

Head and Neck Surgery or Procedure GRG

GRG: SG-HNS (ISC GRG)

MCG Health
General Recovery
Care
27th Edition
Surgical Admission Case
Management GRG  GRG

Note: An appropriate Optimal Recovery Guideline (ORG) should be identified and used whenever possible. This General Recovery Guideline (GRG) is intended to aid only in situations in which no ORG appears applicable.

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Care Planning - Inpatient Admission and Alternatives

Clinical Indications for Procedure

- Surgery or other procedure covered by this guideline is indicated for **1 or more** of the following:
 - Eye disease surgery needed; examples include(1):
 - Cataract(2)(3)(4)
 - Glaucoma(5)(6)(7)
 - Corneal lesions(8)(9)(10)
 - Eye trauma surgery needed; examples include(1)(11):
 - Laceration
 - Lens repair(2)
 - Cornea repair
 - Reconstruction procedure needed for eye, head, or neck abnormalities; examples include:
 - Cleft palate or lip(12)(13)(14)
 - Maxillofacial deformities(15)
 - Eye muscle palsy(16)
 - Congenital atresias, cysts, or sinus remnants
 - Biopsy or resection procedure needed; examples include(17)(18):
 - Skull mass(19)
 - Neck mass
 - Oropharyngeal mass
 - Skin mass or lesion
 - Laryngeal lesions or masses(20)
 - Tonsillectomy or adenoidectomy needed(21)(22)(23)
 - Drainage procedure needed; examples include(21)(22)(24)(25)(26):
 - Abscess (eg, peritonsillar abscess)(27)
 - Sinusitis(28)

- Otitis(29)
- ☐ Head and neck trauma surgery needed; examples include(30)(31)(32)(33)(34)(35):
 - Fractures(36)
 - Lacerations
 - Laryngeal or tracheal injury
- Epistaxis control procedure needed (eg, arterial ligation, endovascular embolization, repair of vascular malformation)(37)(38)(39)
- ☐ Vocal cord or related structure operation needed; examples include(40)(41):
 - Polyps
 - Vocal cord paralysis(42)
- Foreign body removal (eg, aspiration)
- ☐ Operation for hearing loss needed; examples include:
 - Ear reconstruction needed(43)
 - Implants needed(44)
- Surgical procedure needed for sleep apnea (eg, palatal, nasal, maxillomandibular advancement, supraglottoplasty)(45)(46)(47)(48)
- Complex dental procedure needed(49)
- ☐ Tracheostomy procedure needed, including **1 or more** of the following(50)(51):
 - Tracheostomy creation
 - Tracheostomy repair
 - Surgery for complications

Alternatives to Procedure

- Alternatives may include:
 - Medical treatment for eye, ear, nose, and throat diseases; examples include(1):
 - Medications for glaucoma(5)(6)(7)
 - Local treatment for corneal disease(8)(9)(10)
 - Antimicrobials for ocular infection, sinusitis, or otitis(8)(9)(10)(52)(53)(54)
 - Nonsurgical treatment for obstructive sleep apnea(45)(46)
 - Speech and swallow therapy (eg, for vocal cord paralysis)
 - Injection laryngoplasty for vocal cord paralysis(42)
 - Anti-inflammatory medications for ocular disease
 - Retrobulbar injections of alcohol or chlorpromazine for blind painful eye
 - Needle aspiration of tonsillar or peritonsillar abscess(22)
 - Outpatient epistaxis control (eg, anterior cauterization or packing)(39)(52)
 - Radiation or chemotherapy for neoplasms(17)
 - Conservative care for hearing loss or craniofacial deformities(55)
 - Office-based treatment for most dental problems(56)
 - Lithotripsy for parotid gland calculi
 - Outpatient cochlear implantation(44)
 - Palliative care as appropriate

Operative Status Criteria

- **Ambulatory:** Benchmark Length of Stay (BLOS) = A; see Search for specific procedure BLOS. Examples include:
 - Most eye, middle ear, inner ear, or nose surgeries(1)(2)(3)(5)(8)(9)(10)(57)
 - Some pharyngeal airway procedures for sleep apnea(46)
 - Most biopsy procedures
 - Most simple drainage procedures without drain in place
 - Most major dental procedures(56)
 - Operations for hearing loss(58)
 - Cleft palate or lip operations(12)
 - Most vocal cord operations(59)
 - Many cyst or sinus remnant operations(60)
 - Epistaxis control with **ALL** of the following(52):
 - No posterior packing
 - No procedures endangering airway
 - Tonsillectomy or adenoidectomy (or both) without complication (eg, hemorrhage)(25)
 - See Ambulatory Surgery or Procedure GRG [GRG](#) for further information.
- **Inpatient:** for other surgeries and procedures, an inpatient stay will usually be needed for **1 or more** of the following:
 - Inpatient procedure: Benchmark Length of Stay of 1 day or more. See Search for specific procedure BLOS.

