebrospinal Fluid Shunt Insertion / Revision:
  - Internal Shunt, Third Ventriculostomy / Revision
  - Loomis Peritoneal Ventriculostomy / Revision
  - Torkildsen Ventriculo-Cisternostomy / Revision
  - Ventriculostial Shunt Insertion / Revision
  - Ventriculojugular Shunt Insertion / Revision
  - Ventriculoperitoneal Shunt Insertion / Revision
  - Ventriculopleural Shunt Insertion / Revision
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

NEUROLOGIC and SPINE (cont)
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

Discectomy and Fusion, Anterior Cervical:
Vertebral Corpectomy and Fusion, Cervical
Fusion:
Arthrodesis, Spine
Cervical Spine
Arthrodesis, Cervical
Lumbar Spine
Anterior Lumbar Interbody Fusion (ALIF)
Arthrodesis, Lumbar
Posterior Lumbar Interbody Fusion (PLIF)
Posterior Lumbar Intertransverse Process Fusion (PLIT)
Thoracic Spine
Arthrodesis, Thoracic
Laminectomy, +/- Discectomy, +/- Foraminotomy:
Cervical:
Laminoplasty, Cervical
Lumbar
Thoracic:
Anterior Discectomy, Thoracic
Costotransversectomy and Disc Excision, Thoracic
Transpedicular Laminectomy and Disc Excision, Thoracic
Thoracoscopic Disc Excision, via Thoracotomy
Meningocele Repair
Metastatic Tumor Excision, Spine, +/- Fusion
Pituitary Tumor Excision / Hypophysectomy, Transsphenoidal
Stereotactic Introduction, Subcortical Electrodes:
Deep Brain Stimulation
Stereotactic Lesion Creation:
Palidotomy, Unilateral
Subthalamotomy
Thalamotomy
Sympathectomy:
Endoscopic
Open
Video Electroencephalographic (EEG) Monitoring

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Cerebral Embolization
Cerebral Thrombolysis
Cranioplasty
Cerebral Spinal Fluid Shunt: Removal / Replacement
Discectomy, Herniated Lumbar Intervertebral Disc*
Harrington Rod, Placement / Removal*
Instrumentation:
Posterior Non-Segmental (e.g., Single Harrington Rod Technique)
Posterior Segmental
Kyphectomy Muscle / Skin / Fascia Flap (Local)
Laminectomy, +/- Foraminotomy, Sacral
Laminotomy
ORIF, Odontoid
Osteotomy, Spine
Removal, Vertebrae
Rhizotomy: Open*
Spinal Allograft
V-P Shunt / Ventriculocisternostomy (Torkildsen) Repair* / Replace / Remove*

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

OBSTETRIC / GYNECOLOGIC

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

Cervical Cerclage:
- Abdominal
- Emergent

Cesarean Section:
- During Labor
- Prior to Onset of Labor

Colpopexy:
- Open
  - Sacralcolpopexy
  - Vaginal Cuff Suspension

Colporrhaphy, Anterior:
- Cystocele Repair

Hemivulvectomy

Hysterectomy:
- Abdominal, +/- BSO: Open
  - Hysterectomy, Total
  - Laparoscopically Assisted Vaginal (LAVH), +/- BSO*
  - Radical
  - Schauta Operation
  - Supracervical, +/- BSO: Open
  - Subtotal Hysterectomy, +/- BSO
  - Vaginal, +/- BSO*

Myomectomy: Open

Oophorectomy: Open

Cystectomy, Ovarian: Open

Salpingectomy: Open

Salpingo-Oophorectomy: Open

Salpingostomy: Open

Vaginectomy

Vulvectomy, Radical

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

Enterocystoplasty

Fimbrioplasty: Open*

Fistula Closure (e.g., Recto-Vaginal)*

Hysteroplasty: Open

Hysteroscopy:
  - Laparoscopic*
  - Open

Hysterotomy*

Pelvic Exenteration

Repair Ruptured Uterus

Termination of Pregnancy, Septic

Trachelectomy:
  - Laparoscopic*
  - Open

Unification, Bicornuate Uterus*

Uterine Suspension: Open

Wedge Resection, Ovary: Open*
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Enucleation*:
  - Evisceration, Eye
  - Exenteration, Eye
- Ethmoidectomy: Open
- Frontal Sinus Obliteration
- Glossectomy, Partial
- Hemiglossectomy
- Laryngectomy
- Mastoidectomy, with Tympanoplasty
- Maxillectomy
- Oronasal Fistula Repair with Bone Grafting
- Osteotomy:
  - LeFort I
  - Mandible Ramus
  - Posterior Segment, Maxilla
- Parotidectomy*
- Sinusotomy, Frontal: Open
- Submandibular Gland Excision
- Temporomandibular Joint (TMJ):
  - Arthroplasty
  - Discectomy
  - Reconstruction
  - Total Joint Replacement (TJR), Temporomandibular Joint (TMJ)
- Tonsillectomy: for Sleep Apnea only

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Anastomosis, Facial Nerve, Hypoglossal
- Control, Nose Bleed, Complicated
- Excision Aural Glomus Tumor:
  - Extratemporal
  - Transcanal
- Excision External Auditory Canal Lesion: Radical
- Facial / Jaw Reconstruction
- Laryngoplasty
- Mandible / Maxilla Resection Muscle Length Change
- Nasomaxillary Complex Fracture (LeFort II Type), Wiring / Local Fixation: Open
- Pharyngolaryngectomy
- Removal, Tumor, Temporal Bone
- Resection Temporal Bone, External Approach
- Revision Pharyngeal Wall
- Sialoadenectomy*
- Tonsillectomy, Radical

ORTHOPEDIC

Upper and Lower Extremity

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Amputation:
  - Extremity (Excludes Digit)
  - Digit with Contamination / Infection
- Bone Graft, Fracture Malunion or Nonunion:
  - Implantable Stimulator
  - Long Bones (e.g., Humerus, Radius, Ulna, Femur, Tibia, Fibula)
ORTHOPEDIC (cont)

Upper Extremity

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Arthrodesis, Shoulder
- Arthroscopy, Surgical, Lavage for (+) Joint Infection:
  - Elbow
  - Shoulder
  - Wrist
- Arthrotomy:
  - Elbow:
    - Avascular Necrosis (Osteonecrosis) of Radial Head
    - Contracture Release
    - Intra-articular Fracture
    - Lavage for (+) Joint Infection
    - Repair or Reconstruction of Tendon or Ligament Injury
  - Shoulder:
    - AC Separation
    - Exploration Post Penetrating Injury
    - Intra-articular Fracture
    - Lavage for (+) Joint Infection
  - Wrist: Lavage for (+) Joint Infection
- Joint Replacement, Elbow:
  - Arthroplasty, Elbow
  - Total Joint Replacement (TJR), Elbow
- Joint Replacement, Shoulder:
  - Arthroplasty, Total, Shoulder
  - Arthroplasty, Partial, Shoulder
  - Hemiarthroplasty, Shoulder
  - Total Joint Replacement, Shoulder
  - Removal and Replacement of existing TJR, Shoulder
- Joint Replacement, Wrist:
  - Arthroplasty, Wrist
  - Total Joint Replacement (TJR), Wrist
- Open Reduction and Internal / External Fixation, Distal Radius +/- Ulna:
  - Distal Radius +/- Ulna Styloid, External Fixator
  - ORIF, Distal Radius
  - ORIF, Ulna Styloid
- Reduction and Fixation, Shaft Fracture:
  - Humeral Shaft:
    - Humeral Shaft Plate
    - Humeral Shaft Intramedullary Device
    - ORIF, Humeral Shaft
    - Humeral Shaft External Fixator
  - Radius +/- Ulna Shaft:
    - ORIF, Radius and Ulna Shaft
    - Radius +/- Ulna Shaft Intramedullary Device
    - Radius +/- Ulna Shaft Plate
    - Radius +/- Ulna Shaft External Fixator

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Disarticulation:
  - Shoulder
  - Elbow
  - Wrist*
**ORTHOPEDIC (cont)**

**Upper Extremity (cont)**

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- **Implant:**
  - Arm*
  - Forearm
  - Hand*
  - Metacarpal*
  - Metacarpophalangeal*
  - Transmetacarpal*

- **Reamputation:**
  - Arm
  - Forearm

- **Replantation:**
  - Arm
  - Forearm

- **Resection / Removal, Radical:**
  - Clavicle
  - Elbow
  - Humerus
  - Scapula

- **Revision:**
  - Arm
  - Forearm*
  - Hand*
  - Metacarpal*
  - Metacarpophalangeal*
  - Transmetacarpal*

- **Supracondylar Fracture Repair, Elbow: Open***

**Lower Extremity**

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- **Arthrodesis:**
  - Fusion
  - Ankle (Talotibial Joint)
  - Triple (Subtalar, Talonavicular, and Calcaneocuboid Joints)
  - Hip
  - Knee

- **Arthroscopy, Surgical. For Lavage of (+) Infected Joint:**
  - Ankle
  - Hip
  - Knee

- **Arthrotomy:**
  - Ankle:
    - Intra-articular Fracture Repair
    - Joint exploration post penetrating joint injury
    - Lavage for (+) Joint Infection
    - Synovectomy (Major)
  - Hip:
    - Acetabuloplasty
    - Contracture release
    - Intra-articular Fracture Repair
    - Joint exploration post penetrating joint injury
    - Lavage for (+) Joint Infection
    - Open reduction of hip dislocation
    - Synovectomy (Major)
ORTHOPEDIC (cont)
Lower Extremity (cont)
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Arthrotomy: (cont)
  Knee: (Excludes Reconstruction / Repair of ACL / Isolated PCL injury)
  Contracture release
  Intra-articular Fracture Repair
  Joint exploration post penetrating joint injury
  Lavage for (+) Joint Infection
  Quadricepsplasty
  Reconstruction / Repair of LCL / Posterolateral Corner Injury
  Reconstruction / Repair of MCL Injury
  Reconstruction / Repair of Multiligamentous Injury
  Repair Tendon Injury
  Synovectomy (Major)
Baker's Cyst Removal*:
  Popliteal Cyst Removal
Closed Treatment, Fracture:
  Femoral Shaft
  Hip
Fixation, In Situ Fracture, Hip (Proximal Femur)
Osteotomy:
  Femoral Neck
  Femur, Proximal
  High Tibial
  Pelvic
  Supracondylar Femur
Patellectomy
Prosthetic Replacement, Fracture, Hip (Proximal Femur):
  Hemiarthroplasty, Hip
Reduction and Fixation, Shaft / Hip Fracture:
  Femoral Shaft:
    Femoral Shaft Intramedullary Device
    Femoral Shaft Plate
    Femoral Shaft External Fixator
    ORIF, Femoral Shaft
  Hip (Proximal Femur):
    Hip Intramedullary Device
    Hip Plate
    ORIF, Hip (Proximal Femur)
Tibial Shaft:
  ORIF, Tibial Shaft
  Tibial Shaft External Fixator
  Tibial Shaft Intramedullary Device
  Tibial Shaft Plate
Total Joint Replacement, Hip:
  Arthroplasty, Total, Hip
  Removal and Replacement of existing TJR, Hip
Total Joint Replacement, Knee:
  Arthroplasty, Total, Knee
  Removal and Replacement of existing TJR, Knee
Unicondylar Knee Replacement

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Arthrodesis:
  Sacroiliac
  Symphysis Pubis
  Clubfoot Repair

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ORTHOPEDIC (cont)
Lower Extremity (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

Disarticulation:
- Ankle*
- Hip
- Knee

Epiphysiodosis*
Excision, Partial Hip Bone*

Fasciotomy:
- Hip
- Thigh

Hemiarthroplasty, Hip

Hemipectomies

Incision & Drainage:
- Femur
- Hip bone
- Knee: Open / Laparoscopic*
- Pelvis

Implant:
- Above the Knee
- Below the Knee
- Metatarsal*
- Metatarsophalangeal*
- Midtarsal
- Transmetatarsal*

ORIF:
- Acetabulum
- Ankle
- Calcaneal
- Femoral Neck
- Knee
- Pelvis

Osteoplasty:
- Femur
- Fibula
- Tibia

Patellar Fracture Repair*
Patellar Tendon Rupture Repair*

Reamputation:
- Above the Knee
- Below the Knee
- Metatarsal
- Metatarsophalangeal
- Midtarsal
- Transmetatarsal

Reinforcement (Nailing, Pinning, Plating, Wiring)*:
- Femur
- Hip

Release, Hip Flexor*

Replantation:
- Digit
- Foot

Resection / Removal, Radical:
- Femur
- Fibula
- Hip
- Knee
- Tibia
ORTHOPEDIC (cont)
Lower Extremity (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Revision:
- Above the Knee
- Below the Knee
- Metatarsal
- Metatarsophalangeal
- Midtarsal
- Transmetatarsal
- Tenotomy, Hip: Open
- Total Joint Replacement, Ankle

PEDIATRIC
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Adenoidectomy:
- < 3 years of age*
- Obstructive Adenoid Enlargement
Appendectomy:
- Gangrenous appendix
- Perforated appendix
- Suppurative appendix
Cleft Lip or Palate Repair:
- Cheiloplasty
- Palatoplasty
Cochlear Implants: Simultaneous Bilateral
Herniorrhaphy: Inguinal (Incarcerated only)
Herniorrhaphy, Ventral / Incisional:
- Epigastric Herniorrhaphy
- Incarcerated or strangulated
- Large hernia
- Multiple fascial defects
- Recurrent hernia
Mastoidectomy, with Tympanoplasty
Myelomeningocele Repair
Pyloromyotomy:
- Fredet-Ramstedt Procedure
- Hypertrophic Pyloric Stenosis (HPS) Pyloromyotomy
- Ramstedt Procedure
Laparoscopic
- Open
Tonsillectomy:
- < 3 years of age*
- Obstructive Tonsillar Hypertrophy
- Peritonsillar Abscess
- Tonsillar Hemorrhage
- Ureter Reimplantation

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Bladder Augmentation
Epiphysiodesis*
Gastrochisis Repair
Gastrostomy (G-tube Insertion)
Jejunostomy (J-tube Insertion)
Repair Malunion / Non-Union: Epiphyseal Separation
Sphincteroplasty
Urethroplasty*: Epispadias / Hypospadias

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**GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING**

**TRANSPLANT**
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Allogeneic Stem Cell:
  - Allogeneic Bone Marrow Transplantation (BMT)
  - Low Intensity Allogeneic Stem Cell Transplantation
  - Mini Allogeneic Stem Cell Transplantation
  - Nonmyeloablative Allogeneic Stem Cell Transplantation
  - Reduced Intensity Allogeneic Stem Cell Transplantation
- Autologous Stem Cell:
  - Autologous Bone Marrow Transplant (BMT)
- Cardiac:
  - Heart Transplant
  - Orthotopic Heart Transplantation
- Liver
- Renal:
  - Kidney Transplant

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Heart-Lung
- Lung
- Pancreas
- Small Bowel

**UROLOGY**
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Bladder Neck Suspension:
  - Burch Colposuspension Procedure
- Cystectomy:
  - Radical
  - Simple
- Neobladder Creation:
  - Orthotopic Continent Urinary Diversion
  - Orthotopic Urinary Reconstruction
- Nephrectomy:
  - Partial
  - Radical
  - Simple (Includes Total)
- Nephrolithotomy (Percutaneous):
  - Nephrolithotripsy (Percutaneous)
- Penectomy
- Prostatectomy:
  - Open
  - Radical (Robotic-Assisted Radical Prostatectomy)
- Ureteral Reimplantation
- Urinary Diversion, Intestinal Conduit
- Urinary Reservoir, Continent Catheterizable

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Cystectomy: Partial
- Cystorrhaphy
- Cystoplasty
- Cystourethroplasty*
- Diphallus Repair*
- Drainage, Renal Abscess*
UROLOGY (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

Fistula Repair:
- Nephrocutaneous
- Nephrovisceral
- Pyelocutaneous
- Ureterocutaneous
- Ureterovisceral

Nephrectomy:
- Donor
- Laparoscopic
- Nephrocrurhaphy
- Nephrotomy
- Penoplasty*
- Plastic Operation, Penis with Exostrophy of Bladder*
- Pyelolithotomy
- Pyeloplasty: Open
- Pyelotomy*
- Renal Exploration
- Symphysiotomy (for horseshoe kidney)
- Transureteroenterostomy

Ureterectomy
- Ureterocalicostomy
- Ureteroureterostomy
- Ureterolithotomy
- Ureterolysis
- Ureteroneocystostomy
- Ureteroplasty
- Ureteropyelostomy
- Ureterorrhaphy
- Ureterosigmoidostomy
- Ureterostomy
- Ureterotomy
- Urethral Repair*
- Urethropexy*
- Vesiculectomy
- Vesiculotomy, Complicated

VASCULAR
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

Abdominal Aortic Aneurysm (AAA) Resection and Graft:
- Aorto-Aortic
- Aorto-Bifemoral
- Aorto-Biiliac

Axillo-Bifemoral Bypass, Distal, Peripheral Artery:
- Femoro-Pedal
- Femoro-Popliteal
- Femoro-Tibial
- Popliteal-Pedal
- Popliteal-Tibial

Bypass, Proximal, Peripheral Artery:
- Aorto-Femoral
- Aorto-Iliac
- Axillo-Bifemoral
- Axillo-Femoral
- Femoral-Femoral
- Ilio-Femoral
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

VASCULAR

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:

- Endarterectomy, Carotid +/- Patch Graft
- Endarterectomy / Bypass, Renovascular:
  - Aortorenal
  - Hepatorenal
  - Splenorenal

- Endovascular Intervention, Peripheral Artery:
  - Angioplasty, Peripheral Artery
  - Atherectomy, Peripheral Artery
  - SilverHawk® Arthrectomy, Peripheral Artery
  - Stent, Peripheral Artery

- Urgent
- Planned anticoagulation
- Kidney failure

- Endovascular Repair, Aortic Aneurysm:
  - Abdominal Aorta Aneurysm (AAA) Endovascular Repair + Stenting
  - Endovascular Aneurysm Repair (EVAR)

- Peripheral Aneurysm / Pseudoaneurysm Repair, +/- Graft:
  - Endoaneurysmorrhaphy, Peripheral

- Subfascial Ligation, Perforating Veins:
  - Linton Procedure
  - Open

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Aorto-Celiac / Aorto-Mesenteric Repair, +/- Graft:
  - Aorto-Celiac / Aorto-Mesenteric Endarterectomy

- Atherectomy: Open

- Arterial Graft with Re-exploration / Revision / Re-operation

- Arterial Ligation*

- Arterial Transposition

- Cavernous Hemangioma Revision

- Embolectomy:
  - Celiac Artery
  - Mesenteric Artery

- Embolectomy / Thrombectomy:
  - Peripheral Artery
  - Pulmonary Artery

- Endoaneurysmorrhaphy, Peripheral

- Excision / Removal, Infected Graft

- Ligation, Major Artery:
  - Abdominal
  - Chest

- Repair, Intra-abdominal / Intrathoracic:
  - A-V Aneurysm
  - Blood Vessel

- Thrombectomy:
  - Celiac Artery
  - Mesenteric Artery

- Thromboendarterectomy

- Transsection Repair, Pulmonary Artery

- Venous Valve Reconstruction

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