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 is planned prior to the procedure being performed. Patients who experience complications during an outpatient procedure, or immediately postoperatively, may require an inpatient admission. Appropriate criteria for complications of outpatient surgery can be found in the InterQual® Acute Level of Care Criteria.

The decision to admit a patient for a surgical procedure remains the responsibility of the treating provider. Determination of the appropriate setting (inpatient versus outpatient) is a clinical decision best made with consideration of multiple clinical factors including, but not limited to:

- type of procedure planned (e.g., laparoscopic versus open procedure, need for postoperative drains, monitoring, or therapy)
- urgency of the procedure
- patient’s hemodynamic stability
- medical stabilization of comorbidities (e.g., cardiac function, diabetes)
- likelihood of complications based on patient’s medical history (e.g., bleeding, infection, thrombotic events, fluid or electrolyte imbalance)

The actual setting may differ based upon legislative and geographic variances, including the sophistication level of the facility and their available resources, and might impact organizational policy. Documentation of the patient’s clinical condition is essential to ensure the appropriate setting and level of care required.

Procedures and interventions listed in these guidelines are organized alphabetically by surgical specialty (e.g., General, Orthopedics, Vascular) into two groups. The first group includes procedures and interventions for which InterQual Procedures Criteria are available to support 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 the 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 "Addendum E".

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>
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<tbody>
<tr>
<td>Certain approaches, age restrictions, or conditions make a procedure appropriate for the inpatient setting.</td>
<td><strong>Myomectomy: Open</strong> – Open removal of a fibroid is appropriate for the inpatient setting, while laparoscopic myomectomy can be safely performed in the outpatient setting.</td>
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An asterisk "*" next to a procedure indicates the procedure may be performed in either the inpatient or outpatient setting due to variations in practice. At present, there is insufficient evidence to clearly define procedures marked with a "*" as being inpatient or outpatient. The appropriate setting for these procedures is determined by the physician’s experience, the presence of medical comorbidities, the potential for significant complications, the need for prolonged monitoring, and the actual length of stay. McKesson recommends that hospitals consult with the responsible health plan prior to making a formal decision to determine the actual setting.

Meckel’s Diverticulum Excision:  
Laparoscopic*  
In this example, the open procedure is appropriate for the inpatient setting, but laparoscopic excision may be appropriate for either the inpatient or outpatient setting.

Gastric Stimulation*:  
Enterra Therapy System  
Gastric Pacemaker insertion  
In this example, gastric stimulation may be appropriate for either the inpatient or outpatient setting.

When a procedure is also known by 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 (TJR), Hip” is also known as “Arthroplasty, Total, Hip.”

Procedures in the Pediatric category have been specifically reviewed or evaluated for pediatric indications.

CARDIAC

For patients who are unstable on presentation and require Implantable Cardioverter Defibrillator (ICD) Insertion, Pacemaker Insertion, or Percutaneous Coronary Intervention (PCI), refer to the appropriate Condition Specific or General Medical subset to determine if admission criteria are met. Episode Day One criteria should be applied. These criteria reflect the minimum standard of care and, when met, allow for the performance of additional procedures deemed clinically appropriate by the treating physician.

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

- Implantable Cardioverter Defibrillator (ICD) Insertion:  
  - Thoracotomy approach  
  - Subxiphoid approach  
  - Left Ventricular Assist Device (LVAD) Insertion  

- Pacemaker Insertion:  
  - Thoracotomy approach  
  - Pacemaker Insertion, Biventricular*:  
    - Cardiac Resynchronization Therapy (CRT)  
    - Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion*:  
      - Thoracotomy approach  
      - Subxiphoid approach  

- Cardiac Resynchronization Therapy-Defibrillator (CRT-D) Insertion  
- Cardiac Resynchronization Therapy-Implantable Cardioverter Defibrillator (CRT-ICD) Insertion

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

- Ablation, Cardiac: Open  
- Aortoplasty  
- Cardiotomy  
- Coarctation of the Aorta, Repair:  
  - Anastomosis  
  - Waldhausen Procedure
CARDIAC (cont)
Implantable Cardioverter Defibrillator (ICD), Removal*
Intra-aortic Balloon Pump (IABP) Insertion
Myectomy / Myocardial Resection
Pacemaker Removal, by Thoracotomy
Pulmonary Veins, Anomalous Drainage Repair
Repair:
- Aorta / Great Vessels
- Atrial-Ventricular (AV) Septal Defect (Complete)
- Right Ventricular Assist Device (RVAD) Insertion
- Thrombolysis, Coronary, Intracoronary Infusion
- Ventriculotomy