- o **Head and Neck Surgery or Procedure** and 1 or more General Admission Criteria [↗](#) GRG or Pediatric General Admission Criteria [↗](#) GRG
- o Procedure is usually performed on ambulatory basis,^[A] but inpatient stay is needed. See Ambulatory Surgery Exception Criteria [↗](#) GRG.

Hospitalization

General Recovery Course

Stage	Level of Care	Clinical Status	Interventions
1	<ul style="list-style-type: none"> • OR to ICU or intermediate care^[B] • Social Determinants of Health Assessment • Discharge planning. See General Discharge Planning Tool ↗ GRG. 	<ul style="list-style-type: none"> • Clinical Indications met^[C] • Procedure completed 	<ul style="list-style-type: none"> • Inpatient interventions as needed
2	<ul style="list-style-type: none"> • Floor • Social Determinants of Health Assessment 	<ul style="list-style-type: none"> • No ICU or intermediate care needs 	<ul style="list-style-type: none"> • Inpatient interventions continue • Transition to oral routes
3	<ul style="list-style-type: none"> • Activity level acceptable • Social Determinants of Health Assessment • Floor to discharge • Complete discharge planning 	<ul style="list-style-type: none"> • Operative site and other wounds acceptable • Pain and nausea absent or adequately managed • Temperature status acceptable • No infection, or status acceptable • Ocular status acceptable • Orbital edema or inflammation absent or controlled • Airway and swallowing status acceptable • General Discharge Criteria met 	<ul style="list-style-type: none"> • Intake acceptable • No inpatient interventions needed

(2)(8)(9)(10)(25)(45)(46)

Recovery Milestones are indicated in **bold**.

Evaluation and Treatment

- Common treatments and tests include(8)(9)(10)(17):
 - o Aspiration precautions and elevation of head of bed to 45 degrees
 - o Topical, oral, and IV antibiotics
 - o Analgesics(25)(46)
 - o NG tube until acceptable swallowing evaluation completed
 - o Topical and IV steroids
 - o Intraocular pressure monitoring(2)(5)
 - o Wound management(45)
- Commonly scheduled interventions include:
 - o Ophthalmologic examination and related procedures (eg, gonioscopy, dilated eye examination, intraocular pressure measurement)(2)(5)(8)(9)(10)(17)
 - o Laryngoscopy(25)(46)
 - o CT, MRI, or PET scan(17)(61)
 - o Swallowing study
 - o Esophagram
 - o Speech evaluation
 - o Tracheostomy evaluation and care plan(42)
 - o Auditory testing(55)
 - o Medical or radiation oncology consultation

Benchmark Length of Stay (BLOS): Access diagnosis and procedure code-specific BLOS via Search functions.

Discharge Criteria

- Continued inpatient stay is needed until **1 or more** of the following are present:
 - Acceptable patient status for next level of care is achieved.
 - **ALL** of the following are present:
 - Operative site and other wounds acceptable, as indicated by **1 or more** of the following(62):
 - Wounds absent
 - Wound site clean and intact, with minimal to no drainage and without signs of infection
 - Current wound care performable at next level of care
 - Pain and nausea absent or adequately managed, as indicated by **1 or more** of the following(63)(64)(65)(66)(67):
 - No pain or nausea
 - Minimal discomfort on oral medications
 - Pain and nausea managed on regimen performable at next level of care
 - Temperature status acceptable, as indicated by **1 or more** of the following(68)(69)(70):
 - Temperature less than 100.5 degrees F (38.1 degrees C) (oral) and greater than 96.8 degrees F (36 degrees C) (rectal)
 - Temperature as expected for disease process and appropriate for management at next level of care
 - No infection, or status acceptable, as indicated by **1 or more** of the following(71)(72)(73)(74):
 - No infection present
 - Infection status acceptable for next level of care, as indicated by **ALL** of the following(75):
 - WBC count normal, stable, or declining with treatment
 - Adequate treatment performable at next level of care
 - Organism and sensitivities identified, or adequate clinical response to empiric therapy
 - Repeat cultures negative or not needed
 - Ocular status acceptable, as indicated by **1 or more** of the following:
 - No ocular problems
 - **ALL** of the following(1)(76):
 - Ocular abnormalities (eg, hemorrhage, orbital fracture) acceptable for management at next level of care
 - Intraocular pressure less than 21 mm Hg or acceptable for management at next level of care(77)
 - Orbital edema or inflammation absent or controlled
 - Airway and swallowing status acceptable, as indicated by **ALL** of the following:
 - Aspiration absent or manageable at next level of care(78)(79)
 - No stridor, or at anticipated baseline
 - Tracheostomy absent or functioning adequately for next level of care(80)
 - Posterior nasal packs absent(81)
 - Activity level acceptable, as indicated by **1 or more** of the following:
 - Patient ambulatory and can perform ADL as appropriate for age and development
 - Activity at baseline
 - Activity level acceptable for next level of care
 - Intake acceptable, as indicated by **1 or more** of the following(82):
 - Oral hydration, medications, and diet
 - Enteral hydration, medications, and diet
 - Administration routes performable at next level of care
 - No inpatient interventions needed; examples include:
 - Urgent laryngoscopy
 - Monitoring for stridor or other airway difficulties
 - Monitoring for uncontrolled increased intraocular pressure
 - Delayed wound closure planned in next 24 hours
 - Repeat surgeries for hemorrhage or other procedural complications
 - Drain care requiring continuing observation and care that cannot be managed at next level of care
 - General Discharge Criteria [GRG](#) met or Pediatric General Discharge Criteria [GRG](#) met (if either is relevant or necessary for patient's condition)

