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 admission 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, thrombolic 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 Surgery, Orthopedics, Vascular Surgery) 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>
</tr>
</thead>
<tbody>
<tr>
<td>Certain approaches, age restrictions, or conditions make a procedure appropriate for the inpatient setting.</td>
<td>Myomectomy: Open – Open removal of a fibroid is appropriate for the inpatient setting, while laparoscopic myomectomy can be safely performed in the outpatient setting.</td>
</tr>
<tr>
<td>An asterisk &quot;*&quot; next to a procedure indicates the procedure may be performed in either the inpatient or outpatient setting due to variations in practice.</td>
<td>Meckel’s Diverticulum Excision: Laparoscopic* Open</td>
</tr>
</tbody>
</table>

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.
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

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. This criteria reflects the minimum standard of care and, when met, allows for the performance of additional procedures deemed clinically appropriate by the treating physician.

CARDIAC

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
- Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion:
  - Cardiac Resynchronization Therapy (CRT)
  - Cardiac Resynchronization Therapy-Implantable Cardioverter Defibrillator (CRT-ICD) Insertion
  - Cardiac Resynchronization Therapy-Defibrillator (CRT-D) 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)
- 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
- Ventriculomyotomy

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
  - Nissen Fundoplication
  - Rosetti Fundoplication
  - Thai-Nissen Repair
  - Toupet Fundoplication
- Laparoscopic
- Open
- Aortic Valve Replacement (AVR)
- Aortic Valvuloplasty, Percutaneous Balloon
- Atrial Septal Defect (ASD) Repair: Open
- Coronary Artery Bypass Graft (CABG)
- Lobectomy
CARDIO-THORACIC (cont)

The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Lung Volume Reduction Surgery (LVRS)
- Mitral Valve Replacement (MVR) / Repair
- Mitral Valvuloplasty, Percutaneous Balloon
- Pneumonectomy
- Thoracic / Thoracoabdominal Aortic Aneurysm Repair
- Thoracoscopy, Video Assisted (VAT) (Except for Pleural Lesion)
- Tricuspid Valve Annuloplasty
- Tricuspid Valve Replacement (TVR) / Resection / Repair
- Wedge Resection, Lung:
  - Open
  - VAT

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
- Esophagogastrectomy
- Esophagomyotomy: 
  - Heller Myotomy
- Excision:
  - Esophageal Lesion / Tumor
  - External / Intracardiac Tumor
  - Pericardial Cyst / Tumor
- Mediastinal Mass Resection
- Mediastinotomy: Open
- Chamberlain Procedure
- Myotomy, Cricopharyngeal: Open
  - Zenker's Diverticulum Resection / Repair
  - Zenker's Diverticulectomy
  - Zenker's Diverticulopectomy
  - Zenker's Diverticulostomy
- Myotomy, Epiphrenic: 
  - Epiphenic Diverticulectomy
- Pericardectomy: Open
- Pericardiotomy, Subxiphoid
- Pericardectomy: Subxiphoid
  - Pericardial Window
  - Pericardioectomy, Percutaneous
  - Pericardiotomy / Pericardioscopy, Balloon
- Pericardiocentesis
- Pleurectomy
- Pneumolysis
- 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
CARDIO-THORACIC (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- 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:
  - Gangrenous appendix*
  - Perforated appendix*
  - Suppurative appendix*
- Bariatric Surgery (Primary):
  - Biliopancreatic Diversion with Duodenal Switch
  - Roux-en-Y Gastric Bypass (RYGB)
  - Sleeve Gastrectomy
- Bariatric Surgery (Revisional)
- Cholecystectomy: Open
- Colectomy:
  - Left:
    - Left Hemicolectomy
    - Left Partial Colectomy
    - Low Anterior Resection
    - Sigmoid Colectomy
    - Sigmoidectomy
  - Right:
    - Right Hemicolectomy
    - Right Partial Colectomy
- Exploratory Laparotomy
- 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, Modified Radical (MRM)
- Mastectomy, Prophylactic, Total / Simple with Reconstruction
- Small Bowel Resection

