

101 CMR 317.00: MEDICINE

Section

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317.01: General Provisions

(1) Scope, Purpose and Effective Date. 101 CMR 317.00 governs the payment rates used by all governmental units for medical services provided to publicly-aided patients rendered on or after January 1, 2013. Rates for services provided to individuals covered by the Workers' Compensation Act, M.G.L. c. 152, are set forth at 114.3 CMR 40.00: *Rates for Services under M.G.L. c. 152, Workers' Compensation Act.*

(2) Coverage. Payment rates in 101 CMR 317.00 are used to pay for:

(a) Medical services rendered to patients in a private medical office, licensed clinic, facility, hospital outpatient department, patient's residence or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

(b) Medical services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with such facility to provide medical services, and who bills separately and apart from such facility for medical services rendered.

The rates of payment under 101 CMR 317.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. The rates of payment also reimburse all overhead expenses associated with the service provided.

(3) Disclaimer of Authorization of Services. 101 CMR 317.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 317.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the *American Medical Association's Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:

(a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;

(b) deleted codes for which there are no corresponding new codes; and

(c) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), EOHHS may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, EOHHS may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 317.00. EOHHS may also issue administrative bulletins to add codes and/or clarify which duly licensed or certified health care professionals or students may receive payment for services under 101 CMR 317.00, in the event that the Department of Public Health issues an Order pursuant to M.G.L. c. 94C and 105 CMR 700.003(H).

317.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 101 CMR 317.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' Current Procedural Terminology (CPT), copyright 2013 by the American Medical Association unless otherwise specified. Level II codes are obtained from 2013 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' Current Procedural Terminology.

101 CMR 317.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by EOHHS. Any use of CPT outside the fee schedule should refer to the *Physicians' Current Procedural Terminology*. All rights reserved.

In addition, terms used in 101 CMR 317.00 shall have the meanings set forth in 101 CMR 317.02.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents under the age of 21.

CMS. Centers for Medicare and Medicaid Services.

Confirmatory (Additional Opinion) Consultation. When the consulting physician is aware of the confirmatory nature of the opinion that is sought (*e.g.*, when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician whose opinion or advice regarding evaluation and/or management (E/M) of a specific problem is requested by another physician or other appropriate source.

A physician consultant may initiate diagnostic and/or therapeutic services. The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (*i.e.*, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly-assisted individuals under the age of 21 as required by federal law. Refer to 101 CMR 317.04(4) for reimbursement guidelines.

Eligible Mid-level Practitioner. A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a government unit.

A registered nurse providing tobacco cessation services, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a governmental unit.

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A tobacco cessation counselor, who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a governmental unit.

A pharmacist, who is currently registered by the Board of Registration in Pharmacy and in good standing, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as adopted by a governmental unit.

Eligible Provider. A licensed physician or licensed osteopath, licensed podiatrist, licensed optometrist, other than an intern, resident, fellow or house officer, who also meets such conditions of participation as adopted by a governmental unit.

A provider of diagnostic medical services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as adopted by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as adopted by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with 105 CMR 140.000: *Licensure of Clinics* to provide medical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as adopted by a governmental unit.

A licensed freestanding birth center facility that meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *The Operation and Maintenance of Birth Centers*. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as adopted by a governmental unit.

Eligible Provider for Payment for Administration of Flu Vaccines. A licensed physician, a licensed registered nurse practicing as a nurse practitioner or as a nurse midwife, and a licensed physician assistant, as specified in 101 CMR 317.02, are eligible to receive payment for administering flu vaccines. In addition, any pharmacy registered by the Board of Registration in Pharmacy which utilizes pharmacists or other health care professionals certified in accordance with Massachusetts Department of Public Health regulations at 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and any home health agency certified as a provider of home health services under the Medicare Health Insurance Program for the Aged (Title XVIII) is eligible for payment to administer flu vaccines, if it otherwise meets such conditions of participation set forth by a purchasing governmental unit.

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Any other providers authorized by the Massachusetts Department of Public Health to possess and administer vaccines are also eligible if they otherwise meet such conditions of participation set forth by a purchasing governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Patient. A patient who has received professional services from the physician within the past three years.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or free standing ambulatory surgical center (ASC), will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Independent (Nurse Practitioner or Nurse Midwife). Qualified and eligible to bill as a MassHealth Provider. *See* Eligible Mid-level Practitioner.

Individual Consideration. Medical services, which are authorized but not listed herein, medical services performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth at 114.3 CMR 31.00: *Prescribed Drugs*; and
- (h) a copy of the current invoice from the supplier.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians.

Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes.

For a full discussion of the levels of E/M services, refer to the *2013 CPT handbook*.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number or letters.

New Patient. A patient who has not received any professional services from the physician within the past three years.

