Review and Incorporation of Recent Medical Literature

McKesson Health Solutions is committed to keeping the InterQual product suite current and accurate. Criteria are continually reviewed and updated, with new editions of every product released annually. McKesson Health Solutions’ staff of physicians, nurses, other licensed healthcare professionals, and its extensive array of primary care and specialty consultants participate in ongoing criteria revision as new medical information emerges. Each annual release of the criteria reflects a thorough review of new medical literature, society guidelines, current practice standards, and incorporation of consultant and user feedback.

MHS Customer Hub

The MHS Customer Hub (http://mhscustomerhub.mckesson.com) provides interactive support, answers to commonly asked questions and links to other resources. For a user ID and password, contact your MHS Customer Hub site administrator or MHScustomerhub@mckesson.com
Enhancements

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

NEUROLOGIC and SPINE:

Artificial Disc, Cervical*:

Arthroplasty, Total Disc, Cervical
Replacement Total Disc, Cervical

Endovascular Intervention, Intracranial:

Endovascular Coiling
Endovascular Embolization

Ruptured AVM
Unruptured AVM
Ruptured Aneurysm
Unruptured Aneurysm*
Brain Tumor

Scoliosis Surgery:

Spinal Instrumentation

ORTHOPEDIC- Lower Extremity:

Total Joint Replacement (TJR), Ankle:

Arthroplasty, Total, Ankle

PEDIATRIC:

Scoliosis Surgery:

Spinal Instrumentation

Video Electroencephalographic (EEG) Monitoring
Global / General Criteria Changes

Based on extensive analysis and client input, the following unused or rarely used subsets have been retired from the InterQual Procedures Adult Criteria. These subsets are now included in the second group of subsets, which includes procedures and interventions that are appropriate for the inpatient setting but are not addressed by InterQual Procedures Criteria.

CARDIOTHORACIC:
- Aortic Dissection Repair
- Esophageal Perforation Repair
- Esophagectomy
- Esophagomyotomy:
  - *Heller Myotomy*
- Mediastinotomy: Open
  - *Chamberlain Procedure*
- Myotomy, Cricopharyngeal: Open
  - *Zenker's Diverticulum Resection / Repair*
  - *Zenker's Diverticulectomy*
  - *Zenker's Diverticulopexy*
  - *Zenker's Diverticulostomy*
- Myotomy, Epiphrenic:
  - *Epiphrenic Diverticulectomy*
- Pericardiectomy: Open
- Pericardiectomy: Subxiphoid
  - *Pericardial Window*
  - *Pericardiectomy, Percutaneous*
  - *Pericardiectomy / Pericardiotomy, Balloon*
  - *Pericardiotomy, Subxiphoid*
- Pericardiocentesis
- Rib Resection, Thoracic Outlet Syndrome (TOS)
- Thoracotomy: Pleural Disease / Bullectomy
- Ventricular Septal Defect (VSD) Repair: Open

GENERAL:
- Abdominal Perineal Resection (APR)
- Adrenalectomy / Adrenal Mass Removal: Open
- Cholecystojejunostomy
GENERAL: (cont)
Cholecystostomy: Laparoscopic*
Cholecystotomy*
Choledochoduodenostomy
Choledochojjunostomy
Colectomy:
  Subtotal Colectomy, + Ileostomy
  Total Colectomy, + Ileostomy:
    Continent Ileostomy with Total Colectomy
    Ileo-Anal Pouch Anastomosis with Total Colectomy
    Ileo-Rectal Anastomosis with Total Colectomy
    Proctocolectomy, Total, with Ileostomy
Common Duct Exploration (CDE)
Gastrectomy:
  Antrectomy
  Hemigastrectomy
Subtotal
Total
Laparotomy and Drainage, Pancreatic Pseudocyst
Pancreatectomy:
  Subtotal
  Total
Pancreatocystogastrostomy
Pancreatocystojejunoanastomosis
Pancreatoduodenectomy:
  Whipple Procedure
Panreatojejunostomy:
  Beger Procedure
  Frey Procedure
  Partington-Rochelle Procedure
  Puestow Procedure
Parathyroid Excision / Exploration
Pyloroplasty and Vagotomy
Splenectomy:
  Laparoscopic
  Open
HAND, PLASTICS, & RECONSTRUCTIVE:
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*
Pedicle Flap

NEUROLOGIC & SPINE:
  Biopsy:
    Nerve Root Tumor
    Spinal Cord Tumor
Cerebrospinal Fluid Shunt Insertion / Revision*:
  Internal Shunt, Third Ventriculostomy / Revision
  Lumbar Peritoneal Ventriculostomy / Revision
  Torkildsen Ventriculo-Cisternostomy / Revision
  Ventriculoatrial Shunt Insertion / Revision
  Ventriculojugular Shunt Insertion / Revision
  Ventriculoperitoneal Shunt Insertion / Revision
  Ventriculopleural Shunt Insertion / Revision
Craniotomy/ Craniectomy / Burr Holes:
  Subdural Hematoma
  Epidural Hematoma
  Spontaneous Intracranial Hematoma
  Trauma-induced Intracranial Hematoma
  Skull fracture/Intracranial Wound
Meningocele Repair
Metastatic Tumor Excision, Spine, +/- Fusion
Pituitary Tumor Excision / Hypophysectomy, Transsphenoidal
OBSTETRIC / GYNECOLOGIC:
  Cervical Cerclage:
    *McDonald Cervical Cerclage*
    *Shirodkar Cervical Cerclage*
  Abdominal
  Emergent
  Colporrhaphy, Anterior:
    *Cystocele Repair*
  Vaginectomy
  Vulvectomy, Radical/Hemivulvectomy

ORO-MAXILLO-FACIAL & OTOLARYNGOLOGY:
  Frontal Sinus Obliteration
  Laryngectomy
  Oronasal Fistula Repair with Bone Grafting
  Parotidectomy*:
    *Sialoadenectomy, Parotidectomy*
  Submandibular Gland Excision:
    *Sialoadenectomy, Submandibular Gland Excision*

ORTHOPEDIC- Upper and Lower Extremity:
  Bone Graft, Fracture Nonunion, Long Bones:
    *Humerus*
    *Radius*
    *Ulna*
    Femur
    Tibia
    Fibula

ORTHOPEDIC- Upper Extremity:
  Reduction and Fixation, Humeral Shaft Fracture:
    *Humeral Shaft External Fixator*
    *Humeral Shaft Intramedullary Device*
    *Humeral Shaft Plate*
    ORIF, Humeral Shaft*
ORTHOPEDIC- Lower Extremity:
  Baker's Cyst Removal*:
    Popliteal Cyst Removal
  Closed Treatment, Fracture:
    Femoral Shaft
    Hip
  Fixation, In Situ Fracture, Hip (Proximal Femur)
  Patelllectomy
  Reduction and Fixation, Shaft / Hip Fracture:
    Femoral Shaft:
      Femoral Shaft External Fixator
      Femoral Shaft Intramedullary Device
      Femoral Shaft Plate
      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

UROLOGY:
  Cystectomy:
    Radical
    Simple
  Neobladder Creation:
    Orthotopic Continent Urinary Diversion
    Orthotopic Urinary Reconstruction
  Nephrectomy:
    Partial
    Radical
    Simple (Total)
  Nephrolithotomy (Percutaneous):
    Nephrolithotripsy (Percutaneous)
UROLOGY: (cont)
Penectomy
Ureteral Reimplantation
Urinary Diversion, Intestinal Conduit
Urinary Reservoir, Continent Catheterizable

VASCULAR:
Endarterectomy / Bypass, Renovascular:
  Aortorenal
  Hepatorenal
  Splenorenal
Peripheral Aneurysm / Pseudoaneurysm Repair, +/- Graft:
  Endoaneurysmorrhaphy, Peripheral

Criteria-Specific Changes

<table>
<thead>
<tr>
<th>Category</th>
<th>Subset</th>
<th>Revision</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand, Plastic, &amp;</td>
<td>Digital Artery Repair, Hand, Microsurgical*</td>
<td>Added asterisk</td>
<td>Due to variations in practice, this procedure may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Reconstruction</td>
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</tr>
<tr>
<td>Hand, Plastic, &amp;</td>
<td>Incision &amp; Drainage, Infection, Hand / Digit:</td>
<td>Added asterisk to Septic Joint and</td>
<td>Due to variations in practice, when this procedure is performed for these indications, it may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Reconstruction</td>
<td>Septic Joint* SuppurativeFlexor Tenosynovitis*</td>
<td>Tenosynovitis</td>
<td></td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Biopsy, Brain</td>
<td>Moved from the first group to the second group</td>
<td>This procedure is no longer addressed by InterQual Procedures Criteria.</td>
</tr>
<tr>
<td>Category &amp; Spine</td>
<td>Subset</td>
<td>Revision</td>
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<tr>
<td>Neurologic &amp; Spine</td>
<td>Cerebral Embolization</td>
<td>Removed Cerebral Embolization from the second group of subsets</td>
<td>This procedure is now addressed in the Endovascular Intervention, Intracranial subset located in the first group of subsets.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Cerebrospinal Fluid Shunt Insertion / Revision*</td>
<td>Added asterisk to Revision</td>
<td>Due to variations in practice, revision of a cerebrospinal fluid shunt may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Cerebral Spinal Fluid Shunt: Removal* / Replacement*</td>
<td>Added asterisk to Removal and Replacement</td>
<td>Due to variations in practice, this procedure may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Discectomy and Fusion, Anterior Cervical*</td>
<td>Added asterisk</td>
<td>Due to variations in practice, this procedure may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Discectomy, Herniated Lumbar Intervertebral Disc*</td>
<td>Removed Discectomy, Herniated Lumbar Intervertebral Disc* from the second group of subsets</td>
<td>This procedure is now addressed in the Discectomy, Lumbar subset located in the first group of subsets.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Harrington Rod Removal*</td>
<td>Changed Harrington Rod, Placement / Removal* to Harrington Rod Removal*</td>
<td>Harrington rod placement is now covered by the new Scoliosis Surgery subset.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Instrumentation</td>
<td>Removed Instrumentation</td>
<td>Instrumentation is now covered by the new Scoliosis Surgery subset.</td>
</tr>
<tr>
<td>Category</td>
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<td>Revision</td>
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</tr>
<tr>
<td>Neurologic &amp;</td>
<td>Laminectomy, Cervical, +/-</td>
<td>Changed Laminectomy, Cervical +/- Discectomy/Foraminotomy/Fusion to</td>
<td>Laminectomy includes any concomitant procedure needed to ensure a successful</td>
</tr>
<tr>
<td>Spine</td>
<td>Fusion</td>
<td>Laminectomy, Cervical, +/- Fusion</td>
<td>decompression, including foraminotomy or discectomy.</td>
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<tr>
<td>Neurologic &amp;</td>
<td>Laminectomy, Lumbar, +/-</td>
<td>Changed Laminectomy, Lumbar +/- Discectomy/Foraminotomy/Fusion to</td>
<td>Laminectomy includes any concomitant procedure needed to ensure a successful</td>
</tr>
<tr>
<td>Spine</td>
<td>Fusion</td>
<td>Laminectomy, Lumbar, +/- Fusion</td>
<td>decompression, including foraminotomy or discectomy.</td>
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<tr>
<td>Neurologic &amp;</td>
<td>Laminectomy, Thoracic, +/-</td>
<td>Changed Laminectomy, Thoracic +/- Discectomy/Foraminotomy/Fusion to</td>
<td>Laminectomy includes any concomitant procedure needed to ensure a successful</td>
</tr>
<tr>
<td>Spine</td>
<td>Fusion</td>
<td>Laminectomy, Thoracic, +/- Fusion</td>
<td>decompression, including foraminotomy or discectomy.</td>
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<tr>
<td>Neurologic &amp;</td>
<td>Laminectomy, +/-</td>
<td>Removed Laminectomy, +/- Foraminotomy, Sacral</td>
<td>This procedure is rarely performed.</td>
</tr>
<tr>
<td>Spine</td>
<td>Foraminotomy, Sacral</td>
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</tr>
</tbody>
</table>