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

- Cholecystojejunostomy
- Cholecystostomy:
  - Laparoscopic*
  - Percutaneous*
- Cholecystotomy*
- Choledochoduodenostomy
- Choledochojunostomy
- Choledochotomy
- 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
- Colectomy Closure
- Colectomy Creation
- Common Duct Exploration (CDE)
- Drainage Abdominal Abscess: Open
- Duodenal Atresia Repair
- Duodenoduodenostomy
- Duodenojejunalostomy
- Enterostomy
- Esophagogastrostomy*
- Esophagojejunostomy
- Esophagoplasty
- Esophagostomy
- Esophagotomy
- Exploration, Radical Abdominal
- Fistula Repair:
  - Colonic
  - Cutaneous
  - Enterocenteric
  - Vesical
- Gastrectomy:
  - Antrectomy
  - Hemigastrectomy
  - Subtotal
  - Total
- Gastroenterostomy
- Gastroenterostomy
- Gastrojejunostomy
- Gastroplasty: Revision (Janeway Procedure)
- Gastrotomy
- Hepatic:
  - Exploration
  - Lobectomy
  - Repair
  - Resection
- Hepatectomy:
  - Donor
  - Partial
- Hepaticotomy
- Hepatotomy
- Incision & Drainage Appendiceal Abscess: Open
GENERAL (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

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
    - Pancreateojejunostomy:
      - Beger Procedure
      - Frey Procedure
      - Partington-Rochelle Procedure
      - Puestow Procedure
  - Parathyroid Excision / Exploration
  - Pharyngoesophageal Repair
  - Pyloroplasty and Vagotomy
  - Radical Neck Dissection
  - Rectal Prolapse Repair
  - Splenectomy:
    - Laparoscopic
    - Open
  - Thymectomy
  - 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
Facial Nerve Repair*
Local Flap*:
  - Cutaneous Flap
  - Fascial / Fasciocutaneous Flap
  - Musculocutaneous Flap
  - Pedicle Flap

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

- 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

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

**NEUROLOGIC & SPINE**

- Artificial Disc Replacement, Cervical*:
  - Arthroplasty, Total Disc, Cervical Replacement, Total Disc, Cervical
- Artificial Disc Replacement, Lumbar:
  - Arthroplasty, Total Disc, Lumbar Replacement, Total Disc, Lumbar
- Craniotomy:
  - Arteriovenous Malformation (AVM) Removal
  - Brain Tumor Excision
  - Intracranial Aneurysm Clipping
  - Microvascular Decompression
- Discectomy and Fusion, Anterior Cervical*:
  - Vertebral Corpectomy and Fusion, Cervical
- Endovascular Intervention, Intracranial:
  - Endovascular Coiling
  - Endovascular Embolization
  - Endovascular Revascularization
  - Intra-arterial Thrombolitics
  - Mechanical Thrombectomy
- Fusion:
  - Arthrodesis, Spine
  - Arthrodesis, Cervical
  - Arthrodesis, 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, Cervical , +/- Fusion:
  - Laminoplasty, Cervical
- Laminectomy, Lumbar , +/- Fusion
- Scoliosis Surgery:
  - Spinal instrumentation
- Stereotactic Introduction, Subcortical Electrodes:
  - Deep Brain Stimulation
  - Essential Tremor*
  - Parkinson Disease*
  - Planned placement of electrodes for pre-operative mapping
NEUROLOGIC & SPINE (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

Biopsy / Excision:
- Brain
- Nerve Root Tumor
- Spinal Cord Tumor

Cerebrospinal Fluid Shunt Insertion / Revision*:
- Internal Shunt, Third Ventriculostomy / Revision
- Lumbar Peritoneal Ventriculostomy / Revision
- Ventrículo-Cisternostomy / Revision
- Ventrículoatrial Shunt Insertion / Revision
- Ventrículojugular Shunt Insertion / Revision
- Ventrículoperitoneal Shunt Insertion / Revision
- Ventrículopleural Shunt Insertion / Revision

Cerebrospinal Fluid Shunt Removal* / Replacement* / Cranioplasty

Craniotomy / Cranietomy / 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 / Ventrículocisternostomy Repair* / Replacement* / Removal*

OBSTETRIC / GYNECOLOGIC
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:
- 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, Bilateral or Oophorectomy, Bilateral: Open*

Salpingo-Oophorectomy, Unilateral or Oophorectomy, Unilateral: Open*

Salpingostomy: Open*
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

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

- 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:
  - McDonald Cervical Cerclage
  - Shirodkar Cervical Cerclage
- Abdominal
- Emergent*
- Colporrhaphy, Anterior:
  - Cystocele Repair
- Enterocystoplasty
- Fimbrioplasty: Open*
- 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: Open
- 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
  - Mandible Ramus
  - Posterior Segment, Maxilla
- Sinusotomy, Frontal: Open
- 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
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:

- Excision Aural Glomus Tumor:
  - Extratemporal
  - Transcanal
- Excision External Auditory Canal Lesion: Radical
- 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
- Removal, Tumor, Temporal Bone
- Resection Temporal Bone, External Approach
- Revision Pharyngeal Wall
- 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
  - Tibia

ORTHOPEDIC

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

- Arthroscopy, Surgical, Lavage for (+) Joint Infection:
  - Elbow
  - Shoulder
  - Wrist
- Arthrotomy:
  - Elbow:
    - Contracture Release
    - Lavage for (+) Joint Infection
  - Shoulder:
    - AC Separation
    - Exploration Post Penetrating Injury
    - Lavage for (+) Joint Infection
  - Wrist: Lavage for (+) Joint Infection
ORTHOPEDIC (cont)

Upper Extremity

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

Joint Replacement, Elbow:
- Arthroplasty, Elbow
- Total Joint Replacement (TJR), Elbow

Joint Replacement, Shoulder:
- Arthroplasty, Total, Shoulder
- Arthroplasty, Partial, Shoulder
- Resurfacing, Shoulder
- Total Joint Replacement (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

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, Surgical for Lavage of (+) Infected Joint
- Ankle
- Hip
- Knee
ORTHOPEDIC (cont)

Lower Extremity

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

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)

Knee: (Excludes Reconstruction / Repair of ACL / Isolated PCL injury)
- Chondroplasty
- 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
- Synovectomy (Major)

Osteotomy:
- Femoral Neck
- Femur, 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:
- Sacroiliac
- Symphysis Pubis

Baker’s Cyst Removal*:
- Popliteal Cyst Removal

Closed Treatment, Fracture:
- Femoral Shaft
- Hip
- Clubfoot Repair
ORTHOPEDIC (cont)
Lower Extremity
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
Core Decompression, Hip with Vascularized Bone Graft
Disarticulation:
  Ankle*
  Hip
  Knee
Excision, Partial Hip Bone*
Fasciotomy:
  Hip
  Thigh
Fixation In Situ, Fracture, Hip (Proximal Femur)
Hemipelvectomy
Incision & Drainage:
  Femur
  Hip bone
  Knee: Open / Laparoscopic*
  Pelvis
ORIF:
  Acetabulum
  Ankle
  Calcaneal
  Femoral Neck
  Knee
  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*
ORTHOPEDIC (cont)

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

- Replantation:
  - Digit
  - Foot

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

- Tenotomy, Hip: Open*

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

- Adenoidectomy:
  - < 3 years of age*
  - Obstructive Adenoid Hypertrophy*

- Appendectomy:
  - Gangrenous appendix*
  - Perforated appendix*
  - Suppurative appendix*

- Bariatric Surgery (age ≥ 13 and < 18):
  - Roux-en-Y Gastric Bypass (RYGB)
  - Sleeve Gastrectomy

- Cleft Lip or Palate Repair:
  - Cheloplasty
  - Palatoplasty

- Herniorrhaphy, Ventral / Incisional:
  - Epigastric Herniorrhaphy
  - Incarcerated or strangulated*
  - Large hernia
  - Multiple fascial defects
  - Recurrent hernia

- Myelomeningocele Repair

- Pyloromyotomy:
  - Fredet-Ramstedt Procedure
  - Hypertrophic Pyloric Stenosis (HPS) Pyloromyotomy
  - Ramstedt Procedure
  - Laparoscopic
  - Open

- Scoliosis Surgery:
  - Spinal Instrumentation

- Tonsillectomy:
  - < 3 years of age*
  - Obstructive Tonsillar Hypertrophy*
  - Tonsillar Hemorrhage*

- Ureter Reimplantation

- Video Electroencephalographic (EEG) Monitoring
GUIDELINES FOR SURGERY AND PROCEDURES
IN THE INPATIENT SETTING

PEDIATRIC (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Aortopexy
- Atrial Septostomy / Septectomy
- Bladder Augmentation
- Blalock-Hanlon Procedure
- Blalock Shunt / Blalock-Taussig, Modified
- Coarctation of the Aorta, Repair (Anastomosis / Waldhausen Procedure)
- Epiphysiodesis*
- Exstrophy of Bladder, Reconstruction*
- Fontan Procedure
- Gastrostomy Repair
- Gastrostomy (G-tube Insertion)*
- Jejunostomy (J-tube Insertion)
- Omphalocele Repair
- Pulmonary Veins, Anomalous Drainage Repair
- Patent Ductus Arteriosus:
  - Division
  - Ligature
- 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
- Urethroplasty*:
  - Epispadias / Hypospadias
- Ventriculomyotomy

SPECIALIZED PROCEDURES
The following procedures are appropriate for the inpatient setting based on InterQual Procedures Criteria:
- Gastric Stimulation:
  - Gastric Pacing
  - Pacemaker Insertion
- Myeloablative Allogeneic Stem Cell Transplant
- Radiofrequency Ablation (RFA), Liver: Open
- Sympathectomy:
  - Endoscopic
  - Open
- Transplantation, Cardiac:
  - Heart 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: Burch Colposuspension Procedure
- Cystolithotomy: Open
- Prostatectomy: Open
- Prostatectomy: Radical
  - Robotic-Assisted Radical Prostatectomy
- Radiofrequency Ablation (RFA), Renal: Laparoscopic
  - Cryoablation, Renal

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

- Cystectomy:
  - Partial
  - Radical
  - Simple
- Cystorrhaphy
- Cystoplasty
- Cystourethroplasty*
- Drainage, Renal Abscess*
- Fistula Repair:
  - Nephrocutaneous
  - Nephrovisceral
  - Pyelocutaneous
  - Ureterocutaneous
  - Ureterovisceral
- Neobladder Creation:
  - Orthotopic Continent Urinary Diversion
  - Orthotopic Urinary Reconstruction
- Nephrectomy:
  - Donor
  - Laparoscopic
  - Partial
  - Radical
  - Simple (Total)
- Nephrolithotomy: Percutaneous
  - Nephrolithotripsy: Percutaneous
- Nephroplasty*
- Pyelolithotomy
- Pyeloabrasion:
  - Open
- Pyelostomy*
- Pyelotomy
- Renal Exploration
- Transureteroenterostomy
- Ureteral Reimplantation
- Ureterectomy
- Ureterocalicostomy
- Ureteroenterostomy
- Ureterolithotomy
- Ureterolysis
- Ureteroneocystostomy
- Ureteroplasty
- Ureteropyelotomy
- Ureterorrhaphy
- Ureterosigmoidostomy
UROLOGY (cont)
The following procedures are appropriate for the inpatient setting, but are not addressed by InterQual Procedures Criteria:
- Ureterostomy
- Ureterotomy
- Urethral Repair*
- Urinary Diversion, Intestinal Conduit
- Urinary Reservoir, Continent Catheterizable
- 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

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

- Subfascial Ligation, Perforating Veins: 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: Pulmonary Artery
GUIDELINES FOR SURGERY AND PROCEDURES IN THE INPATIENT SETTING

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