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 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 for acutely symptomatic patients. 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 the outpatient setting.</td>
<td>McKeels Diverticulum Excision (Open / Laparoscopic*) – In this example the open procedure is appropriate for the inpatient setting, but when performed laparoscopically it may be either inpatient or outpatient due to variations in practice.</td>
</tr>
</tbody>
</table>

When a procedure is “also known as” (AKA) another name, or if a different procedure will produce the same generic 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 not addressed by InterQual Procedures Criteria:

- Ablation, Cardiac (Open)
- Aortopexy
- Aortoplasty
- Atrial Septostomy / Septectomy
- Blalock-Hanlon Procedure
- Blalock Shunt / Blalock-Taussig, Modified
- Cardiotomy
- 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
- Percidiotomy
- 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
  - Ventriculomyotomy

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CARDIO-TORACIC

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 Gastropyexy
- 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
- Lobectomy
- Lung Volume Reduction Surgery (LVRS)
- Mediastinotomy: (Open)
- Chamberlain Procedure
- Mitral Valve Replacement (MVR) / Repair
- Mitral Valvuloplasty, Percutaneous Balloon
- Myotomy, Cricopharyngeal: (Open)
  - Zenker's Diverticulotomy / Resection / Repair
  - Zenker's Diverticulotomy
  - Zenker's Diverticulopexy
  - Zenker's Diverticulostomy
- Myotomy, Epiphrenic:
  - Epiphrenic Diverticulotomy
- Pericardiectomy:
  - Open
  - Percutaneous
  - Subxiphoid
- Percardiocentesis
- Pneumonectomy
- Rib Resection, Thoracic Outlet Syndrome (TOS)
- Thoracic / Thoracoabdominal Aortic Aneurysm Repair
- Thoracoscopic, Video Assisted (VAT) (Except for Pleural Lesion)
- Thoracotomy / 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 not addressed by InterQual Procedures Criteria:

- Bronchoplasty
- Carinal Resection
- Excision, Esophageal Lesion / Tumor
- Excision:
  - External / Intra cardiac Tumor
  - Pericardial Cyst / Tumor

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

CARDIO-THORACIC (cont)
The following procedures are not addressed by InterQual Procedures Criteria:
- 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:
  - Complicated
  - Open
  - Perforated
- Bariatric Surgery:
  - Biliopancreatic Diversion with Duodenal Switch
  - Roux-en-Y Gastric Bypass (RYGB)
- Sleeve Gastrectomy
- Weight Loss Surgery
- Cholangiogram (Intraoperative): Suspected or Known Common Bile Duct Stone
- Cholecystectomy:
  - Laparoscopic and Acute Cholecystitis
  - Open
- Cholecystojejunostomy
- Choledochojunostomy
- 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
- Colostomy Closure
- Colostomy Creation
- Common Duct Exploration (CDE)

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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:
  Incarcerated or Strangulated
  Large (defect > 4 cm)
  Multiple Fascial Defects
  Recurrent Hernia
Laparotomy
Mastectomy: (Excludes Lumpectomy)
  Modified Radical (MRM)
  Partial, +/- Axillary Dissection
  Prophylactic: Total / Simple
  Radical
  Total / Simple
Pancreatectomy:
  Subtotal
  Total
Pancreatic Pseudocyst, Laparotomy and Drainage
Pancreaticoduodenectomy (Whipple Procedure)
Pancreatecjojunostomy:
  Beger Procedure
  Frey Procedure
  Partington-Rochelle Procedure
  Puestow Procedure
Pancreatocystogastrostomy
Pancreatocystojejunostomy
Parathyroid Excision
Parathyroid Exploration
Pyloroplasty and Vagotomy
Small Bowel Resection
Splenectomy:
  Laparoscopic
  Open
Thyroidectomy:
  Partial
  Total
Tracheostomy

The following procedures are not addressed by InterQual Procedures Criteria:

Anoplasty
Biopsy: (Open)
Liver
Pancreas
Stomach
Cecostomy
Cholecystoenterostomy
Cholecystostomy (Laparoscopic)*
Cholecystotomy*
Choledochostomy
Choledochotomy
Colotomy

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INPT-7
The following procedures are not addressed by InterQual Procedures Criteria:

