



MASSACHUSETTS

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Billing Guideline

Ambulatory Surgical Procedures

Blue Cross Blue Shield of Massachusetts has removed Billing Guideline 389.

You may continue to access information about the following ambulatory surgical procedures via the medical policy links below:

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| 484 | Percutaneous Vertebroplasty and Sacroplasty |
| 485 | Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation |
| 068 | Plastic Surgery |
| 111 | Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions |
| 110 | Meniscal Allografts and Other Meniscal Implants |
| 374 | Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions |
| 465 | Low Density Lipid Apheresis |
| 086 | Infertility Diagnosis and Treatment |
| 130 | Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome |