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**Administrative Bulletin 20-50**

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

Effective January 1, 2020

**CPT/HCPCS 2020 Procedure 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes, deleting outdated codes, and cross-walking deleted codes to replacement codes, effective for dates of service on and after January 1, 2020. Added and deleted codes are identified in the respective lists below, followed by cross-walked codes that identify the replacement codes for applicable deleted codes.

Rates for new codes cross-walked from 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, corresponding rates are calculated in accordance with the rate methodology used in setting freestanding ambulatory surgery center facility component rates. 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, 2019.

**101 CMR 347.00 Added Codes**

| Added Code | Rate      | Code Description   |
|------------|-----------|--|
| 15769      | \$1200.15 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)  |
| 15771      | \$1200.15 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate   |
| 15773      | \$1200.15 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate          |
| 33016      | \$435.23  | Pericardiocentesis, including imaging guidance, when performed   |
| 46948      | \$935.17  | Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed |



| <b>Added Code</b> | <b>Rate</b> | <b>Code Description</b>   |
|-------------------|-------------|---|
| 62328             | \$268.46    | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance   |
| 62329             | \$268.46    | Spinal puncture, lumbar, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance   |
| 64451             | \$268.46    | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)   |
| 64454             | \$134.36    | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed   |
| 64624             | \$270.87    | Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)   |
| 64625             | \$677.27    | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)  |
| 66987             | \$2,034.08  | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation |
| 66988             | \$2,034.08  | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation  |

#### 101 CMR 347.00 Deleted Codes

| <b>Deleted Codes</b> | <b>Code Description</b>   |
|----------------------|---|
| 19304                | Mastectomy, subcutaneous  |
| 20926                | Tissue grafts, other (eg, paratenon, fat, dermis)   |
| 33010                | Pericardiocentesis; initial   |
| 33011                | Pericardiocentesis; subsequent  |
| 35761                | Exploration (not followed by surgical repair), with or without lysis of artery; other vessels |
| 64402                | Injection, anesthetic agent; facial nerve   |
| 64410                | Injection, anesthetic agent; phrenic nerve  |
| 64413                | Injection, anesthetic agent; cervical plexus  |

#### 101 CMR 347.00: Crosswalk

| <b>Deleted codes</b> | <b>Replacement codes</b> |
|----------------------|--------------------------|
| 20926                | 15769, 15771, 15773      |
| 33010, 33011         | 33016                    |