



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
ONE ASHBURTON PLACE, BOSTON, MA 02108
(617) 573-1600



MAURA T. HEALEY
GOVERNOR

KATHLEEN E. WALSH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

MIKE LEVINE
ASSISTANT SECRETARY
FOR MASSHEALTH

Administrative Bulletin 24-13

101 CMR 347.00: Rates for Freestanding Ambulatory Surgery Center Services

Effective January 1, 2024

2023 and 2024 CPT/HCPCS/CDT Procedure Code Updates

2024 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 for freestanding ambulatory surgery center services, effective for dates of service on or after January 1, 2024. The added codes are based on 2024 CPT/HCPCS coding updates.

Pursuant to 101 CMR 347.01(5)(d), 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.

Added Codes:

| Added Code | Rate | Code Description |
|------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27278 | \$9,931.60 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device |

| Added Code | Rate | Code Description |
|------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31242 | \$2,955.42 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement, with destruction by radiofrequency ablation, posterior nasal nerve |
| 33276 | \$34,483.03 | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed |
| 33277 | \$0 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) |
| 33278 | \$1,613.44 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) |
| 33279 | \$2,031.95 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only |
| 33280 | \$1,613.44 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only |
| 33281 | \$1,613.44 | Repositioning of phrenic nerve stimulator transvenous lead(s) |
| 33287 | \$20,536.60 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator |
| 33288 | \$9,323.94 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) |
| 52284 | \$2,100.49 | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed |
| 58580 | \$3,379.67 | Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency |

| Added Code | Rate | Code Description |
|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 64596 | \$7,840.78 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array |
| 64597 | \$0 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array |
| 64598 | \$1,613.44 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator |
| 67516 | \$53.72 | Suprachoroidal space injection of pharmacologic agent |
| C7556 | \$1,331.63 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed |
| C7557 | \$2,147.16 | 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 and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention |
| C7558 | \$2,147.16 | 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 with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed |

| Added Code | Rate | Code Description |
|------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C7560 | \$1,529.23 | Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) |
| C9789 | \$1,041.46 | Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed |
| C9790 | \$5,784.87 | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance |

2023 CPT/HCPCS/CDT Code Updates

In accordance with 101 CMR 347.01(5), EOHHS is adding new codes and deleting codes that were updated in the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Centers (ASC) Addendum AA after January 1, 2023, for freestanding ambulatory surgery center services. These coding updates are effective for dates of service on or after January 1, 2024. Pursuant to 101 CMR 347.01(5)(d), 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 EOHHS. Deleted codes are not reimbursable for dates of service after December 31, 2023.

Added Codes:

| Added Code | Rate | Code Description |
|------------|-------------|------------------------------------------------------------------------------------------------------------------------|
| 21194 | \$2,346.70 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) |
| 21195 | \$2,955.42 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| 23470 | \$7,905.51 | Arthroplasty, glenohumeral joint; hemiarthroplasty |
| 23472 | \$11,893.40 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) |
| 27006 | \$1,291.08 | Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) |
| 27702 | \$12,286.69 | Arthroplasty, ankle; with implant (total ankle) |

| Added Code | Rate | Code Description |
|-------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29868 | \$2,883.98 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral |
| 31253 | \$1,955.91 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed |
| 33289 | \$20,987.41 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed |
| 37192 | \$1,647.87 | Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| 60260 | \$2,346.70 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid |
| 68841 | \$0 | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each |
| C9734 | \$6,958.64 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance |
| D4210 | \$1,121.06 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4211 | \$1,121.06 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4212 | \$1,121.06 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth |
| D4260 | \$2,346.70 | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4263 | \$388.22 | Bone replacement graft – retained natural tooth – first site in quadrant |
| D4270 | \$566.81 | Pedicle soft tissue graft procedure |
| D4273 | \$566.81 | Autogenous connective tissue graft procedure, (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft |
| D7111 | \$388.22 | Extraction – coronal remnants, deciduous tooth |


| Added Code | Rate | Code Description |
|-------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D7140 | \$388.22 | Extraction – erupted tooth or exposed root (elevation and/or forceps removal) |
| D7210 | \$566.81 | Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated |
| D7220 | \$388.22 | Removal of impacted tooth – soft tissue |
| D7230 | \$388.22 | Removal of impacted tooth – partially bony |
| D7240 | \$388.22 | Removal of impacted tooth – completely bony |
| D7241 | \$388.22 | Removal of impacted tooth – completely bony, with unusual surgical complications |
| D7250 | \$388.22 | Surgical removal of residual tooth roots (cutting procedure) |
| D7270 | \$388.22 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |
| D7310 | \$566.81 | Alveoloplasty in conjunction with extractions – per quadrant |
| D7311 | \$566.81 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant |
| D7472 | \$388.22 | Removal of torus palatinus |
| D7473 | \$388.22 | Removal of torus mandibularis |
| D7510 | \$310.22 | Incision and drainage of abscess – intraoral soft tissue |
| D7511 | \$310.22 | Incision and drainage of abscess intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) |
| D7520 | \$310.22 | Incision and drainage of abscess – extraoral soft tissue |
| D7550 | \$388.22 | Partial ostectomy, sequestrectomy for removal of nonvital bone |
| D7950 | \$2,346.50 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or nonautogenous, by report |
| G0330 | \$1,121.06 | Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room |

Deleted Codes:

| Deleted Code | Code Description |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 92974 | Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure) |
| 93463 | Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) |
| C7500 | Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s) |
| C7518 | Catheter placement in coronary artery(ies) 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 with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report |
| C7519 | Catheter placement in coronary artery(ies) 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 with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress |
| C7534 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation |
| C7541 | Diagnostic endoscopic retrograde cholangiopancreatography (ercp), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |

| Deleted Code | Code Description |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C7542 | Endoscopic retrograde cholangiopancreatography (ercp) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| C7543 | Endoscopic retrograde cholangiopancreatography (ercp) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| C7544 | Endoscopic retrograde cholangiopancreatography (ercp) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) |
| C7546 | Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation |
| C7549 | Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |
| C7552 | 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 with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel |
| C7553 | 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 with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed |
| C7555 | Thyroidectomy, total or complete with parathyroid autotransplantation |

| Deleted Code | Code Description |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G0278 | Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure) |

 [MassHealth on Facebook](#)  [MassHealth on X \(Twitter\)](#)  [MassHealth on YouTube](#)