

UTILIZATION MANAGEMENT GUIDELINE – 11.01.524

Site of Service: Select Surgical Procedures

Effective Date: Dec. 5, 2024
Last Revised: Jul. 1, 2025
Replaces: N/A

RELATED MEDICAL POLICIES:

- 2.02.507 Coronary Angiography
- 7.01.15 Meniscal Allografts and Other Meniscal Implants
- 7.01.48 Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- 7.01.78 Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- 7.01.108 Artificial Intervertebral Disc: Cervical Spine
- 7.01.503 Reduction Mammoplasty for Breast-related Symptoms
- 7.01.533 Reconstructive Breast Surgery/Management of Breast Implants
- 7.01.542 Lumbar Spinal Fusion
- 7.01.548 Hysterectomy Surgery for Non-Malignant Indications
- 7.01.549 Knee Arthroscopy in Adults
- 7.01.546 Spinal Cord and Dorsal Ganglion Root Stimulation
- 7.01.551 Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy
- 7.01.554 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
- 7.01.557 Gender Transition/Affirmation Surgery and Related Services
- 7.01.558 Rhinoplasty
- 7.01.559 Sinus Surgery
- 7.01.560 Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults

Select a hyperlink below to be directed to that section.

[COVERAGE GUIDELINES](#) | [RELATED INFORMATION](#) | [REFERENCES](#) | [HISTORY](#)



Clicking this icon returns you to the hyperlinks menu above.

Introduction

Surgery may safely be performed in various settings. Some of the common settings used are an inpatient hospital or medical center, an off campus outpatient hospital or medical center, an on campus outpatient hospital or medical center, an ambulatory surgical center, or a doctor's office. Costs for surgical procedures may vary among these different settings. To encourage the use of the most safe and appropriate, cost effective sites of service for certain medically necessary

outpatient surgical procedures, prior authorization is required for the site of service for the surgical procedures listed below.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

We will review the site of service for medical necessity for certain elective surgical procedures. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Surgical Procedures	Medical Necessity
Medically necessary sites of service: <ul style="list-style-type: none">• Off campus-outpatient hospital/medical center• On campus-outpatient hospital/medical center• Ambulatory surgical center	Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures.
Inpatient hospital/medical center	Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the patient has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive): <ul style="list-style-type: none">• Anesthesia Risk<ul style="list-style-type: none">○ ASA classification III or higher (see definition)



Site of Service for Elective Surgical Procedures	Medical Necessity
	<ul style="list-style-type: none"> ○ Personal history of complication of anesthesia ○ Documentation of alcohol dependence or history of cocaine use ○ Prolonged surgery (>3 hours) ● Cardiovascular Risk <ul style="list-style-type: none"> ○ Uncompensated chronic heart failure (NYHA class III or IV) ○ Recent history of myocardial infarction (MI) (<3 months) ○ Poorly controlled, resistant hypertension* ○ Recent history of cerebrovascular accident (< 3 months) ○ Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days) ○ Symptomatic cardiac arrhythmia despite medication ○ Significant valvular heart disease ● Liver Risk <ul style="list-style-type: none"> ○ Advanced liver disease (MELD Score > 8)** ● Pulmonary Risk <ul style="list-style-type: none"> ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%) ○ Poorly controlled asthma (FEV1 <80% despite treatment) ○ Moderate to severe obstructive sleep apnea (OSA)*** ● Renal Risk <ul style="list-style-type: none"> ○ End stage renal disease (on dialysis) ● Other <ul style="list-style-type: none"> ○ Morbid obesity (BMI ≥ 50) ○ Pregnancy ○ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion]) ○ Anticipated need for transfusion(s) <p>Note: * 3 or more drugs to control blood pressure ** https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease *** Moderate-AHI ≥15 and ≤ 30, Severe-AHI ≥30 ****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)</p>



Site of Service for Elective Surgical Procedures	Medical Necessity
Inpatient hospital/medical center	This site of service is considered NOT medically necessary for certain elective surgical procedures when the site of service criteria listed above in this policy are not met.

