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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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2019.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

Added Code	Rate	Code Description (if applicable)
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

