

P.O. Box 4327 Portland, OR 97208-4327

Outpatient Surgical Site of Service Effective 1/1/2026 Commercial Fully Insured Only

Effective 1/1/2026, The Plan will **require prior authorization** to review medical necessity of a **hospital outpatient site of service (place of service 22)** for the following procedures:

- Hernia Repair
- Laparoscopic Cholecystectomy

Note: a complete list of applicable CPT codes is included in the <u>Appendix</u> below.

If medical policy criteria are not met for the outpatient site of service, the service must be performed at an ambulatory surgery center (ASC) for coverage.

Providers who do not have a geographically accessible ASC available to them or who do not have privileges at a geographically accessible ASC must either:

- Have a signed attestation on file with The Plan (found here); or
- If no attestation has been completed, please indicate on the prior authorization request that no ASC is available to prevent delay of prior authorization review.
 - The Plan asks that the providers anticipating future site of service auth requests please submit a prospective attestation now to facilitate any <u>new</u> reviews.

This policy does not apply to Providence Medicare and Providence OHP members. Additionally, these changes do not supersede benefit determinations of coverage.

A copy of the medical policy is available upon request and/or questions may be sent to the Medical Policy Team at: PHPMedicalPolicyInquiry@providence.org



APPENDIX

- Please make it clear on the PA request if <u>any</u> of the procedures listed below will be performed in a hospital outpatient setting (place of service 22).
- If necessary, please attest on the PA submission that no ASC is available to prevent delay of the prior authorization review.
 - Providers anticipating future site of service auth requests are encouraged to file a prospective attestation now to facilitate <u>new</u> reviews.

| Laparoscopic Cholecystectomy | | |
|------------------------------|-------|--|
| CPT | 47562 | Laparoscopy; cholecystectomy |
| | 47563 | Laparoscopy; cholecystectomy with cholangiography |
| | 47564 | Laparoscopy; cholecystectomy with exploration of common duct |
| Hernia Repair | | |
| СРТ | 43281 | Laparoscopy, Surgical, Repair of Paraesophageal Hernia, Includes Fundoplasty, When Performed; w/o Implantation of Mesh |
| | 43282 | Laparoscopy, Surgical, Repair of Paraesophageal Hernia, Includes Fundoplasty, When Performed; with Implantation of Mesh |
| | 49650 | Laparoscopy; repair of initial inguinal hernia |
| | 49505 | Rep Hernia Inguinal Unil > 5 Yrs |
| | 49520 | Rep Hernia Inguin Recurrent > 5 Yrs |
| | 49521 | Recurrent Inguinal Hernia Repair, Any Age; Incarcerated/Stangulated |
| | 49525 | Rep Hernia Inguinal Sliding |
| | 49591 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implant |
| | 49592 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implant |
| | 49593 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implant |
| | 49594 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implant |
| | 49595 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implant |
| | 49613 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implant |
| | 49651 | Laparoscopy; repair of recurrent inguinal hernia |