

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 [Appendix](#) below.

Criterion I.E.4 (prolonged surgery greater than 3 hours) will also be **removed** as a medically necessary reason for use of hospital outpatient department instead of ambulatory surgery center.

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 [new](#) 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 any 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 new reviews.**

Laparoscopic Cholecystectomy		
CPT	47562	Laparoscopy; cholecystectomy
	47563	Laparoscopy; cholecystectomy with cholangiography
	47564	Laparoscopy; cholecystectomy with exploration of common duct
Hernia Repair		
CPT	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
	49505	Repair initial inguinal hernia, age 5 years or older; reducible
	49520	Repair recurrent inguinal hernia, any age; reducible
	49525	Repair inguinal hernia, sliding, any age
	49550	Repair initial femoral hernia, any age; reducible
	49555	Repair recurrent femoral hernia; reducible
	49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
	49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
	49650	Laparoscopy, surgical; repair initial inguinal hernia
	49651	Laparoscopy, surgical; repair recurrent inguinal hernia