Laminectomy includes any concomitant procedure needed to ensure a successful decompression, including foraminotomy or discectomy.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Rhizotomy: Open*</td>
<td>Removed Rhizotomy: Open*</td>
<td>This procedure is rarely performed.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Spine Allograft</td>
<td>Removed Spine Allograft from the second group of subsets</td>
<td>This procedure is addressed in the fusion content located in the first group of subsets</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Stereotactic Introduction, Subcortical Electrodes: Essential Tremor* Parkinson Disease* Planned placement of electrodes for pre-operative mapping</td>
<td>Added asterisk to Essential Tremor and Parkinson Disease</td>
<td>Due to variations in practice, when this procedure is performed for these indications, it may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>Stereotactic Lesion Creation</td>
<td>Removed Stereotactic Lesion Creation</td>
<td>This procedure is rarely performed.</td>
</tr>
<tr>
<td>Neurologic &amp; Spine</td>
<td>V-P Shunt / Ventriculocisternostomy Repair* / Replacement* / Removal*</td>
<td>Changed V-P Shunt / Ventriculocisternostomy (Torkidsen) Repair* / Replace / Remove* to V-P Shunt / Ventriculocisternostomy Repair* / Replacement* / Removal*. Added asterisk to “Replacement”.</td>
<td>The Torkidsen procedure is no longer performed. Due to variations in practice, V-P shunt replacement may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Category</td>
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<tr>
<td>Orthopedic-Upper and Lower</td>
<td>Bone Graft, Fracture Malunion or Nonunion, Long Bones:</td>
<td>Added asterisk to Humerus, Radius, and Ulna</td>
<td>Due to variations in practice, these procedures may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
<td>Humerus*</td>
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<tr>
<td></td>
<td>Radius*</td>
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<td>Ulna*</td>
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<td>Femur</td>
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<td>Tibia</td>
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<td></td>
<td>Fibula</td>
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</tr>
<tr>
<td>Orthopedic-Upper Extremity</td>
<td>Arthrodesis, Shoulder</td>
<td>Removed Arthrodesis, Shoulder</td>
<td>This procedure is rarely performed.</td>
</tr>
<tr>
<td>Orthopedic-Upper Extremity</td>
<td>Arthrotomy, Elbow</td>
<td>Removed the indication Avascular Necrosis (Osteonecrosis) of Radial Head</td>
<td>This procedure is rarely performed for this indication.</td>
</tr>
<tr>
<td>Orthopedic-Upper Extremity</td>
<td>Arthrotomy, Elbow</td>
<td>Removed the indications Intra-articular Fracture and Repair or Reconstruction of Tendon or Ligament Injury</td>
<td>This procedure, when performed for these indications, is usually done in the outpatient setting.</td>
</tr>
<tr>
<td>Orthopedic-Upper Extremity</td>
<td>Arthrotomy, Shoulder</td>
<td>Removed the indication Intra-articular Fracture</td>
<td>This procedure, when performed for this indication, is usually done in the outpatient setting.</td>
</tr>
<tr>
<td>Orthopedic-Upper Extremity</td>
<td>Reduction and Fixation,</td>
<td>Removed Reduction and Fixation, Radius +/- Ulna Shaft</td>
<td>This procedure is usually done in the outpatient setting.</td>
</tr>
<tr>
<td></td>
<td>Radius +/- Ulna Shaft</td>
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<tr>
<td>Category</td>
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</tr>
<tr>
<td>Orthopedic-Upper</td>
<td>Reduction and Fixation, Humeral Shaft Fracture:</td>
<td>Added asterisk to:</td>
<td>Due to variations in practice, these procedures may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
<td>Humeral Shaft External Fixator*</td>
<td>Humeral Shaft Intramedullary Device*</td>
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<tr>
<td></td>
<td>Humeral Shaft Intramedullary Device*</td>
<td>Humeral Shaft Plate*</td>
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</tr>
<tr>
<td></td>
<td>ORIF, Humeral Shaft*</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Arthrotomy, Knee:</td>
<td>Added Chondroplasty as an indication</td>
<td>This procedure is usually done in the inpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
<td>Chondroplasty</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Arthrotomy, Knee</td>
<td>Removed the indication Repair Tendon Injury</td>
<td>This procedure, when performed for this indication, is usually done in the outpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Core Decompression, Hip with Vascularized Bone Graft</td>
<td>Added this procedure to the second group of subsets</td>
<td>This procedure is usually done the inpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Epiphysiodesis*</td>
<td>Removed from the Orthopedic-Lower Extremity category. The procedure remains in the Pediatric category.</td>
<td>This procedure is generally only performed in the pediatric population.</td>
</tr>
<tr>
<td>Extremity</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Reamputation:</td>
<td>Added asterisk to:</td>
<td>Due to variations in practice, these procedures may be performed in either the inpatient or outpatient setting.</td>
</tr>
<tr>
<td>Extremity</td>
<td>Above the Knee</td>
<td>Metatarsal*</td>
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<tr>
<td></td>
<td>Below the Knee</td>
<td>Metatarsophalangeal*</td>
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<td></td>
<td>Metatarsal*</td>
<td>Midtarsal</td>
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<td></td>
<td>Transmetatarsal</td>
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<tr>
<td>Orthopedic-Lower</td>
<td>Tenotomy, Hip: Open*</td>
<td>Added asterisk</td>
<td>Due to variations in practice, this procedure may be performed in either the inpatient or outpatient setting.</td>
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<tr>
<td>Extremity</td>
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<tr>
<td>Pediatric</td>
<td>Repair Malunion / Non-Union: Epiphyseal Separation*</td>
<td>Added asterisk</td>
<td>Due to variations in practice, this procedure may be performed in either the inpatient or outpatient setting.</td>
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<tr>
<td>Transplant</td>
<td>Allogeneic Stem Cell</td>
<td>Changed to Myeloablative Allogeneic Stem Cell</td>
<td>Allogeneic stem cell transplant, with the exception of myeloablative transplant, is usually done in the outpatient setting.</td>
</tr>
<tr>
<td>Transplant</td>
<td>Autologous Stem Cell</td>
<td>Removed Autologous Stem Cell</td>
<td>This procedure is usually done in the outpatient setting.</td>
</tr>
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</table>