This guideline applies to any of the following elective surgical procedures (see the individual noted policies for the medical necessity criteria for the procedure):

BREAST SURGERY

KNEE SURGERY

EAR, NOSE, THROAT (ENT) SURGERY

SPINE SURGERY

HEART SURGERY

SITE OF SERVICE

HYSTERECTOMY SURGERY

Breast Surgery	
Reconstructive Breast Surgery/Management of Breast Implants, 7.01.533	
Gender Transition/Affirmation Surgery and Related Services, 7.01.557	
CPT	
19318	Reduction mammoplasty
Reduction Mammoplasty for Breast Related Symptoms, 7.01.503	
Gender Transition/Affirmation Surgery and Related Services, 7.01.557	
CPT	
19318	Reduction mammoplasty

Ear, Nose, Throat (ENT) Surgery	
Rhinoplasty, 7.01.558	
Gender Transition/Affirmation Surgery and Related Services, 7.01.557	
CPT	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip



Ear, Nose, Throat (ENT) Surgery	
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)
Sinus Surgery 7.01.559	
CPT	
31233	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

Ear, Nose, Throat (ENT) Surgery

31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31295	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal sinus ostium
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); sphenoid sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal and sphenoid sinus ostia

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101

CPT

42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
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Heart Surgery

Coronary Angiography for Known or Suspected Coronary Artery Disease, 2.02.507

CPT

93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

Heart Surgery	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Hysterectomy Surgery
Hysterectomy Surgery for Non-Malignant Indications, 7.01.548
Gender Transition/Affirmation Surgery and Related Services, 7.01.557



Hysterectomy Surgery	
Laparoscopic-Assisted Vaginal Hysterectomy	
CPT	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
Vaginal Hysterectomy	
CPT	
58260	Vaginal hysterectomy, for uterus 250 g or less
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, with total or partial vaginectomy
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 g
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele

Hysterectomy Surgery

58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
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Knee Surgery

Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions, 7.01.78

CPT

27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (e.g., mosaicplasty) (includes harvesting of autograft[s])
28446	Open osteochondral autograft, talus (includes obtaining graft[s])
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569

CPT

27412	Autologous chondrocyte implantation, knee
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HCPCS

J7330	Autologous cultured chondrocytes, implant
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)

Knee Arthroscopy in Adults, 7.01.549

CPT

29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)

Knee Surgery	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
Meniscal Allografts and Other Meniscal Implants, 7.01.15	
CPT	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)

Spine Surgery	
Artificial Intervertebral Disc: Cervical Spine, 7.01.108	
CPT	

Spine Surgery	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults, 7.01.560	
CPT	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical

Spine Surgery

63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment

Spine Surgery	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy, 7.01.551	
CPT	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, Page 13 of 16 ∞ Code Description reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)

Spine Surgery	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
Lumbar Spinal Fusion, 7.01.542	
CPT	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar



Spine Surgery	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
Spinal Cord and Dorsal Root Ganglion Stimulation, 7.01.546	
CPT	
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, direct or inductive coupling

Spine Surgery

63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
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Related Information

Definition of Terms

American Society of Anesthesiologists (ASA) Score:

ASA 1 A normal healthy patient.

ASA 2 A patient with mild systemic disease.

ASA 3 A patient with severe systemic disease.

ASA 4 A patient with severe systemic disease that is a constant threat to life.

ASA 5 A moribund patient who is not expected to survive

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, e.g., shortness of breath when walking, climbing stairs etc.

Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.

Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g., walking short distances (20–100 m). Comfortable only at rest.

Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.

Place of Service (Professional Claims Codes):

Off-Campus-Outpatient Hospital A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Code 19)

Inpatient Hospital A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions. (Code 21)



On Campus-Outpatient Hospital A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Code 22)

Ambulatory Surgical Center A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. (Code 24)

History

Date	Comments
03/01/18	New Utilization Management Guideline, approved February 13, 2018, effective June 1, 2018.
04/15/18	Anterior Cervical Spine Decompression and Fusion in Adults was removed from the Site of Service program. CPT codes 22551, 22552, 22554, and 22585 removed from policy.
06/19/18	Coding update, removed codes 0375T, L8679, L8680, L8682, L8683, L8685, L8686, L8687, and L8688. Added 7.01.15, 7.01.533, and 7.01.557 to Related Policies.
06/26/18	Added details for two additional policies (7.01.533 and 7.01.557) under the breast surgery section of Coverage Guidelines. Added details for an additional policy (7.01.15) under the knee surgery section of Coverage Guidelines.
08/25/18	Minor update, removed all reference to policy 7.01.557.
01/24/19	Coding update, added CPT codes 29867, 31253, 31257, 31259, 31298.
03/01/19	Annual Review, approved February 5, 2019. No changes to coverage guidelines.
01/01/20	Coding update, revised descriptors for CPT codes 31295, 31296, 31297, and 31298.
04/01/20	Archive policy, approved March 10, 2020. This policy will be archived effective July 2, 2020.
06/10/20	Interim Review, approved June 9, 2020, effective July 2, 2020. This policy will no longer be archived on July 2 – changes for this date listed. The following procedures will still apply to this policy; however, InterQual medical necessity criteria will be used for the following procedures: coronary angiography, knee arthroscopy, rhinoplasty, spinal cord and dorsal ganglion root stimulation. Refer to InterQual for medical necessity criteria (see Related Policies); this policy will determine site of service when inpatient exception may be considered.
08/01/20	Update Related Policies. 7.01.569 is now 7.01.48; 7.01.570 is now 7.01.78.
11/01/20	Annual Review, approved October 22, 2020. Correction, reduction mammoplasty moved to InterQual criteria for medical necessity review effective 7/2/20 but was not noted on the policy. Related Policies. 7.01.569 is now 7.01.48; 7.01.570 is now 7.01.78



Date	Comments
	was inadvertently not published 8/1/20 and so updated now. Removed HCPCS code S2112. Added HCPCS C1726. Update Related Policies. Beginning Feb. 5, 2021 the following procedures will be active and replace InterQual criteria: 2.02.507 Coronary Angiography; 7.01.549 Knee Arthroscopy in Adults; 7.01.503 Reduction Mammoplasty for Breast-related Symptoms; 7.01.5558 Rhinoplasty; and 7.01.546 Spinal Cord and Dorsal Ganglion Root Stimulation. No content changes.
07/01/21	Coding update, removed CPT code 0095T.
10/01/21	Annual Review, approved September 14, 2021, effective for dates of service on or after January 7, 2022, following 90-day provider notification. Added services for lumbar spine, cervical spine, and hysterectomy using CPT codes 22533, 22551, 22554, 22558, 22600, 22612, 22630, 22633, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58550, 58552, 58553, 58554, 63020 and 63045. Removed HCPCS code C1726.
05/01/22	Annual Review, approved April 25, 2022. UM Guideline reviewed. No changes to guideline other than minor edits of policy renumber not previously updated. Added HCPCS code S2112.
11/01/22	Interim Review, approved October 27, 2022, effective for dates of service on or after February 3, 2023, following 90-day provider notification. Added site of service is subject to medical necessity review to 7.01.557 Gender Transition/Affirmation Surgery and Related Services for the following surgical procedures that are addressed in that policy: breast reduction, laparoscopic-assisted vaginal hysterectomy, rhinoplasty, and vaginal hysterectomy.
06/01/23	Coding update. Added HCPCS codes 63052.
08/01/23	Annual Review, approved July 24, 2023. UM Guideline reviewed. Guideline unchanged. Moved CPT code 63052 to correct section in policy. Updated Related Policies, 7.01.569 renumbered to 7.01.48 Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions.
07/01/24	Coding update.
09/01/24	Annual Review, approved August 26, 2024. The following policy changes are effective December 5, 2024, following 90-day provider notification. Added CPT codes 63001, 63015, 63040, 63043, 63050, 63051, 63075, 63076, 63081 and 63265.
10/01/24	Minor update to related policies. 7.01.101 was replaced with 7.01.554 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome.
07/01/25	Coding update. Added CPT codes 31233, 31235 and 31240. These codes were added to SPA pend and policy 7.01.559 Sinus Surgery in Adults, effective May 1, 2025.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review



and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