Case Management

See Surgical Admission Case Management [GRG](#) [GRG](#) for further information.

Discharge Destination

- Post-hospital levels of admission may include:
 - Home.

- o Home healthcare. See Surgical Admission Home Care GRG [HC](#) or Geriatric Admission Home Care GRG [HC](#) for further information.
- o Recovery facility care. See Surgical Admission Recovery Facility Care GRG [RFC](#) or Geriatric Admission Recovery Facility Care GRG [RFC](#) for further information.

Evidence Summary

Criteria

The evidence for the clinical indications found in this guideline includes 27 published peer reviewed articles, 6 specialty society or other evidence-based guidelines, and 18 book sections.

Rationale

Surgical MCG care guidelines help the clinician to identify, for a given procedure, which patient-specific factors and clinical conditions are appropriate for that procedure. The evidence-based clinical indication criteria assist the clinician in the decision to appropriately perform a procedure, evaluating whether the potential benefits of a procedure outweigh the potential risks. For Medicare enrollees, surgical MCG care guidelines also identify which procedures CMS has designated as inpatient only.

Related CMS Coverage Guidance

This guideline supplements but does not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Code of Federal Regulations (CFR): 42 CFR 412.3(83); 42 CFR 419.22(n)(84); 42 CFR 422.101(85)

Internet-Only Manual (IOM) Citations: CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A(86); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B(87); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services(88); CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5 - Medical Review of Inpatient Hospital Claims for Part A Payment(89)

Medicare Coverage Determinations: Medicare Coverage Database(90)

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Footnotes

[A] Ambulatory surgery includes surgery performed in a hospital-based or freestanding ambulatory surgery center with patient discharge by the end of the work day, or in a hospital setting with patient discharge in fewer than 24 hours. [A in Context Link 1]

[B] See Intensive, Intermediate, and Telemetry Care Guidelines  ISC. [B in Context Link 1]

[C] See Clinical Indications for Procedure in this guideline. [C in Context Link 1]

Definitions

Activity level acceptable

- Activity level acceptable, as indicated by **1 or more** of the following:
 - Patient ambulatory and can perform ADL as appropriate for age and development
 - Activity at baseline
 - Activity level acceptable for next level of care

Airway and swallowing status acceptable

- Airway and swallowing status acceptable, as indicated by **ALL** of the following:
 - Aspiration absent or manageable at next level of care(1)(2)
 - No stridor, or at anticipated baseline
 - Tracheostomy absent or functioning adequately for next level of care(3)
 - Posterior nasal packs absent(4)

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1. DiBardino DM, Wunderink RG. Aspiration pneumonia: a review of modern trends. *Journal of Critical Care* 2015;30(1):40-48. DOI: 10.1016/j.jcrc.2014.07.011.
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General Discharge Criteria met

- General Discharge Criteria met or Pediatric General Discharge Criteria met (if either is relevant or necessary for patient's condition)

Intake acceptable

- Intake acceptable, as indicated by **1 or more** of the following(1):
 - Oral hydration, medications, and diet
 - Enteral hydration, medications, and diet
 - Administration routes performable at next level of care

References

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No infection, or status acceptable

- No infection, or status acceptable, as indicated by **1 or more** of the following(1)(2)(3)(4):
 - No infection present
 - Infection status acceptable for next level of care, as indicated by **ALL** of the following(5):
 - WBC count normal, stable, or declining with treatment
 - Adequate treatment performable at next level of care
 - Organism and sensitivities identified, or adequate clinical response to empiric therapy
 - Repeat cultures negative or not needed

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No inpatient interventions needed

- No inpatient interventions needed; examples include:

- Urgent laryngoscopy
- Monitoring for stridor or other airway difficulties
- Monitoring for uncontrolled increased intraocular pressure
- Delayed wound closure planned in next 24 hours
- Repeat surgeries for hemorrhage or other procedural complications
- Drain care requiring continuing observation and care that cannot be managed at next level of care

Ocular status acceptable

- Ocular status acceptable, as indicated by **1 or more** of the following:
 - No ocular problems
 - **ALL** of the following(1)(2):
 - Ocular abnormalities (eg, hemorrhage, orbital fracture) acceptable for management at next level of care
 - Intraocular pressure less than 21 mm Hg or acceptable for management at next level of care(3)

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Operative site and other wounds acceptable

- Operative site and other wounds acceptable, as indicated by **1 or more** of the following(1):
 - Wounds absent
 - Wound site clean and intact, with minimal to no drainage and without signs of infection
 - Current wound care performable at next level of care

References

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Pain and nausea absent or adequately managed

- Pain and nausea absent or adequately managed, as indicated by **1 or more** of the following(1)(2)(3)(4)(5):
 - No pain or nausea
 - Minimal discomfort on oral medications
 - Pain and nausea managed on regimen performable at next level of care

References

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Social Determinants of Health Assessment

- Risk of poor health outcomes may be increased by the presence of **1 or more** of the following social determinants of health(1)(2)(3)(4):
 - Housing insecurity, as indicated by **1 or more** of the following:
 - Individual or caregiver's current living situation is **1 or more** of the following(5):
 - Does not have own housing (eg, staying in a hotel, shelter, or with others)
 - Has own housing (eg, house, apartment), but at risk of losing it in the future (ie, behind on rent or mortgage)
 - Has own housing (eg, house, apartment), but has lived in 3 or more places in past year

- Current housing has **1 or more** of the following:
 - Electrical appliances (eg, stove, refrigerator) not working or unavailable
 - Insufficient heating or cooling
 - Insufficient ventilation
 - Lead paint or pipes
 - Mold
 - Pests (eg, bugs) or rodents
 - Smoke detectors not working or unavailable
- Food insecurity, as indicated by **1 or more** of the following(6):
 - In the past year, individual or caregiver ran out of food and did not have money to buy more food.
 - In the past year, individual or caregiver worried that they would run out of food before they received money to buy more food.
- Insufficient transportation, as indicated by **1 or more** of the following(7):
 - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of transportation.
 - In the past year, individual or caregiver missed nonmedical activities, work, or could not get things needed for daily living due to lack of transportation.
- Insufficient utilities, as indicated by **1 or more** of the following(8):
 - Utilities (eg, electricity, water, gas, or oil) are currently shut off or unavailable.
 - In the past year, electric, water, gas, or oil company threatened to shut off services.
- Personal safety risk, as indicated by **2 or more** of the following(6):
 - Individual is sometimes or frequently physically hurt by another person (including family member).
 - Individual is sometimes or frequently insulted or talked down to by another person (including family member).
 - Individual is sometimes or frequently threatened with physical harm by another person (including family member).
 - Individual is sometimes or frequently screamed or cursed at by another person (including family member).
- Insufficient dependent care, as indicated by **1 or more** of the following:
 - In the past year, individual or caregiver was unable to work due to lack of dependent care.
 - In the past year, individual or caregiver was unable to work more (additional) hours due to lack of dependent care.
 - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of dependent care.
 - In the past year, individual or caregiver missed nonmedical activities (eg, school, church, social activity) due to lack of dependent care.
- Depression risk, as indicated by **ALL** of the following:
 - In the past 2 weeks, individual had little interest or pleasure in normal activities on at least several days.
 - In the past 2 weeks, individual felt down, depressed, or hopeless on at least several days.

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Temperature status acceptable

- Temperature status acceptable, as indicated by **1 or more** of the following(1)(2)(3):
 - Temperature less than 100.5 degrees F (38.1 degrees C) (oral) and greater than 96.8 degrees F (36 degrees C) (rectal)
 - Temperature as expected for disease process and appropriate for management at next level of care

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