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**Administrative Bulletin 22-11**

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

Effective January 1, 2022

- I. 2022 CPT/HCPCS Procedure Code Updates; and
- II. Additional 2021 CPT/HCPCS Code Updates

**Part I: 2021 CPT/HCPCS Coding Updates:**

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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes, deleting outdated codes, cross-walking deleted codes to replacement codes, and revising code descriptions effective for dates of service on or after January 1, 2022. The following lists specify codes that have been added, deleted, or have revised code descriptions, as well as cross-walked codes that identify the replacement codes for applicable deleted codes.

Existing codes that are replacements for deleted codes will continue to be paid at the current rate of the existing code. For all other new codes that require 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, 2021.

**101 CMR 347.00 Added Codes**

Added Code	Rate	Code Description
42975	\$72.40	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
53451	\$8,653.91	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
53452	\$3,004.56	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
53453	\$1,214.33	Periurethral transperineal adjustable balloon continence device; removal, each balloon



<b>Added Code</b>	<b>Rate</b>	<b>Code Description</b>
53454	\$117.04	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
64582	\$21,103.08	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	\$6,877.15	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	\$2,121.37	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64628	\$8,005.16	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
66989	\$2,757.89	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66991	\$2,757.89	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
69716	\$6,654.75	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69719	\$6,654.75	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69726	\$1,156.29	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	\$1,156.29	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

### 101 CMR 347.00 Deleted Codes

<b>Deleted Code</b>	<b>Code Description</b>
21310	Closed treatment of nasal bone fracture without manipulation
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum

<b>Deleted Code</b>	<b>Code Description</b>
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed

### 101 CMR 347.00: Cross-walked Codes

<b>Deleted Codes</b>	<b>Replacement Codes</b>
69715, 69718	69501*-69530*, 69540*-69552*, 69601*-69604*, 69610*-69646*, 69650*-69662*, 69666*-69676*
C9749	30468*
C9752	64628
C9754, C9755	G2170*, G2171*

\*Codes currently exist in 101 CMR 347.00. When an asterisk appears on both ends of a range of codes, this means that all codes within the range currently exist in 101 CMR 347.00.

### 101 CMR 347.00: Revised Code Descriptions

<b>Code</b>	<b>Revised Description</b>
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)
54340	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complication(s) (i.e., fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)
54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
64568	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator

<b>Code</b>	<b>Revised Description</b>
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Open implantation of neurostimulator electrode array; neuromuscular
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
67141	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage; cryotherapy, diathermy
67145	Prophylaxis of retinal detachment (e.g., retinal break, lattice degeneration) without drainage; photocoagulation
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable

## **Part II: Additional 2021 CPT/HCPCS Code Updates**

In accordance with 101 CMR 347.01(5), EOHHS is adding new codes that were issued in the Centers for Medicare and Medicaid Services (CMS) Ambulatory Surgical Centers (ASC) Addendum AA after January 1, 2021 for use in Freestanding Ambulatory Surgical Centers, effective for dates of service on or after January 1, 2022. For new codes that require 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 the EOHHS.

<b>Added Code</b>	<b>Rate</b>	<b>Code Description</b>
21365	\$2,703.14	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
27130	\$7,671.16	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27412	\$4,088.71	Autologous chondrocyte implantation, knee
54650	\$1,223.51	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)
57282	\$2,419.10	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	\$2,419.10	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57425	\$3,304.38	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
60512	\$0	Parathyroid autotransplantation (List separately in addition to code for primary procedure)

<b>Added Code</b>	<b>Rate</b>	<b>Code Description</b>
C9759	\$0	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed
C9764	\$3,709.81	Revascularization, endovascular, open or percutaneous, lower extremity artery(-ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
C9765	\$9,609.20	Revascularization, endovascular, open or percutaneous, lower extremity artery(-ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
C9766	\$6,142.47	Revascularization, endovascular, open or percutaneous, lower extremity artery(-ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
C9767	\$10,188.19	Revascularization, endovascular, open or percutaneous, lower extremity artery(-ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed
C9777	\$1,548.18	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy
C9778	\$2,112.18	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)