Physical Medicine. The physical medicine procedure codes apply only when:

- (a) the physician prescribed the needed therapy; and
- (b) the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

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Primary Care Clinician (PCC) Plan. A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one physician to another. For the purposes of 101 CMR 317.00 a referral is not a consultation.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in 101 CMR 317.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

317.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 101 CMR 317.00 applies shall be the lowest of:

- (a) The eligible provider's usual fee to patients other than publicly-aided; or
- (b) The eligible provider's actual charge submitted; or
- (c) The schedule of allowable fees set forth in 101 CMR 317.04(4) in accordance with 101 CMR 317.03; or
- (d) The current Medicare Outpatient Prospective Payment System (OPPS) cap payment amounts, if applicable.

(2) Supplemental Payment.

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 317.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325: *Other Inpatient and Outpatient Facility Services: Upper Limits Of Payment.*

(3) Rate Variations Based on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 101 CMR 317.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

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(4) Allowable Mid-level Fee for Qualified Mid-Level Practitioners. Payment for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives, eligible licensed physician assistants, eligible registered nurses, eligible tobacco cessation counselors, eligible pharmacies which utilize pharmacists or other health care professionals certified in accordance with Massachusetts Department of Public Health regulations at 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and eligible home health agencies as specified in 101 CMR 317.02 is 85% of the fees contained in 101 CMR 317.04(4). 101 CMR 317.03(4) does not apply to the EPSDT add-on code S0302 described in 101 CMR 317.03(5) or for tobacco cessation services, for medical nutrition therapy (97802, 97803, 97804, G0270, G0271), for diabetes self-management training (G0108, G0109), or for the administration of behavioral health screening (96110 and related modifiers) services listed in section 101 CMR 317.04(4). Properly adjusted rates for tobacco cessation services for mid-level practitioners are listed in 101 CMR 317.04(4) according to codes 99407-SA, -SB, -HN, -TD, -U1, -U2, and -U3.

(5) Behavioral Health Screening Services. Payment for the administration and scoring of standardized behavioral health screening tools is available to eligible providers (physician, independent nurse midwife, independent nurse practitioner, community health center, hospital outpatient department, or mid-level practitioner employed by a physician or community health center) and is allowed for MassHealth purchase only when accompanied by a modifier. Appropriate code and related modifiers for the standardized behavioral health screening tools are listed in a separate fee table in 101 CMR 317.04(4). For purposes of these modifiers, "Behavioral health need identified" means the provider administering the screening tool, in her or his professional judgment, identifies a child with a potential behavioral health services need.

(6) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-on Code. To identify a completed well child office visit including all age appropriate components of the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 101 CMR 317.04(4). S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(7) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for services listed in 101 CMR 317.00 are contained in other EOHHS regulations.

Regulation Title	Regulation Number	Affected Services
Chiropractic Care	101 CMR 328.00	Chiropractic Manipulation Codes 98940 to 98943
Rehabilitation Clinic Services, Audiology Services and Restorative Services	114.3 CMR 39.00	Audiologic Codes 92590 to 92595
Vision Care Services and Ophthalmic Materials	101 CMR 315.00	Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(8) CPT Category III Codes. All medicine related CPT category III codes are included as a part of 101 CMR 317.00 and have an assigned fee of IC.

(9) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. Ten dollars is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

(10) Child and Adolescent Needs and Strengths (CANS). Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of 21. Psychiatrists who complete the CANS for a MassHealth child or adolescent under the age of 21 during a Psychiatric Diagnostic Interview Examination should bill using procedure code 90801 accompanied by modifier HA.

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(11) Payments under Section 1202 of the Federal Affordable Care Act for Certain Primary Care Services. For calendar years 2013 and 2014, Section 1202 of the federal Affordable Care Act requires Medicaid agencies to provide payment for certain primary care services delivered by eligible physicians consistent with rules set forth in 42 CFR Part 447, Subpart G (Section 1202 rates). Section 1202 rates are developed by CMS and will be communicated via Administrative Bulletin.

(a) Eligible Physicians.

1. A physician who specializes in family medicine, general internal medicine, or pediatric medicine, or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS), and who also meets such conditions of eligibility for payment, as specified by MassHealth and CMS, are eligible for the Section 1202 rates. Further, in order to be eligible for the Section 1202 rates, physicians must self-attest that they are:

- a. practicing in an eligible specialty or subspecialty; and
- b. that they are either board certified in one of the qualified specialties or subspecialties, or that 60% of the Medicaid codes he or she has been paid during the most recently completed calendar year, or for newly eligible physicians during the prior month, were for the services eligible for the Section 1202 rates.
- c. Services provided by a non-physician practitioner, specified in 101 CMR 317.02: *General Definitions*, such as physician assistants, nurse practitioners, nurse midwives, are eligible for payment of 85% of the section 1202 rates applicable under 101 CMR 317.03(4) only when provided under the personal supervision of an eligible primary care physician, and when properly billed under the supervising physician's enrollment number.

(b) Services Eligible for Section 1202 Rates. The Section 1202 rates apply to a specific set of services and procedures that CMS designates as 'primary care services.' They apply to billing codes for a specific set of evaluation and management (E&M) services, and certain vaccine administration services. The following billing codes are eligible for the Section 1202 Rates and may be amended by CMS. Healthcare Common Procedure Coding System (HCPCS) codes:

1. E&M Codes 99201-99499. Further guidance regarding codes covered by MassHealth is provided in Subchapter 6 of the MassHealth Physician Manual.
2. Current Procedural Terminology vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.

(c) Vaccines for Children. Section 1202 updated the regional maximum administration fee for the Vaccines for Children program. For vaccines provided under the Vaccines for Children Program by Section 1202 eligible physicians in calendar years 2013 and 2014, payment will be the lesser of:

1. the Regional Maximum Administration Fee; or
2. the 1202 rate for code 90460.

(d) Effective Date. 101 CMR 317.03(11) applies to dates of service in calendar years 2013 and 2014.

317.04: Maximum Allowable Fees(1) Drugs, Medications, Supplies and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines and immune globulins administered in a physician's office shall be the lower of the fee listed in 101 CMR 317.04(4) or the current Medicare fee.

(b) Supplies and materials used in preparation for or as part of a procedure (*e.g.*, bandages, laboratory kits, syringes or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge shall be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for clinical laboratory analysis (and activities related thereto), *e.g.*, venipuncture, urine, fecal and sputum samples, culturing, swabbing and scraping for removal of tissues.

(c) Where applicable, payment for drugs, medicines, supplies, and related materials dispensed to patients shall be in accordance with rates which are the subject matter of other regulations that may be in effect and germane to the item in question (*e.g.*, laboratory, pharmacy, medical supplies, *etc.*) not to exceed the cost of the item to the physician.

## 317.04: continued

In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code (99070).

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. Such drugs are commonly provided without charge or are included in the physician's fee for the service.

Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items.

When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. However, when the immunization or injection is not the primary purpose of the office or other outpatient visit, a provider may bill for both the visit and the immunization or injectable material, but not for its administration.

(2) Unless otherwise specified, guidelines, notes and definitions provided in the *2013 CPT Coding Handbook* are applicable to the use of the procedure codes and descriptions listed in 101 CMR 317.04(3).

(3) Modifiers.

-24: Unrelated evaluation and management service by the same physician during post operative period.

-25: Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service. Modifier 25 is used to facilitate billing of evaluation and management services on the day of a procedure for which separate payment may be made. The physician may indicate that on the day a procedure or service code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the appropriate procedure code will allow the professional component allowable fee (PC Fee) contained in 101 CMR 317.04(4) to be paid.

50: Bilateral Procedures. 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 101 CMR 317.04(4) to be paid to the eligible provider for performance of both bilateral procedures.

51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '51' to the end of the service code for the secondary procedure(s). The addition of the modifier '51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 101 CMR 317.04(4) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Service. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of the modifier '-52' signifying that the service is reduced.

-57: Decision for surgery

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-59: Distinct procedure service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However when another already established modifier is appropriate, it should be used rather than modifier '-59'

-GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

-GP: Services delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

-HA: Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of 21: This modifier should only be applied to service code 90801 billed by psychiatrists to identify a Psychiatric Diagnostic Interview Examination for a MassHealth child or adolescent under the age of 21 using the CANS.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-LM: Left Main Coronary Artery.

-PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26: *Prohibition on Payment for Provider-preventable Conditions*, and results in non-payment for services.)

-PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26: *Prohibition on Payment for Provider-preventable Conditions*, and results in non-payment for services.)

-PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 CFR 447.26: *Prohibition on Payment for Provider-preventable Conditions*, and results in non-payment for services.)

-RI: Ramus Intermedius Coronary Artery.

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-SL: State Supplied Vaccine. (This modifier is to be applied to codes 90460 and 90461 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health (DPH) for individuals ages 18 years and under, including those administered under the Vaccine for Children Program (VFC), where counseling is included. It is also to be applied to codes 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by DPH for all individuals, including those administered under VFC to individuals 18 years and under.)

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-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 101 CMR 317.04(4) to be paid.

(4) Fee Schedule.

NFAC - These amounts apply when service is performed in a non-facility setting

FAC - These amounts apply when service is performed in a facility setting

Global Fee - These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
90281			I.C.			Immune globulin (Ig), human, for intramuscular use
90283			I.C.			Immune globulin (IgIV), human, for intravenous use
90284			I.C.			Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90287			I.C.			Botulinum antitoxin, equine, any route
90288			I.C.			Botulism immune globulin, human, for intravenous use
90291			I.C.			Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90296			I.C.			Diphtheria antitoxin, equine, any route
90371			115.40			Hepatitis B immune globulin (HBIG), human, for intramuscular use
90375			139.74			Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use
90376			152.38			Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
90378			I.C.			Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
90384			I.C.			Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385			25.14			Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386			I.C.			Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389			I.C.			Tetanus immune globulin (TIg), human, for intramuscular use
90393			I.C.			Vaccinia immune globulin, human, for intramuscular use
90396			I.C.			Varicella-zoster immune globulin, human, for intramuscular use
90399			I.C.			Unlisted immune globulin
90460			23.29			Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90460-SL			23.29			Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90461			0.00			Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)
90461-SL			0.00			Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure) (state supplied vaccine) (Only to be used for administration of pediatric vaccines for individuals ages 18 years and under provided at no cost by the Massachusetts Department of Public Health, including those administered under the Vaccine for Children (VFC) Program) (Not in conjunction with an office visit or other outpatient visit)
90471			18.23			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90471-SL (Vaccines for Children, ages 18 and under)				23.29		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90471-SL (ages 19 and up)				15.78		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90472			8.83			Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90472-SL (Vaccines for Children, ages 18 and under)				23.29		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (state supplied vaccine)
90472-SL (ages 19 and up)				8.83		Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (state supplied vaccine)
90473			18.23			Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90473-SL (Vaccines for Children, ages 18 and under)				23.29		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90473-SL (ages 19 and up)				15.78		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (state supplied vaccine)
90474			8.83			Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90474-SL (Vaccines for Children, ages 18 and under)				23.29		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (state supplied vaccine)
90474-SL (ages 19 and up)				8.83		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (state supplied vaccine)
90476			I.C.			Adenovirus vaccine, type 4, live, for oral use
90477			I.C.			Adenovirus vaccine, type 7, live, for oral use
90581			I.C.			Anthrax vaccine, for subcutaneous use
90585			109.47			Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586			114.36			Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90632			45.32			Hepatitis A vaccine, adult dosage, for intramuscular use
90633			23.94			Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90634			I.C.			Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636			101.97			Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644			I.C.			Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
90645			23.34			Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646			I.C.			Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647			23.34			Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648			23.40			Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649			137.59			Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650			134.40			Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90653			I.C.			Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90654			I.C.			Influenza virus vaccine, split virus, preservative free, for intradermal use
90655			15.45			Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656			12.54			Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657			5.68			Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658			11.37			Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660			22.32			Influenza virus vaccine, live, for intranasal use
90661			I.C.			Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662			I.C.			Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90664			I.C.			Influenza virus vaccine, pandemic formulation, live, for intranasal use
90666			I.C.			Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use
90667			I.C.			Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use
90668			I.C.			Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use
90669			95.48			Pneumococcal conjugate vaccine, 7 valent, for intramuscular use

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90670			I.C.			Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672			I.C.			Influenza virus vaccine, quadrivalent, live, for intranasal use
90675			181.27			Rabies vaccine, for intramuscular use
90676			I.C.			Rabies vaccine, for intradermal use
90680			I.C.			Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681			I.C.			Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90685			I.C.			Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686			I.C.			Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90687			I.C.			Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688			I.C.			Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90690			I.C.			Typhoid vaccine, live, oral
90691			55.65			Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692			I.C.			Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
90693			I.C.			Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)
90696			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
90700			16.15			Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702			32.26			Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90703			22.77			Tetanus toxoid adsorbed, for intramuscular use
90704			22.78			Mumps virus vaccine, live, for subcutaneous use
90705			17.43			Measles virus vaccine, live, for subcutaneous use
90706			19.51			Rubella virus vaccine, live, for subcutaneous use
90707			47.07			Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708			I.C.			Measles and rubella virus vaccine, live, for subcutaneous use
90710			I.C.			Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712			I.C.			Poliovirus vaccine, (any type[s]) (OPV), live, for oral use

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90713			28.14			Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714			20.66			Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715			33.81			Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716			81.67			Varicella virus vaccine, live, for subcutaneous use
90717			64.84			Yellow fever vaccine, live, for subcutaneous use
90719			I.C.			Diphtheria toxoid, for intramuscular use
90720			I.C.			Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721			46.34			Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723			I.C.			Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90725			I.C.			Cholera vaccine for injectable use
90727			I.C.			Plague vaccine, for intramuscular use
90732			43.25			Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733			103.41			Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734			I.C.			Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use
90735			102.08			Japanese encephalitis virus vaccine, for subcutaneous use
90736			I.C.			Zoster (shingles) vaccine, live, for subcutaneous injection
90738			I.C.			Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90739			I.C.			Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
90740			119.42			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743			24.21			Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744			24.21			Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746			59.71			Hepatitis B vaccine, adult dosage, for intramuscular use
90747			119.42			Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748			I.C.			Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749			I.C.			Unlisted vaccine/toxoid

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
90785			3.61			Interactive complexity (List separately in addition to the code for primary procedure)
90791	117.42	89.51				Psychiatric diagnostic evaluation
90791-HA			143.02			Psychiatric diagnostic evaluation (by a psychiatrist for MassHealth children and adolescents under the age of 21 using the CANS)
90792	95.06	92.24				Psychiatric diagnostic evaluation with medical services
90805	53.60	43.01				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90807	73.80	63.49				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90809	103.19	93.43				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90811	60.54	47.16				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90813	80.36	66.99				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90815	112.63	99.25				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90817	46.49	47.33				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90819	66.44	67.56				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90822	95.24	97.19				Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90824	50.08	51.20				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90827	69.38	70.78				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90829	98.18	100.41				Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90832	48.53	37.26				Psychotherapy, 30 minutes with patient and/or family member
90833	31.77	31.49				Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90834	61.81	55.89				Psychotherapy, 45 minutes with patient and/or family member
90836			51.58			Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90837	90.29	84.37				Psychotherapy, 60 minutes with patient and/or family member
90838	83.11	82.83				Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
90839			I.C.			Psychotherapy for crisis; first 60 minutes
90840			I.C.			Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90845	58.01	56.06				Psychoanalysis
90846	61.77	59.54				Family psychotherapy (without the patient present)
90847	77.28	70.59				Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	25.43	21.81				Multiple-family group psychotherapy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90853	23.76	21.81				Group psychotherapy (other than of a multiple-family group)
90862	43.53	32.94				Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90863			I.C.			Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
90865	117.89	92.81				Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90867			I.C.			Therapeutic repetitive transcranial magnetic stimulation treatment; planning
90868			I.C.			Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session
90869	351.97	82.06				Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
90870	126.66	78.17				Electroconvulsive therapy (includes necessary monitoring)
90875	54.50	45.03				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes
90876	80.27	71.07				Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes
90880	73.73	67.60				Hypnotherapy
90882			I.C.			Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885			36.48			Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	64.99	55.52				Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889			I.C.			Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899			I.C.			Unlisted psychiatric service or procedure
90901	28.50	14.85				Biofeedback training by any modality

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90911	67.71	33.43				Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
90935			55.15			Hemodialysis procedure with single physician evaluation
90937			78.76			Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90940			I.C.			Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
90945			61.27			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947			91.94			Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
90951			706.60			End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90952			I.C.			End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month
90953			I.C.			End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
90954			590.55			End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90955			334.75			End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month
90956			230.05			End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90957			473.35			End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
90958			321.16			End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month
90959			214.14			End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month
90960			211.97			End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month
90961			174.28			End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month
90962			130.41			End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month
90963			403.61			End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964			342.11			End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965			326.20			End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966			173.16			End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967			13.95			End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968			11.35			End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969			11.11			End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
90970			5.80			End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90989			I.C.			Dialysis training, patient, including helper where applicable, any mode, completed course
90993			I.C.			Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997			65.35			Hemoperfusion (eg, with activated charcoal or resin)
90999			I.C.			Unlisted dialysis procedure, inpatient or outpatient
91010			148.40	51.24	97.16	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; 2-dimensional data
91013			18.10	7.33	10.77	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during 2-dimensional data study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)
91020			188.50	57.34	131.16	Gastric motility (manometric) studies
91022			144.38	58.36	86.02	Duodenal motility (manometric) study
91030			111.86	36.99	74.87	Esophagus, acid perfusion (Bernstein) test for esophagitis
91034			158.18	38.44	119.74	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035			392.50	63.48	329.02	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
91037			130.03	39.55	90.48	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038			240.65	44.28	196.37	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
91040			277.26	37.14	240.13	Esophageal balloon distension provocation study
91065			64.29	7.81	56.48	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110			739.76	146.83	592.93	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111			600.05	40.56	559.49	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
91112			978.86	87.09	891.77	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
91117	104.25	111.77				Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
91120			311.35	36.67	274.68	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
91122			180.05	66.16	113.89	Anorectal manometry
91132			113.65	20.95	92.71	Electrogastrography, diagnostic, transcutaneous;
91133			138.69	27.03	111.66	Electrogastrography, diagnostic, transcutaneous; with provocative testing
91299			I.C.			Unlisted diagnostic gastroenterology procedure
92002	57.99	34.58				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	107.04	71.65				Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	61.47	37.50				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	88.90	57.13				Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92015	20.35	14.21				Determination of refractive state
92018			103.06			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019			49.45			Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	19.82	15.37				Gonioscopy (separate procedure)
92025			27.24	14.23	13.00	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060			46.71	27.85	18.86	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065			38.31	13.05	25.27	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92071	27.43	24.27				Fitting of contact lens for treatment of ocular surface disease
92072	87.37	68.92				Fitting of contact lens for management of keratoconus, initial fitting
92081			38.38	12.28	26.10	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92082			53.53	16.28	37.25	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083			66.91	20.46	46.45	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	70.58	36.30				Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92132			28.16	15.72	12.45	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133			34.30	21.86	12.45	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134			34.30	21.86	12.45	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136			65.84	22.18	43.66	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	46.10	19.35				Provocative tests for glaucoma, with interpretation and report, without tonography
92225	19.23	15.61				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	17.37	13.47				Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92227			9.38			Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228			23.24	13.02	10.22	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92230	44.53	23.91				Fluorescein angiography with interpretation and report
92235			103.68	33.82	69.85	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240			190.96	45.58	145.38	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250			58.40	17.25	41.15	Fundus photography with interpretation and report
92260	13.67	8.09				Ophthalmodynamometry