- Abdominal Abscess (Open)
- Duodenal Atresia Repair
- Duodenoduodenostomy
- Duodenojunostomy
- Enterostomy
- Enterotomy
- Esophagogastroduodenostomy
- Esophagojejunostomy
- Esophagoplasty
- Esophagostomy
- Esophagotomy
- Fistula Repair:
  - Colonic
  - Cutaneous
  - Enteroenteric
  - Vesical
- Gastroenteroenterostomy
- Gastrointestinal repair
- 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*
- Meckel's Diverticulum Excision:
  - Laparoscopic*
  - Open
- Omentectomy*
- Omphalocoele Repair
- Pharyngoesophageal Repair
- Proctopexy
- Radical Abdominal Exploration
- Radical Neck Dissection
- Rectal Prolapse Repair
- Staging Procedure (e.g., Hodgkin's Disease, Lymphoma)
- Thymectomy
- Tube Cystostomy
- Vagotomy
- Volvulus Reduction:
  - Colon
  - Small Intestine

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GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

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
- Panniculectomy, Abdominal
- Pedicle Flap

The following procedures 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 Biopsy:
  - Brain
  - Nerve Root Tumor
  - Spinal Cord Tumor
- Craniectomy / Burr Holes
- Craniotomy:
  - Arteriovenous Malformation (AVM) Removal
  - Brain Tumor Excision
- Intracranial Aneurysm Clipping:
  - Endovascular coiling
- Cerebral Spinal Fluid Shunt:
  - Internal Shunt, Third Ventriculostomy / Revision
  - Lumbar Peritoneal Ventriculostomy / Revision
  - Torkildsen Ventriculo-Cisternostomy / Revision
  - Ventriculaostral Shunt Insertion / Revision
  - Ventriculopojugular Shunt Insertion / Revision
  - Ventriculoperitoneal Shunt Insertion / Revision
  - Ventriculopleural Shunt Insertion / Revision
  - Discectomy and Fusion, Anterior Cervical:
  - Vertebral Corpectomy and Fusion, Cervical
- Fusion:
  - Arthrodesis, Spine
  - Cervical Spine
  - Lumbar Spine
  - Thoracic Spine
- Laminectomy, +/- Discectomy, +/- Foraminotomy:
  - Cervical:
    - Laminoplasty, Cervical
    - Lumbar
    - Thoracic:
      - Anterior Discectomy, Thoracic
      - Costotransversectomy and Disc Excision, Thoracic
      - Transpedicular Laminectomy and Disc Excision, Thoracic
      - Transthoracic Disc Excision, via Thoracotomy
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:

- Meningocele / Myelomeningocele Repair
- Metastatic Tumor Excision, Spine, +/- Fusion
- Pituitary Tumor Excision / Hypophysectomy, Transphenoidal
- Stereotactic Introduction, Subcortical Electrodes
- Stereotactic Lesion Creation:
  - Pallidotomy, Unilateral
  - Subthalamotomy
  - Thalamotomy
- Sympathectomy:
  - Endoscopic
  - Open
- Video Electroencephalographic (EEG) Monitoring

The following procedures 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*

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

- Cervical Cerclage, Emergent
- Cesarean Section:
  - During Labor
  - Prior to Onset of Labor
- Colporrhaphy, Anterior:
  - Cystocele Repair
- Colporrhaphy, Posterior:
  - Rectocele Repair
- Hemivulvectomy
- Hysterectomy:
  - Abdominal, +/- BSO
  - Laparoscopically Assisted Vaginal (LAVH), +/- BSO
  - Radical
  - Supracervical, +/- BSO (Open)
  - Vaginal, +/- BSO
- Myomectomy (Open)
- Oophorectomy (Open):
  - Cystectomy, Ovarian (Open)
- Salpingectomy (Open)
- Salpingo-Oophorectomy (Open)
- Salpingostomy (Open)

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OBSTETRIC / GYNECOLOGIC (cont)
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Unification, Bicornuate Uterus*
- Vaginectomy
- Vulvectomy, Radical

The following procedures are not addressed by InterQual Procedures Criteria:
- Enterocystoplasty
- Fimbrioplasty (Open)*
- Fistula Closure (e.g., Recto-Vaginal)*
- Hysteroplasty (Open)
- Hysterorrhaphy:
  - Laparoscopic*
  - Open
- Hysterotomy*
- Pelvic Exenteration
- Pubovaginal Sling*
- Repair Ruptured Uterus
- Termination of Pregnancy, Septic
- Trachelectomy:
  - Laparoscopic*
  - Open
- Uterine Suspension (Open)
- Vaginoplasty*
- Wedge Resection, Ovary (Open)*

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Enucleation*
- 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
- Tonsillectomy: for Sleep Apnea only

The following procedures 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

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY (cont)

The following procedures are not addressed by InterQual Procedures Criteria:
- 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)

Upper Extremity

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Arthrodesis, Shoulder
- Arthroplasty:
  - Elbow
  - Wrist
- 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, Shoulder:
  - Arthroplasty, Total, Shoulder
  - Removal and Replacement of existing TJR, Shoulder
- Open Reduction and Internal / External Fixation, Distal Radius +/- Ulna:
  - Distal Radius +/- Ulna Styloid, External Fixator
  - ORIF, Distal Radius
  - ORIF, Ulna Styloid
ORTHOPEDIC (cont)

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

- 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 not addressed by InterQual Procedures Criteria:

- Disarticulation:
  - Shoulder
  - Elbow
  - Wrist*

- 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

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

ORTHOPEDIC (cont)

Lower Extremity (cont)

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

- 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)

- Arthroscopy:
  - 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*

- Closed Treatment, Fracture:
  - Femoral Shaft
  - Hip

- Fixation, In Situ Fracture, Hip (Proximal Femur)

- Osteotomy:
  - Femoral Neck
  - Femur, Proximal
  - High Tibial
  - Pelvic
  - Supracondylar Femur

- Patelleotomy

- Prosthetic Replacement, Fracture, Hip (Proximal Femur):
  - Hemiarthroplasty, Hip

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ORTHOPEDIC (cont)

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

- Reduction and Fixation, Shaft / Hip Fracture:
  - Femoral Shaft:
    - Femoral Shaft Intramedullary Device
    - Femoral Shaft Plate
  - ORIF, Femoral Shaft
  - Femoral Shaft External Fixator
  - Hip (Proximal Femur):
    - Hip Intramedullary Device
    - Hip Plate
  - ORIF, Hip (Proximal Femur)
- Tibial Shaft:
  - Tibial Shaft External Fixator
  - Tibial Shaft Intramedullary Device
  - Tibial Shaft Plate
  - ORIF, Tibial Shaft
- 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 not addressed by InterQual Procedures Criteria:

- Arthrodesis:
  - Sacrolilac
  - Symphysis Pubis
- Clubfoot Repair
- Disarticulation:
  - Ankle*
  - Hip
  - Knee
- Epiphysiodesis*
- Excision, Partial Hip Bone*
- Fasciotomy:
  - Hip
  - Thigh
- Hemiarthroplasty, Hip
- Hemipelvectomy
- Incision & Drainage:
  - Femur
  - Knee (Open / Laparoscopic*)
  - Pelvis
  - Hip bone
- Implant:
  - Above the Knee
  - Below the Knee
  - Midtarsal
  - Transmetatarsal*
  - Metatarsal*
  - Metatarsophalangeal*

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ORTHOPEDIC (cont)

Lower Extremity (cont)

The following procedures are not addressed by InterQual Procedures Criteria:

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

Osteoplasty:
- Femur
- Tibia
- Fibula

Patellar Fracture Repair*

Patellar Tendon Rupture Repair*

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

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

Release, Hip Flexor*

Replantation:
- Digit
- Foot

Resection / Removal, Radical:
- Hip
- Femur
- Fibula
- Knee
- Tibia

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:
- Complicated
- Laparoscopic
- Open
- Perforated
- Cleft Lip Repair

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GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

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

- Cleft Palate Repair:
  - Cheiloplasty
  - Palatoplasty
- Cochlear Implants: Simultaneous Bilateral
- Herniorrhaphy: (Incarcerated only)
  - Inguinal, (Laparoscopic / Open)
  - Umbilical
- Herniorrhaphy, Ventral / Incisional / Epigastric:
  - Incarcerated or strangulated
  - Large hernia
  - Multiple fascial defects
  - Recurrent hernia
  - Large hernia
- Mastoidectomy, with Tympanoplasty
- Pyloromyotomy:
  - Fredet-Ramstedt Procedure
  - Ramstedt Procedure
  - Laparoscopic
  - Open
- Tonsillectomy:
  - < 3 years of age*
  - Obstructive Tonsillar Hypertrophy
  - Peritonsillar Abscess
  - Tonsillar Hemorrhage
- Ureter Reimplantation

The following procedures are not addressed by InterQual Procedures Criteria:

- Bladder Augmentation
- Epiphysiodesis*
- Gastrochisis Repair
- Gastrostomy (G-tube Insertion)
- Jejunostomy (J-tube Insertion)
- Repair Malunion / Non-Union: Epiphysial Separation
- Sphincteroplasty
- Urethroplasty*: Epispadias / Hypospadias

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
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

TRANSPLANT (cont)
The following procedures 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
  - Marshall-Marchetti-Krantz Procedure
  - Stamey Modification Procedure
- Cystectomy:
  - Partial
  - Radical
  - Simple
- Neobladder Creation:
  - Orthotopic Continent Urinary Diversion
  - Orthotopic Urinary Reconstruction
- Nephrectomy:
  - Partial
  - Radical
  - Simple (Includes Total)
- Nephrolithotomy (Percutaneous):
  - Nephrolithotripsy (Percutaneous)
- Penectomy:
  - Amputation, Penis
  - Complete
  - Radical
- Prostatectomy:
  - Open
  - Radical (Robotic-Assisted Radical Prostatectomy)
  - Ureteral Reimplantation
  - Urinary Diversion, Intestinal Conduit
  - Urinary Reservoir, Continent Catheterizable

The following procedures are not addressed by InterQual Procedures Criteria:
- Cystorrhaphy
- Cystoplasty
- Cystourethroplasty*
- Diphallus Repair*
- Drainage, Renal Abscess*
- Fistula Repair:
  - Nephrocutaneous
  - Nephrovisceral
  - Pyelocutaneous
  - Ureterocutaneous
  - Ureterovisceral
- Nephrectomy:
  - Donor
  - Laparoscopic
- Nephrohraphy
- Nephrotomy
- Penoplasty*
- Plastic Operation, Penis with Exostrophy of Bladder*
- Pyelolithotomy
- Pyeloplasty (Open)
- Pyelostomy*

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GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

UROLOGY (cont)
The following procedures are not addressed by InterQual Procedures Criteria:

- Pyelotomy
- Renal Exploration
- Symphysectomy (for horseshoe kidney)
- Transureteroenterostomy
- Ureterectomy
- Ureterocalicostomy
- Ureteroenterostomy
- Ureterolithotomy
- Ureterolysis
- Ureteroneocystostomy
- Ureteroplasty
- Ureteropyelostomy
- Ureterorraphy
- Ureterosigmoidostomy
- Ureterostomy
- Ureterotomy
- Urethral Repair*
- Urethropexy*
- Vesiculectomy
- Vesiculectomy, 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
- Aorto-Celiac / Aorto-Mesenteric Repair, +/- Graft:
  - Aorto-Celiac / Aorto-Mesenteric Endarterectomy
- 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
- Embolectomy:
  - Celiac Artery
  - Mesenteric Artery
- Embolectomy / Thrombectomy, Peripheral Artery:
  - Embolectomy, Peripheral Artery, +/- Repair +/- Graft
  - Thrombectomy, Peripheral Artery, +/- Repair +/- Graft
- Endarterectomy, Carotid +/- Patch Graft
- Endarterectomy / Bypass, Renovascular:
  - Aortorenal
  - Hepatorenal
  - Splenorenal

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GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

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

Endovascular Intervention, Peripheral Artery:
  - Angioplasty, Peripheral Artery
  - Atherectomy, 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:
  - Endoaneurysmmorrhaphy, Peripheral

Subfascial Ligation, Perforating Veins:
  - Linton Procedure
  - Open

Venous Valve Reconstruction

The following procedures are not addressed by InterQual Procedures Criteria:

Atherectomy (Open)
Arterial Graft with Re-exploration / Revision / Re-operation
Arterial Ligation*
Arterial Transposition
Cavernous Hemangioma Revision
Embolectomy / Thrombectomy:
  - Peripheral Artery
  - Pulmonary Artery
Endoaneurysmmorrhaphy, 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
Transection Repair, Pulmonary Artery

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