

## Outpatient Surgical Site of Service

Effective 1/1/2025

### ***Commercial Fully Insured and ASO Groups Only***

Effective 1/1/2025, The Plan will review medical necessity of a **hospital outpatient site of service (place of service 22)** for the following procedures:

- Rhinoplasty
- Spinal cord stimulator placement, removal, and revision
- Patient-activated cardiac event recorder insertion

*Note: a complete list of applicable CPT codes is included in the [Appendix](#) below.*

There are no changes to the existing prior authorization requirements for these services. Prior authorization and medical necessity review will still be required for the procedure itself, with the addition of medical necessity review for any planned outpatient sites of service. 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](mailto: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.

<b>CODES</b>		
<b>Prior Authorization Required</b>		
<b>Rhinoplasty</b>		
<b>CPT</b>	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
<b>Spinal Cord Stimulator</b>		
<b>CPT</b>	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
	0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
	63650	Percutaneous implantation of neurostimulator electrode array, epidural
	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array
<b>Patient-activated Event Recorder</b>		
<b>CPT</b>	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming