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Administrative Bulletin 25-15

101 CMR 347.00: *Rates for Freestanding Ambulatory Surgery Center Services*

Effective January 1, 2025

2025 and 2024 Current Procedural Terminology/ Healthcare Common Procedure Coding System/Current Dental Terminology (CPT/HCPCS/CDT) Procedure Code Updates

2025 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes and deleting outdated codes for freestanding ambulatory surgery center services, effective for dates of service on or after January 1, 2025. The added and deleted codes are based on 2025 CPT/HCPCS coding updates.

Pursuant to 101 CMR 347.01(5)(d), for all new codes that require pricing and that have Medicare rates, corresponding rates are calculated in accordance with the rate methodology used in setting current rates for the freestanding ambulatory surgery center facility component. Rates in this administrative bulletin apply until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2024.

2025 Added Codes

Code	Rate	Code Description
15011	\$833.93	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less
15012	\$0.00	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (list separately in addition to code for primary procedure)
15013	\$2,852.13	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin
15014	\$0.00	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (list separately in addition to code for primary procedure)
15015	\$833.93	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less
15016	\$0.00	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (list separately in addition to code for primary procedure)
15017	\$833.93	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less
15018	\$0.00	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (list separately in addition to code for primary procedure)
25448	\$1,342.29	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed
53865	\$6,293.53	Cystourethroscopy with insertion of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate
53866	\$70.66	Catheterization with removal of temporary device for ischemic remodeling (i.e., pressure necrosis) of bladder neck and prostate

Code	Rate	Code Description
55882	\$9,118.42	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed
60660	\$602.04	Ablation of one or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
60661	\$0.00	Ablation of one or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (list separately in addition to code for primary procedure)
64466	\$0.00	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64467	\$0.00	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64468	\$0.00	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed
64469	\$0.00	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed
64473	\$0.00	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64474	\$0.00	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
66683	\$11,802.72	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
76015	\$0.00	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (e.g., surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (list separately in addition to code for primary procedure)

2025 Deleted Codes

Code	Code Description
15819	Cervicoplasty
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts

2024 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, 2024, for freestanding ambulatory surgery center services. These coding updates are effective for dates of service on or after January 1, 2025. 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 current rates for the freestanding ambulatory surgery center facility component. Rates in this administrative bulletin apply until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2024.

2024 Added Codes

Code	Rate	Code Description
31243	\$3,478.68	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
C7562	\$2,235.18	Catheter placement in coronary artery(ies) 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 with 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

Code	Rate	Code Description
C7563	\$5,002.19	Transluminal balloon angioplasty (except lower extremity artery[ies] for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries
C7565	\$2,298.62	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair
C8002	\$2,852.13	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)
C8003	\$12,356.71	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)
C9796	\$1,506.10	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
C9797	\$10,458.60	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
D7251	\$558.77	Coronectomy—intentional partial tooth removal
D7280	\$758.72	Surgical access of an unerupted tooth
D7320	\$558.77	Alveoloplasty not in conjunction with extractions, four or more teeth or tooth spaces, per quadrant
D7321	\$558.77	Alveoloplasty not in conjunction with extractions, one to three teeth or tooth spaces, per quadrant

Code	Rate	Code Description
D7410	\$558.77	Excision of benign lesion up to 1.25 cm
D7411	\$558.77	Excision of benign lesion greater than 1.25 cm
D7412	\$558.77	Excision of benign lesion, complicated
D7413	\$558.77	Excision of malignant lesion up to 1.25 cm
D7414	\$558.77	Excision of malignant lesion greater than 1.25 cm
D7415	\$558.77	Excision of malignant lesion, complicated
D7450	\$1,185.28	Removal of benign odontogenic cyst or tumor—lesion diameter up to 1.25 cm
D7451	\$1,185.28	Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm
D7460	\$758.72	Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm
D7461	\$758.72	Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm
D7471	\$1,185.28	Removal of lateral exostosis (maxilla or mandible)
D7485	\$2,479.75	Surgical reduction of osseous tuberosity
D7521	\$320.96	Incision and drainage of abscess—extraoral soft tissue—complicated (includes drainage of multiple fascial spaces)
D7530	\$758.72	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	\$758.72	Removal of reaction-producing foreign bodies, musculoskeletal system
G0269	\$0.00	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)
G0429	\$46.19	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

Code	Rate	Code Description
G0516	\$0.00	Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)
G0517	\$0.00	Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)
G0518	\$0.00	Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)
G0564	\$1,483.22	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training
G0565	\$1,483.22	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation

2024 Deleted Codes

Code	Code Description
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7520	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) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, nonselective, 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

Code	Code Description
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral