



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Division of Health Care Finance and Policy  
 Two Boylston Street  
 Boston, MA 02116

DEVAL L. PATRICK  
 Governor

617-988-3100 • Fax 617-727-7662 • TTY 617-988-3175  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

JUDYANN BIGBY, M.D.  
 Secretary

TIMOTHY P. MURRAY  
 Lieutenant Governor

DAVID MORALES  
 Commissioner

**Administrative Bulletin 11-04**

**114.3 CMR 47.00 Freestanding Ambulatory Surgical Facilities**

**January 21, 2011  
 CPT/HCPCS 2011 Coding Updates**

In accordance with 114.3 CMR 47.01(4), the following list specifies those codes that are added and codes that are deleted, with crosswalks to new codes that replace corresponding deleted codes. Codes with one-to-one crosswalks to deleted codes are reimbursed at the current payment rate of the deleted codes. Codes with one-to-one crosswalks to existing codes are reimbursed at the current payment rate of the existing codes. All other codes in this bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this administrative bulletin are applicable until revised rates are issued by the Division. The updated rates apply to services provided on or after January 1, 2011. Deleted codes will no longer be available for use after 2010.

**114.3 CMR 47.00 Code Additions:**

<b>Code</b>	<b>Descriptor</b>
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

<b>Code</b>	<b>Descriptor</b>
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
41899	Unlisted procedure, dentoalveolar structures
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple ) (List separately in addition to code for primary procedure)
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

<b>Code</b>	<b>Descriptor</b>
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
65778	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining
65779	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
C9800	Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies

#### **114.3 CMR 47.00 Code Deletions:**

<b>Code</b>	<b>Descriptor</b>
11040	Debridement; skin, partial thickness
11041	Debridement; skin, full thickness
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
35473	Transluminal balloon angioplasty, percutaneous; iliac
35492	Transluminal peripheral atherectomy, percutaneous; iliac
43600	Biopsy of stomach; by capsule, tube, peroral (1 or more specimens)
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
61795	Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
64573	Incision for implantation of neurostimulator electrodes; cranial nerve

#### **Crosswalk Replacement Codes:**

There are no one-to-one crosswalks.

#### **114.3 CMR 47.03(4) Change to Modifier 50 Description:**

The description of the modifier for bilateral procedures is revised as follows:

**-50: Bilateral Procedure.** Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and the modifier '-50.' Only one claim line is billed for both procedures. The addition of the modifier '-50' to the bilateral code will allow 150% of the allowable fee contained in 114.3 CMR 47.00 to be paid to the eligible provider for performance of both bilateral procedures.

The payment for bilateral procedures does not change as a result of the new description.