The Commonwealth of Massachusetts



Executive Office of Health and Human Services

## One Ashburton Place, Room 1109

## Boston, Massachusetts 02108

## 

Tel: (617) 573-1600

Fax: (617) 573-1891

www.mass.gov/eohhs

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

MARYLOU SUDDERS

Secretary

**Administrative Bulletin 19-05**

**101 CMR 347.00: Freestanding Ambulatory Surgery Centers**

Effective January 1, 2019

**CPT/HCPCS 2019 Service Code Update**

In accordance with 101 CMR 347.01(5): *Coding Updates and Corrections,* the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2019. The codes that were added and deleted are identified in the respective lists below, followed by a crosswalk that identifies replacement codes for applicable deleted codes. Rates for new codes with one-to-one crosswalks to deleted codes are set at the payment rate of the deleted codes. For all other new codes that require new pricing and that have Medicare rates (including cases involving multiple new codes that replace a single deleted code), corresponding rates are calculated in accordance with the rate methodology used in setting freestanding ambulatory surgery center facility component rates. New codes listed with $0 rates are packaged services for which no separate payment is made. Rates listed in this administrative bulletin are applicable until revised rates are issued by EOHHS. Deleted codes are not available for use for dates of service after December 31, 2018.

**101 CMR 347.00: Added Codes**

| **Added Code** | **Rate** | **Code Description (if applicable)** |
| --- | --- | --- |
| 10004 | $0.00 | Fine needle aspiration biopsy, without imaging guidance, each additional lesion |
| 10005 | $60.65 | Fine needle aspiration biopsy, including ultrasound guidance, first lesion |
| 10006 | $0.00 | Fine needle aspiration biopsy, including ultrasound guidance, each additional |
| 10007 | $186.54 | Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion |
| 10008 | $0.00 | Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion |
| 10009 | $253.67 | Fine needle aspiration biopsy, including CT guidance; first lesion |
| 10010 | $0.00 | Fine needle aspiration biopsy, including CT guidance; each additional lesion |
| 10011 | $253.67 | Fine needle aspiration biopsy, including MR guidance |
| 10012 | $0.00 | Fine needle aspiration biopsy, including MR guidance, each additional lesion |
| 11102 | $62.79 | Tangential biopsy of single (eg, shave, scoop, saucerize, curette); single lesion |
| 11103 | $0.00 | Tangential biopsy of single (eg, shave, scoop, saucerize, curette); each separate/additional lesion |
| 11104 | $77.27 | Punch biopsy of skin (including simple closure, when performed); single lesion |
| 11105 | $0.00 | Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion |
| 11106 | $95.26 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion |
| 11107 | $0.00 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion |
| 20932 | $0.00 | Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone |
| 20933 | $0.00 | Allograft, hemicortical intercalary, partial (ie, hemicylindrical) |
| 20934 | $0.00 | Allograft, intercalary, complete (ie, cylindrical) |
| 27369 | $0.00 | Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography |
| 33274 | $9,025.55 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous, ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed |
| 33275 | $1,110.18 | Transcatheter removal of permanent leadless pacemaker, right ventricular |
| 33285 | $5,442.77 | Insertion, subcutaneous, cardiac rhythm monitor, including programming |
| 33286 | $253.65 | Removal, subcutaneous, cardiac rhythm monitor |
| 33866 | $0.00 | Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion |
| 36572 | $271.48 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age |
| 36573 | $478.86 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older |
| 43762 | $101.33 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract |
| 43763 | $101.33 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract |
| 50436 | $667.83 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; |
| 50437 | $1,163.45 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system |
| 53854 | $667.83 | Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy |

**101 CMR 347.00: Deleted Codes**

|  |  |
| --- | --- |
| **Deleted Codes** | **Code Description (if applicable)** |
| 10022 | Fine needle aspiration; with imaging guidance |
| 11100 | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion |
| 11101 | Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (list separately in addition to code for primary procedure) |
| 20005 | Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia) |
| 27370 | Injection of contrast for knee arthrography |
| 31595 | Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral |
| 33282 | Implantation of patient-activated cardiac event recorder |
| 33284 | Removal of an implantable, patient-activated cardiac event recorder |
| 41500 | Fixation of tongue, mechanical, other than suture (eg, K-wire) |
| 43760 | Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance |
| 46762 | Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter |
| 50395 | Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous |
| 63615 | Stereotactic biopsy, aspiration, or excision of lesion, spinal cord |
| 64508 | Injection, anesthetic agent; carotid sinus (separate procedure) |
| 66220 | Repair of scleral staphyloma; without graft |

**101 CMR 347.00: Crosswalk**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 10022 | 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 |
| 11100 | 11102, 11104, 11106 |
| 11101 | 11103, 11105, 11107 |
| 27370 | 27369 |
| 33282 | 33285 |
| 33284 | 33286 |
| 43760 | 43762, 43763 |
| 50395 | 50436, 50437 |