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 Gastropexy
  - Laparoscopic Fundoplication
  - Nissen Fundoplication
  - Open Fundoplication
  - Rossetti Fundoplication
  - Thal-Nissen Repair
  - Toupet Fundoplication
- Aortic Valve Replacement (AVR)
- Aortic Valvuloplasty, Percutaneous Balloon
- Atrial Septal Defect (ASD) Repair: Open
- Coronary Artery Bypass Graft (CABG)
- Lobectomy
- Lung Volume Reduction Surgery (LVRS)
- Mitral Valve Replacement (MVR) / Repair
- Mitral Valvuloplasty, Percutaneous Balloon
- Pneumonectomy
- Thoracoscopy, Video Assisted (VAT)
- Transcatheter Aortic Valve Replacement (TAVR)
- Transcatheter Aortic Valve Insertion (TAVI)
- Tricuspid Valve Annuloplasty
- Tricuspid Valve Replacement (TVR) / Repair / Resection
- Wedge Resection / Segmentectomy, Lung

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Aortic Dissection Repair
- Biopsy, Lung: Open
- Bronchoplasty
- Carinal Resection
- Esophageal Perforation Repair
- Esophagectomy
- Esophagomyotomy:
  - Heller Myotomy
- Excision:
  - Esophageal Lesion / Tumor
  - External / Intracardiac Tumor
  - Pericardial Cyst / Tumor
  - Mediastinal Mass Resection
CARDIO-THORACIC (cont)

- Myotomy, Cricopharyngeal: Open
- Zenker’s Diverticulum Resection / Repair
- Zenker’s Diverticulectomy
- Zenker’s Diverticulopexy
- Pericardectomy: Subxiphoid
- Pericardial Window
- Pericardiocentesis
- Pleurectomy
- Pulmonary Decortication
- Repair Lacerated Diaphragm
- Resection, Radical: Rib
- Revision Chest Wall
- Revision / Resection, Diaphragm
- Rib Resection, Thoracic Outlet Syndrome (TOS)
- Sternal Reduction / Resection / Debridement
- Suture, Tracheal Wound
- Thoracic Duct Repair
- Thoracostomy Tube Insertion
- Thoracotomy:
  - Pleural Disease
  - Bullectomy
  - Tracheal Stenosis Repair
  - Tracheoplasty
- Ventricular Septal Defect (VSD) Repair: Open

GENERAL

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

- Appendectomy*:
  - Appendiceal abscess
  - Appendiceal phlegmon
  - Perforated appendix
- Bariatric Surgery (Primary):
  - Biliopancreatic Diversion with Duodenal Switch
  - Roux-en-Y Gastric Bypass (RYGB)
  - Sleeve Gastrectomy
- Bariatric Surgery (Revised):
  - Removal / Revision / Replacement of adjustable gastric band device or port
  - Revision of gastroduodenal anastomosis with reconstruction
  - Revision of gastrojejunal anastomosis with reconstruction
- Cholecystectomy, Open
  - Open Cholecystectomy with Intraoperative Cholangiogram
- Colectomy:
  - Left:
    - Left Hemicolectomy
    - Left Partial Colectomy
    - Low Anterior Resection
    - Sigmoid Colectomy
    - Sigmoidectomy
  - Right:
    - Cecectomy
    - Right Hemicolectomy
    - Right Partial Colectomy
- Exploratory Laparotomy
GENERAL (cont)

Herniorrhaphy, Inguinal / Femoral*:
  - Strangulated hernia
    - Bilateral Inguinal or Femoral Hernia Repair +/- Mesh
    - Laparoscopic Inguinal or Femoral Hernia Repair +/- Mesh
    - Open Inguinal or Femoral Hernia Repair +/- Mesh
    - Unilateral Inguinal or Femoral Hernia Repair +/- Mesh

Herniorrhaphy, Umbilical*:
  - Strangulated hernia
    - Laparoscopic Umbilical Hernia Repair +/- Mesh
    - Open Umbilical Hernia Repair +/- Mesh
    - Umbilical Hernia Repair +/- Mesh

Herniorrhaphy, Ventral, Incisional, or Epigastric*:
  - Incarcerated or strangulated hernia
  - Large hernia (defect > 4 cm)
  - Multiple fascial defects
  - Recurrent hernia
    - Laparoscopic Ventral or Incisional or Epigastric Hernia Repair +/- Mesh
    - Ventral or Incisional or Epigastric Hernia Repair +/- Mesh

Laparotomy

Mastectomy, Modified Radical (MRM)*

Mastectomy, Prophylactic, Total / Simple with Reconstruction

Small Bowel Resection

Thyroidectomy, Partial or Total:
  - Radical Neck Dissection
  - Sternal Split
  - Transthoracic

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

Abdominal Perineal Resection (APR)

Adrenalectomy / Adrenal Mass Removal: Open

Anoplasty*:
  - Biopsy: Open
    - Liver
    - Pancreas
    - Stomach

Cecostomy:
  - Open
  - Tube*

Cholecystoenterostomy

Cholecystojejunostomy

Cholecystostomy*

Cholecystoduodenostomy

Cholecystojejunostomy

Cholecystectomy

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)

Drainage Abdominal Abscess: Open
GENERAL (cont)
- Duodenal Atresia Repair
- Duodenoduodenostomy
- Duodenojejunostomy
- Enterostomy
- Esophagogastrostomy*
- Esophagojejunostomy
- Esophagoplasty
- Esophagostomy
- Esophagotomy
- Exploration, Radical Abdominal
- Fistula Repair:
  - Colonic
  - Cutaneous
  - Enterocenteric
  - Vesical
- Gastrectomy:
  - Antrectomy
  - Hemigastrectomy
- Subtotal
- Total
- Gastroduodenostomy
- Gastroenterostomy
- Gastrojejunostomy
- Gastroplasty:
  - Revision (Janeway Procedure)
- Gastrotomy
- Hepatic:
  - Exploration
  - Lobectomy
  - Repair
  - Resection
- Hepatectomy:
  - Donor
  - Partial
- Hepaticotomy
- Hepatotomy
- Incision & Drainage Appendiceal Abscess: Open Ileostomy:
  - Koch Procedure
- Intestinal Plication
- Intussusception Reduction
- Ladd Procedure
- Laparotomy and Drainage, Pancreatic Pseudocyst
- Laparotomy for Staging
- Ligation of Esophageal Varices
- Lysis of Adhesions*
- Mastectomy: Radical
- Meckel's Diverticulum Excision:
  - Laparoscopic*
  - Open
- Omentectomy*
- Pancreatectomy:
  - Subtotal
  - Total
- Pancreatocystogastrostomy
- Pancreatocystojejunostomy
- Pancreatoduodenectomy:
  - Whipple Procedure
GENERAL (cont)
Pancreatojejunostomy:
Beger Procedure
Frey Procedure
Partington-Rochelle Procedure
Puestow Procedure
Pharyngoesophageal Repair
Proctopexy
Pyloroplasty and Vagotomy
Radical Neck Dissection
Rectal Prolapse Repair
Splenectomy:
Laparoscopic
Open
Thyroidectomy
Vagotomy
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,
Autologous Tissue Reconstruction
Pedicle Flap
Transverse Rectus Abdominis Myocutaneous (TRAM) Flap
Latissimus Dorsi Muscle Flap
Facial Nerve Repair*
Local Flap*:
Cutaneous Flap
Fascial / Fasciocutaneous Flap
Muscle / Musculocutaneous Flap
Pedicle Flap, Local
Perforator Flap, Local

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Burn, Excision, +/- Graft:
Full Thickness (3rd degree)
Deep Partial Thickness (2nd degree)
Digital Artery Repair, Hand, Microsurgical*
Escharotomy (3rd degree burn)
Free Tissue Transfer
Incision & Drainage, Infection, Hand / Digit:
High Pressure Injection Injury
Septic Joint*
Suppurative Flexor Tenosynovitis*
Toe / Hand Transfer

NEUROLOGIC & SPINE
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Artificial Disc Replacement, Cervical*:
Arthroplasty, Total Disc, Cervical Replacement, Total Disc, Cervical
Artificial Disc Replacement, Lumbar:
Arthroplasty, Total Disc, Lumbar Replacement, Total Disc, Lumbar
NEUROLOGIC & SPINE (cont)

Craniotomy:
- Biopsy of brain tumor / metastases
- Clipping of intracranial aneurysm
- Epilepsy surgery
  - Anterior temporal lobectomy
  - Corpus callosotomy
- Microvascular decompression
- Resection of arteriovenous malformation (AVM)
- Resection / Excision of brain tumor / metastases

Decompression +/- Fusion, Cervical:
- Discitis or epidural abscess by MRI
- Anterior Cervical Disectomy and Fusion (ACDF)*
- Vertebral Corpectomy and Fusion, Cervical*
- Multiple-level Lamiecotomy +/- Fusion, Cervical
- Multi-level Laminoplasty, Cervical
- Single-level Laminectomy with Fusion, Cervical*
  - Single-level Laminoplasty with Fusion, Cervical

Decompression +/- Fusion, Lumbar:
- Discitis or epidural abscess by MRI
- Multiple-level Laminectomy +/- Fusion, Lumbar
- Single-level Laminectomy with Fusion, Lumbar

Decompression +/- Fusion, Thoracic:
- Lamiecotomy +/- Fusion, Thoracic

Endovascular Intervention, Intracranial:
- Endovascular Coiling
- Endovascular Embolization
- Endovascular Revascularization
- Intra-arterial Thrombolytics
- Mechanical Thrombectomy

Fusion:
- Cervical Spine:
  - Arthrodesis, Cervical
  - Multiple-level Fusion, Cervical
  - Single-level Fusion, Cervical*
- Lumbar Spine:
  - Anterior Lumbar Interbody Fusion (ALIF)
  - Arthrodesis, Lumbar
  - Extreme Lateral Interbody Fusion (XLIF)
  - Posterior Lumbar Interbody Fusion (PLIF)
  - Posterior Lumbar Intertransverse Process Fusion (PLIT)
- Thoracic Spine:
  - Arthrodesis, Thoracic

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

Scoliosis Surgery:
- Spinal Instrumentation Surgery +/- Fusion

Stereotactic Introduction, Subcortical Electrodes:
- Deep Brain Stimulation
  - Intracranial electrode placement
- Dystonia*
- Essential Tremor*
- Parkinson Disease*
- Planned placement of electrodes for pre-operative mapping

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

Biopsy / Excision:
- Brain
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

NEUROLOGIC & SPINE (cont)

Nerve Root Tumor
Spinal Cord Tumor
Cerebral Thrombolysis
Cerebrospinal Fluid Shunt Insertion / Revision*:
  - Internal Shunt, Third Ventriculostomy / Revision
  - Lumbar Peritoneal Shunt / Revision
  - Ventriculo-Cisternostomy / Revision
  - Ventriculopontine Shunt Insertion / Revision
  - Ventriculoperitoneal Shunt Insertion / Revision
  - Ventriculopleural Shunt Insertion / Revision
Cerebrospinal Fluid Shunt Removal* / Replacement*
Cranioplasty
Craniotomy / Craniectomy / Burr Holes:
  - Subdural Hematoma
  - Epidural Hematoma
  - Spontaneous Intracranial Hematoma
  - Trauma-induced Intracranial Hematoma
  - Skull fracture / Intracranial Wound
Harrington Rod Removal*
Kyphectomy Muscle / Skin / Fascia Flap (Local)
Meningocele Repair
Metastatic Tumor Excision, Spine
ORIF, Odontoid
Osteotomy, Spine
Pituitary Tumor Excision / Hypophysectomy, Transsphenoidal
Removal, Vertebrae:
  - Vertebrectomy
  - V-P Shunt or Ventriculocisternostomy Repair* / Replacement* / Removal*

OBSTETRICS & GYNECOLOGY

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

Cesarean Section:
  - During Labor
  - Prior to Onset of Labor
Colpopexy: Open
  - Sacrocolpopexy
  - Vaginal Cuff Suspension
Hysterectomy:
  - +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
    - Abdominal, Supracervical +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
    - Abdominal, Total +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy
    - Laparoscopically Assisted Vaginal (LAVH) +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Saphingectomy*
    - Vaginal +/- Bilateral Salpingo-Oophorectomy or Bilateral Salpingectomy*
Radical:
  - Laparoscopic
    - Open
    - Schauta Operation
Myomectomy: Open
Salpingectomy: Open*
Salpingo-Oophorectomy, Bilateral or Oophorectomy, Bilateral: Open*
Salpingo-Oophorectomy, Unilateral or Oophorectomy, Unilateral: Open*
  - Cystectomy, Ovarian: Open*
Salpingostomy: Open*
GUIDELINES FOR SURGERY AND PROCEDURES
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OBSTETRICS & GYNECOLOGY (cont)

Uterine Artery Embolization (UAE):
Postpartum uterine bleeding ≤ 24 hours post delivery
Post hysterectomy bleeding

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

- Cervical Cerclage:
  - Abdominal
- Colporrhaphy, Anterior:
  - Cystocele Repair
- Enterocystoplasty
- Fistula Closure (Recto-Vaginal)*
- Hemivulvectomy
- Hysteroplasty: Open
- Hysterorrhaphy:
  - Laparoscopic*
  - Open
- Hysterotomy*
- Pelvic Exenteration
- Repair Ruptured Uterus
- Termination of Pregnancy, Septic
- Trachelectomy:
  - Laparoscopic*
  - Open
- Unification, Bicornuate Uterus*
- Uterine Suspension
- Vaginectomy
- Vulvectomy, Radical
- Wedge Resection, Ovary: Open*

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY

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

- Ethmoidectomy: Open*
- Glossectomy, Partial
- Hemiglossectomy
- Maxillectomy
- Osteotomy:
  - LeFort I
  - Sagittal Split, Mandible Ramus
- Temporomandibular Joint (TMJ):
  - Arthroplasty
  - Discectomy
  - Reconstruction
  - Total Joint Replacement (TJR), Temporomandibular Joint (TMJ)
- Tonsillectomy
  - Obstructive Sleep Apnea*
  - Peritonsillar Abscess*
  - Suspected tonsillar Malignancy*
  - Adenotonsillectomy**

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

- Control, Nose Bleed, Complicated
- Excision External Auditory Canal Lesion: Radical
- Facial / Jaw Reconstruction
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY (cont)
- Frontal Sinus Obliteration
- Laryngectomy
- Laryngoplasty*
- Mandible / Maxilla Resection Muscle Length Change
- Nasomaxillary Complex Fracture (LeFort II Type), Wiring / Local Fixation: Open
- Oronasal Fistula Repair with Bone Grafting
- Parotidectomy*:
  - Sialoadenectomy, Parotidectomy*
- Pharyngolaryngectomy
- Posterior Segment, Maxilla
- Removal, Tumor, Temporal Bone
- Resection Temporal Bone, External Approach
- Revision Pharyngeal Wall Sinusotomy, Frontal: Open
- Submandibular Gland Excision*:
  - Sialoadenectomy, Submandibular Gland Excision*
- 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 and Implantable Stimulator, Fracture Nonunion

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Bone Graft, Fracture Malunion or Nonunion, Long Bones:
  - Humerus*
  - Radius*
  - Ulna*
  - Femur
  - Fibula*
  - Tibia

ORTHOPEDIC

Upper Extremity
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Arthroscopy or Arthroscopically Assisted Surgery, Shoulder:
  - Lavage of joint with joint aspirate diagnostic for infection
- Arthroscopy or Arthroscopically Assisted Surgery, Wrist:
  - Lavage of joint with joint aspirate diagnostic for infection
- Arthroscopy Surgical Elbow:
  - Lavage of joint with joint aspirate diagnostic for infection
- Arthroscopy:
  - Contracture release with or without manipulation under anesthesia
  - Lavage of joint with joint aspirate diagnostic for infection
  - Shoulder:
    - Joint exploration post penetrating joint injury*
    - Lavage of joint with joint aspirate diagnostic for infection
  - Wrist: Lavage of joint with joint aspirate diagnostic for infection
- Joint Replacement, Elbow:
  - Arthroplasty, Total, Elbow
  - Total Joint Replacement (TJR), Elbow
- Joint Replacement, Shoulder:
ORTHOPEDIC (cont)

Upper Extremity
Arthroplasty, Partial, Shoulder
Arthroplasty, Total, Shoulder
Hemiarthroplasty, Shoulder
Resurfacing, Shoulder
Total Joint Replacement (TJR), Shoulder
Joint Replacement, Wrist:
Arthroplasty, Wrist
Total Joint Replacement (TJR), Wrist
Removal and Replacement, Total Joint Replacement (TJR), Shoulder

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Disarticulation:
Shoulder
Elbow
Wrist*
Reamputation:
Arm
Forearm
Reduction and Fixation, Humeral Shaft Fracture*:
Humeral Shaft External Fixator*
Humeral Shaft Intramedullary Device*
Humeral Shaft Plate*
ORIF, Humeral Shaft*
Replantation:
Arm
Forearm
Resection / Removal, Radical:
Clavicle
Elbow
Humerus
Scapula
Supracondylar Fracture Repair, Elbow: Open*

ORTHOPEDIC
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 or Arthroscopically Assisted Surgery, Knee:
Lavage of joint with joint aspirate diagnostic for infection
Arthroscopy, Surgical, Ankle:
Lavage of joint with joint aspirate diagnostic for infection
Arthroscopy, Surgical, Hip:
Lavage of joint with joint aspirate diagnostic for infection
Arthrotomy, Ankle:
Joint exploration post penetrating joint injury*
Lavage of joint with joint aspirate diagnostic for infection
Repair of intra-articular fracture*
Open Reduction Internal Fixation (ORIF), Ankle*
Synovectomy (major)*
Arthrotomy, Hip:
ORTHOPEDIC (cont)
Lower Extremity
Acetabuloplasty

Contracture release

Joint exploration post penetrating joint injury

Lavage of joint with joint aspirate diagnostic for infection

Open reduction of hip dislocation

Repair of intra-articular fracture

Open Reduction Internal Fixation (ORIF), Acetabulum

Open Reduction Internal Fixation (ORIF), Femoral Neck

Open Reduction Internal Fixation (ORIF), Pelvis

Synovectomy

Arthroscopy, Knee: (Excludes Reconstruction / Repair of ACL / Isolated PCL injury)

Chondroplasty

Contracture release with or without manipulation under anesthesia

Joint exploration post penetrating joint injury

Lavage of joint with joint aspirate diagnostic for infection

Quadricepsplasty with or without manipulation under anesthesia

Reconstruction / repair of lateral collateral ligament (LCL) or posterolateral corner injury

Reconstruction / repair of medial collateral ligament (MCL) injury*

Reconstruction / repair of multiligamentous injury

Repair of intra-articular fracture

Open Reduction Internal Fixation (ORIF), Knee

Synovectomy (major)

Osteotomy:

Femoral Neck

Femoral, Proximal

High Tibial

Pelvic

Supracondylar Femur

Osteotomy, Distal Femoral

Prosthetic Replacement, Fracture, Hip (Proximal Femur):

Hemiarthroplasty, Hip

Removal and Replacement, Total Joint Replacement (TJR), Hip

Removal and Replacement, Total Joint Replacement (TJR), Knee

Total Joint Replacement (TJR), Ankle:

Arthroplasty, Total, Ankle

Total Joint Replacement (TJR), Hip:

Arthroplasty, Total, Hip

Total Joint Replacement (TJR), Knee:

Arthroplasty, Total, Knee

Unicondylar Knee Replacement

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

Arthrodesis:

Sacrolilac

Baker's Cyst Removal*:

Pituteal Cyst Removal*

Closed Treatment, Fracture:

Femoral Shaft

Hip

Clubfoot Repair

Core Decompression, Hip with Vascularized Bone Graft

Disarticulation:

Ankle

Hip

Knee

Excision, Partial Hip Bone
ORTHOPEDIC (cont)

Lower Extremity
Fasciotomy:
- Hip
- Thigh
Fixation In Situ, Fracture, Hip (Proximal Femur)
Hemipelvectomy
Incision & Drainage:
- Femur
- Hip bone
- Knee: Open
- Knee: Arthroscopic*
- Pelvis
Open Reduction Internal Fixation (ORIF):
- Acetabulum
- Ankle*
- Calcaneal*
- Femoral Neck
- Pelvis
Osteoplasty:
- Femur
- Fibula
- Tibia
Patellar Fracture Repair*
Patellar Tendon Rupture Repair*
Patellectomy*
Reamputation:
- Above the Knee
- Below the Knee
- Metatarsal*
- Metatarsophalangeal*
- Midtarsal
Transmetatarsal
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
Reinforcement (Nailing, Pinning, Plating, Wiring):
- Femur
- Hip
- Release, Hip Flexor*
Replantation:
- Digit
- Foot
Resection / Removal, Radical:
- Femur
- Fibula
- Hip
- Knee
ORTHEPODICE (cont)
Lower Extremity
Tibia
Tenotomy, Hip: Open*

PEDIATRIC
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Adenoidectomy:
< 3 years of age*
Symptomatic adenoid hypertrophy*
Appendectomy*:
Appendiceal abscess
Appendiceal phlegmon
Perforated appendix
Arthroscopy or Arthroscopically Assisted Surgery, Knee (Pediatric):
Joint exploration post penetrating joint injury
Lavage of joint with joint aspirate diagnostic for infection
Reconstruction / repair of multiligamentous injury*
Arthroscopy or Arthroscopically Assisted Surgery, Shoulder (Adolescent):
Lavage of joint with joint aspirate diagnostic for infection
Arthroscopy, Surgical, Hip (Pediatric):
Lavage of joint with joint aspirate diagnostic for infection
Bariatric Surgery (age ≥ 13 and < 18):
Roux-en-Y Gastric Bypass (RYGB)
Sleeve Gastrectomy
Cleft Lip or Palate Repair:
Cheloplasty
Palatoplasty
Herniorrhaphy, Inguinal*:
Strangulated hernia
Bilateral Inguinal Hernia Repair +/- Mesh
Laparoscopic Inguinal Hernia Repair +/- Mesh
Open Inguinal Hernia Repair +/- Mesh
Unilateral Inguinal Hernia Repair +/- Mesh
Herniorrhaphy, Umbilical*:
Strangulated hernia
Laparoscopic Umbilical Hernia Repair +/- Mesh
Open Umbilical Hernia Repair +/- Mesh
Umbilical Hernia Repair +/- Mesh
Herniorrhaphy, Ventral, Incisional, or Epigastric*:
Incarcerated or strangulated hernia
Large hernia (defect > 4 cm)
Multiple fascial defects
Recurrent hernia
Laparoscopic Ventral or Incisional or Epigastric Hernia Repair +/- Mesh
Open Ventral or Incisional or Epigastric Hernia Repair +/- Mesh
Ventral or Incisional or Epigastric Hernia Repair +/- Mesh
Pectus Deformity Repair:
Abramson Repair
Minimally Invasive Repair of Pectus Carinatum
Minimally Invasive Repair of Pectus Excavatum
Nuss Procedure
Open Repair of Pectus Carinatum
Open Repair of Pectus Excavatum
Ravitch Procedure
Pyloromyotomy*:
Fredet-Ramstedt Procedure*
Hypertrophic Pyloric Stenosis (HPS) Pyloromyotomy*
Ramstedt Procedure*
PEDIATRIC (cont)

Scoliosis Surgery:
Spinal Instrumentation +/- Fusion

Tonsillectomy:
< 3 years of age*
Obstructive sleep apnea syndrome (OSAS)*
Peritonsilar abscess*
Tonsilar malignancy*

Ureter Reimplantation:
Boari Flap
Laparoscopic Cystoneocystostomy
Open Cystoneocystostomy
Psias Hitch

Video Electroencephalographic (EEG) Monitoring*

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

Aortopexy
Atrial Septostomy / Septectomy
Bladder Augmentation
Bivalve-Hanlon Procedure
Bivalve Shunt / Bivale-Taussig, Modified
Coarctation of the Aorta, Repair (Anastomosis / Waldhausen Procedure)
Epiphysiodesis*
Extrophy of Bladder, Reconstruction*
Fontan Procedure
Gastrochisis Repair
Gastrostomy (G-tube Insertion)*
Jejunostomy (J-tube Insertion)
Myelomeningocele Repair
Omphalocele Repair
Pulmonary Veins, Anomalous Drainage Repair

Patent Ductus Arteriosus:
Division
Ligation

Repair Atrial-Ventricular (AV) Septal Defect (Complete)
Repair Endocardial Cushion Defect +/- Prosthesis / Tissue Graft: Open
Repair Malunion / Non-Union: Epiphyseal Separation*
Repair Pulmonary Atresia
Repair Pulmonic Stenosis
Repair Tetralogy of Fallot
Repair Truncus Arteriosus
Repair Transposition of the Great Vessels
Sphincteroplasty
Urethroplasty*:
Epispadias * / Hypospadias*

Ventriculomyotomy

SPECIALIZED PROCEDURES

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

Gastric Stimulation*:
Enterra Therapy System
Gastric Pacemaker Insertion

Gender Reassignment Surgery*:
Bilateral Mastectomy
Clitoroplasty
Hysterectomy
Intersex Surgery
Metoidioplasty
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

SPECIALIZED PROCEDURES (cont)
Ovariectomy/Salpingo-Oophorectomy
Phalloplasty
Scrotoplasty
Urethralplasty
Vaginoplasty
Ablative or Transarterial Therapy, Liver: Open:
Cryoablation, Liver
Microwave Ablation, Liver
Percutaneous Ethanol Injection (PEI), Liver
Liver Radiofrequency Ablation (RFA)
Liver Transarterial Bland Embolization (TAE)
Liver Transarterial Chemoembolization (TACE)
Liver Transarterial Radioembolization (TARE or RE), Liver
Transplantation, Cardiac:
Heart Transplant
Transplantation, Allogeneic Stem Cell:
Myeloablative Allogeneic Stem Cell Transplant
Transplantation, Liver
Transplantation, Renal
Kidney Transplant
Video Electroencephalographic (EEG) Monitoring*

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

UROLOGY
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Bladder Neck Suspension/Sling, Female:
Open Burch Colpsuspension Procedure
Prostatectomy: Open
Prostatectomy: Radical:
Laparoscopic
Laparoscopically-Assisted
Open
Robotic-Assisted
Radiofrequency Ablation (RFA) or Cryoablation, Renal: Laparoscopic*

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Cystectomy:
Partial
Radical
Simple
Cystorrhaphy
Cystoplasty
Cystourethralplasty*
Drainage, Renal Abscess*
Fistula Repair:
Nephrocutaneous
Nephrovisceral
Pyelocutaneous
Ureterocutaneous
Ureterovisceral
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

UROLOGY (cont)

Neobladder Creation:
Orthotopic Continent Urinary Diversion
Orthotopic Urinary Reconstruction

Nephrectomy:
Donor
Laparoscopic
Partial
Radical
Simple (Total)

Nephrolithotomy: Percutaneous*:
Nephrolithotripsy: Percutaneous*

Nephorrhaphy
Nephotomy
Penectomy
Penoplasty*
Pyelolithotomy
Pyeloplasty: Open
Pyelostomy*
Pyelotomy

The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Renal Exploration
Transureteroenterostomy
Ureter Reimplantation
Ureterectomy
Ureterocalicostomy
Ureteroureterostomy
Ureterolithotomy
Ureterolysis
Ureteroneocystostomy
Ureteroplasty
Ureteropyelostomy
Ureterorrhaphy
Ureterosigmoidostomy
Ureterostomy*
Ureterotomy*
Urethral Repair*
Urinary Diversion, Intestinal Conduit
Urinary Reservoir, Continent Catheterizable
Vesiculectomy
Vesiculotomy, Complicated

VASCUAR

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
Resection and Graft, Abdominal Aortic Aneurysm (AAA):
Aorto-Aortic Bypass Graft
Aorto-Bifemoral Bypass Graft
Aorto-Biiliac Bypass Graft
Axillo-Bifemoral Bypass Graft

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

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

VASCULAR (cont)
Aorto-Iliac
Axillo-Bifemoral
Axillo-Femoral
Femoral-Femoral
Ilio-Femoral
Endarterectomy, Carotid
Endovascular Intervention, Peripheral Artery:
  Angioplasty, Peripheral Artery
  Atherectomy, Peripheral Artery
  Embolectomy, Peripheral Artery
  Stent, Peripheral Artery
  Thrombectomy, Peripheral Artery
Acute limb ischemia
Planned anticoagulation
Renal failure
Endovascular Repair, Abdominal Aortic Aneurysm (AAA)
Endovascular Repair, Thoracic Aortic Aneurysm:
  Thoracic Aorta Aneurysm Endovascular Repair + Stenting
  Thoracic Endovascular Aneurysm Repair (TEVAR)
Ligation, Subfascial, Endoscopic, Perforating Vein:
  Subfascial Endoscopic Perforator Surgery (SEPS)
Thoracic or Thoracoabdominal Aortic Aneurysm Repair

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: Pulmonary Artery
Endarterectomy / Bypass, Renovascular:
  Aortorenal
  Hepatorenal
  Splenorenal
Endoaneurysmorrhaphy, Peripheral
Excision / Removal, Infected Graft
Ligation, Major Artery:
  Abdominal
  Chest
Peripheral Aneurysm / Pseudoaneurysm Repair, +/- Graft:
  Endoaneurysmorrhaphy, Peripheral
Repair, Intra-abdominal / Intrathoracic:
  A-V Aneurysm
  Blood Vessel
Thrombectomy:
  Celiac Artery
  Mesenteric Artery
Thromboendarterectomy
Transection Repair, Pulmonary Artery
Venous Valve Reconstruction