

Surgical Site of Service Policy Updates

Effective 6/10/2024

Effective 6/10/2024, The Plan will review medical necessity of an inpatient site of service for the following procedures:

- Single-level spinal fusion procedures
- Artificial disc replacement
- Arthroplasty (in addition to hip and knee arthroplasty which already requires inpatient site of service review).

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

For spinal fusion and artificial disc replacement, there are no changes to the existing prior authorization requirements. Prior authorization and medical necessity review will still be required for the procedure itself, with the addition of medical necessity review for inpatient sites of service.

For the additional arthroplasty procedures, prior authorization will **only** apply if an inpatient site of service (POS 21) is planned. This will be clearly communicated for the applicable codes on the [PHP/PHA Prior Authorization List](#).

For Medicare and OHP members, the CMS inpatient only list still applies and trumps the PHA medical policy for any procedures indicated by CMS as inpatient only. Additionally, these changes do not supersede benefit determinations of coverage.

The Surgical Site of Service medical policies are linked here:

- [Surgical Site of Service \(Company\)](#)
- [Surgical Site of Service \(Medicare\)](#)

Questions may be sent to the Medical Policy Team at:

PHPMedicalPolicyInquiry@providence.org

APPENDIX

Providers: please make it clear on the PA request form when any of the below procedures will be performed inpatient (POS 21). Additionally, providers may submit authorization requests for these codes through the questionnaire in Care Advance Provider Portal.

CODES*		
Temporomandibular Joint Arthroplasty Codes		
CPT	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
Shoulder Arthroplasty Codes		
	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component <i>(not applicable to Medicare/Medicaid)</i>
Elbow, Wrist, and Hand Arthroplasty Codes		
	24360	Arthroplasty, elbow; with membrane (eg, fascial)
	24366	Arthroplasty, radial head; with implant
	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
	25442	Arthroplasty with prosthetic replacement; distal ulna
	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
	26535	Arthroplasty, interphalangeal joint; each joint
	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
Ankle Arthroplasty Codes		
	27702	Arthroplasty, ankle; with implant (total ankle)
	27703	Arthroplasty, ankle; revision, total ankle <i>(not applicable to Medicare/Medicaid)</i>