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92265			60.95	32.06	28.89	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270			68.28	30.20	38.08	Electro-oculography with interpretation and report
92275			112.05	41.64	70.41	Electroretinography with interpretation and report
92283			39.04	6.53	32.51	Color vision examination, extended, eg, anomaloscope or equivalent
92284			47.43	8.78	38.64	Dark adaptation examination with interpretation and report
92285			22.48	3.07	19.41	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)
92286			94.66	26.20	68.46	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287	91.97	33.45				Special anterior segment photography with interpretation and report; with fluorescein angiography
92310	71.61	44.02				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	74.17	41.28				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	84.38	47.32				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	73.64	36.86				Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens
92314	59.25	25.81				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	55.39	16.93				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	74.05	28.07				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	55.39	15.82				Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens
92325			27.50			Modification of contact lens (separate procedure), with medical supervision of adaptation
92326			29.17			Replacement of contact lens
92352	31.25	13.97				Fitting of spectacle prosthesis for aphakia; monofocal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92353	35.79	18.51				Fitting of spectacle prosthesis for aphakia; multifocal
92354			46.45			Fitting of spectacle mounted low vision aid; single element system
92355			32.51			Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358			11.61			Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92371			10.50			Repair and refitting spectacles; spectacle prosthesis for aphakia
92499			I.C.			Unlisted ophthalmological service or procedure
92502			73.25			Otolaryngologic examination under general anesthesia
92504	24.05	7.33				Binocular microscopy (separate diagnostic procedure)
92506			133.50			Evaluation of speech, language, voice, communication, and/or auditory processing
92507			62.03			Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508			20.72			Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	127.81	46.16				Nasopharyngoscopy with endoscope (separate procedure)
92512	48.15	21.40				Nasal function studies (eg, rhinomanometry)
92516	53.88	17.38				Facial nerve function studies (eg, electroneuronography)
92520	52.34	30.60				Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92526			71.64			Treatment of swallowing dysfunction and/or oral function for feeding
92531			I.C.			Spontaneous nystagmus, including gaze
92532			I.C.			Positional nystagmus test
92533			I.C.			Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)
92534			I.C.			Optokinetic nystagmus test
92540			73.75	58.52	15.23	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541			35.69	15.16	20.53	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542			35.67	12.63	23.04	Positional nystagmus test, minimum of 4 positions, with recording
92543			17.84	4.00	13.84	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording
92544			29.24	9.82	19.41	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545			27.40	8.82	18.58	Oscillating tracking test, with recording
92546			75.95	10.83	65.12	Sinusoidal vertical axis rotational testing
92547			4.09			Use of vertical electrodes (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92548			81.87	18.98	62.89	Computerized dynamic posturography
92550			15.63			Tympanometry and reflex threshold measurements
92551			9.38			Screening test, pure tone, air only
92552			20.81			Pure tone audiometry (threshold); air only
92553			26.38			Pure tone audiometry (threshold); air and bone
92555			15.23			Speech audiometry threshold;
92556			23.59			Speech audiometry threshold; with speech recognition
92557	30.69	27.34				Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92558			I.C.			Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
92559			I.C.			Audiometric testing of groups
92560			I.C.			Bekesy audiometry; screening
92561			26.66			Bekesy audiometry; diagnostic
92562			25.82			Loudness balance test, alternate binaural or monaural
92563			20.25			Tone decay test
92564			18.30			Short increment sensitivity index (SISI)
92565			10.50			Stenger test, pure tone
92567	11.72	9.49				Tympanometry (impedance testing)
92568	12.50	12.22				Acoustic reflex testing, threshold
92570	23.90	22.23				Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571			16.35			Filtered speech test
92572			25.82			Staggered spondaic word test
92575			40.31			Sensorineural acuity level test
92576			21.64			Synthetic sentence identification test
92577			13.28			Stenger test, speech
92579	32.83	29.49				Visual reinforcement audiometry (VRA)
92582			41.99			Conditioning play audiometry
92583			29.17			Select picture audiometry
92584			54.53			Electrocochleography
92585			90.78	18.98	71.80	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586			57.59			Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587			29.71	5.28	24.43	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588			52.84	13.92	38.92	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92596			32.51			Ear protector attenuation measurements
92597			75.00			Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92601	110.11	96.74				Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92602	68.44	56.74				Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603	107.51	92.74				Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604	64.07	52.09				Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming
92605			I.C.			Evaluation for prescription of non-speech-generating augmentative and alternative communication device
92606	61.11	52.19				Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607			136.93			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608			39.98			Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609			88.89			Therapeutic services for the use of speech-generating device, including programming and modification
92610	80.70	51.44				Evaluation of oral and pharyngeal swallowing function
92611			87.43			Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	131.53	50.44				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	28.52	28.24				Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only
92614	116.48	50.72				Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615			25.28			Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only
92616	157.17	74.40				Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617			31.29			Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only
92618	23.65	23.13				Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92620	61.58	57.40				Evaluation of central auditory function, with report; initial 60 minutes
92621	14.23	12.84				Evaluation of central auditory function, with report; each additional 15 minutes

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92625	47.16	44.10				Assessment of tinnitus (includes pitch, loudness matching, and masking)
92626	63.06	57.76				Evaluation of auditory rehabilitation status; first hour
92627	15.42	13.75				Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630			I.C.			Auditory rehabilitation; prelingual hearing loss
92633			I.C.			Auditory rehabilitation; postlingual hearing loss
92640	71.19	66.73				Diagnostic analysis with programming of auditory brainstem implant, per hour
92700			I.C.			Unlisted otorhinolaryngological service or procedure
92920			409.13			Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921			I.C.			Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92924			\$515.61			Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925			137.76			Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92928			454.04			Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92929			I.C.			Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92933			515.61			Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934			137.76			Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92937			515.61			Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92938			137.76			Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92941			515.61			Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
92943			515.61			Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92944			137.76			Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
92950	213.80	126.57				Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953			8.26			Temporary transcutaneous pacing
92960	188.05	96.08				Cardioversion, elective, electrical conversion of arrhythmia; external
92961			188.10			Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92970			131.78			Cardioassist-method of circulatory assist; internal
92971			73.87			Cardioassist-method of circulatory assist; external
92973			138.25			Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)
92974			126.74			Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975			305.39			Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977			75.52			Thrombolysis, coronary; by intravenous infusion
92978			234.73	70.88	158.91	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979			140.84	56.78	80.19	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92986			1,051.65			Percutaneous balloon valvuloplasty; aortic valve
92987			1,085.20			Percutaneous balloon valvuloplasty; mitral valve
92990			844.98			Percutaneous balloon valvuloplasty; pulmonary valve
92992			I.C.			Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
92993			I.C.			Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)
92997			494.66			Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998			248.96			Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93000			15.35			Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005			8.82			Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010			6.53			Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93015			72.78			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016			17.21			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report
93017			44.22			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
93018			11.35			Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
93024			91.12	44.67	46.45	Ergonovine provocation test
93025			155.17	29.03	126.15	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040			10.13			Rhythm ECG, 1-3 leads; with interpretation and report
93041			4.64			Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93042			5.49			Rhythm ECG, 1-3 leads; interpretation and report only
93224			83.65			External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation
93225			25.54			External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)
93226			37.81			External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93227			20.30			External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; physician review and interpretation
93228			19.00			External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report
93229			558.65			External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports
93268			203.48			External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, physician review and interpretation
93270			12.45			External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)
93271			171.85			External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission download and analysis
93272			19.19			External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; physician review and interpretation
93278			27.60	9.30	18.30	Signal-averaged electrocardiography (SAECG), with or without ECG
93279			40.44	25.49	14.95	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system

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317.04: continued

<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
93280			47.81	30.35	17.46	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system
93281			55.69	35.44	20.25	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system
93282			51.14	33.12	18.02	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrillator system
93283			65.28	44.47	20.81	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillator system
93284			72.71	49.12	23.59	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibrillator system
93285			34.14	20.30	13.84	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system
93286			20.45	10.79	9.66	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system
93287			26.59	16.10	10.50	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator system
93288			30.85	16.73	14.12	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93289			52.28	34.81	17.46	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
93290			23.32	15.33	7.99	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93291			29.45	16.73	12.73	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis
93292			26.39	16.73	9.66	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
93293			44.62	11.83	32.79	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days
93294			25.67			Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)
93295			50.55			Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)
93296			26.66			Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297			19.00			Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
93298			20.67			Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93299			I.C.			Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93303			167.28	49.22	118.07	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304			106.96	28.19	78.77	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93306			185.67	50.33	135.34	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307			117.77	35.37	82.39	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308			84.27	20.26	64.00	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93312			256.60	81.59	175.01	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313			29.87			Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314			228.86	46.61	182.25	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315			239.74	107.23	122.57	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316			32.66			Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317			199.25	68.91	122.58	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318				83.24		Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320			49.70	14.40	35.30	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93321			23.23	5.77	17.46	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
93325			28.82	2.72	26.10	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)
93350			166.60	56.62	109.98	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
93351			196.01	68.38	127.63	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
93352			29.03			Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
93451			610.43	106.31	504.12	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452			667.72	186.16	481.55	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453			873.85	244.14	629.71	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454			689.31	187.69	501.62	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
93455			804.62	216.71	587.91	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
93456			862.01	240.38	621.63	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93457			977.27	269.52	707.74	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
93458			831.44	229.03	602.40	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
93459			917.68	257.86	659.81	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, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460			980.59	287.34	693.25	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
93461			1,125.16	316.91	808.25	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
93462			146.07			Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93463			77.65			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)
93464			196.82	68.17	128.66	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
93503			95.79			Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93505			633.92	181.35	452.57	Endomyocardial biopsy
93530			783.41	176.13	593.00	Right heart catheterization, for congenital cardiac anomalies
93531			2,063.50	345.94	1,695.23	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532			2,062.51	410.94	1,623.96	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533			1,915.74	276.11	1,623.95	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93561			38.72	18.14	18.83	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562			18.05	5.45	11.65	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
93563			40.99			Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
93564			41.66			Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
93565			31.50			Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
93566	134.89	31.50				Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	110.24	35.56				Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93568	121.44	32.26				Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571			233.73	70.42	158.91	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572			137.20	56.13	78.84	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580			763.69			Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
93581			1,010.23			Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93600			159.89	88.63	68.76	Bundle of His recording
93602			129.89	88.36	38.86	Intra-atrial recording
93603			149.83	88.36	58.92	Right ventricular recording
93609			309.63	209.81	95.53	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93610			176.95	125.55	47.61	Intra-atrial pacing
93612			186.12	124.99	56.59	Intraventricular pacing
93613			294.33			Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93615			48.79	38.27	11.20	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616			69.43	48.98	11.06	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
93618			321.17	179.09	138.76	Induction of arrhythmia by electrical pacing
93619			594.17	309.50	269.89	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620			786.51	488.09	287.75	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621				88.15		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93622				129.53		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623				119.95		Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93624			286.13	203.35	69.75	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631			543.71	302.79	217.87	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640			400.79	147.53	250.97	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
93641			504.67	249.12	250.97	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
93642			331.05	190.60	140.45	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650			449.51			Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653			619.52			Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93654			826.78			Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
93655			309.80			Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
93656			827.01			Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation
93657			310.00			Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
93660			127.22	73.25	53.97	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93662				109.95		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93668			15.23			Peripheral arterial disease (PAD) rehabilitation, per session
93701			21.92			Bioimpedance-derived physiologic cardiovascular analysis
93724			226.73	188.93	37.81	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93740			6.38			Temperature gradient studies
93745			I.C.			Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93750	38.25	32.68				Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
93770			6.38			Determination of venous pressure
93784			49.33			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786			25.54			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
93788			9.66			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
93790			14.12			Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report
93797	14.02	7.05				Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	19.78	10.87				Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
93799			I.C.			Unlisted cardiovascular service or procedure
93880			201.23	22.23	179.00	Duplex scan of extracranial arteries; complete bilateral study
93882			140.38	14.79	125.59	Duplex scan of extracranial arteries; unilateral or limited study
93886			213.65	34.65	179.00	Transcranial Doppler study of the intracranial arteries; complete study
93888			95.68	23.00	72.68	Transcranial Doppler study of the intracranial arteries; limited study
93890			148.79	36.38	112.41	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
93892			154.56	42.15	112.41	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893			154.83	42.42	112.41	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922			89.47	9.02	80.44	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93923			138.06	16.65	121.41	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
93924			172.71	18.42	154.29	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
93925			200.06	21.19	178.87	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926			127.22	14.55	112.67	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930			195.89	16.89	179.00	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931			124.07	11.40	112.67	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93965			102.29	12.93	89.36	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970			204.28	25.28	179.00	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971			129.32	16.65	112.67	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
93975			245.38	66.51	178.87	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976			173.37	44.71	128.66	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978			196.13	24.28	171.85	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
93979			128.80	16.13	112.67	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980			139.31	46.61	92.71	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981			96.95	16.22	80.72	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93982			33.83			Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
93990			121.71	9.30	112.41	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93998			I.C.			Unlisted noninvasive vascular diagnostic study
94002			65.63			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003			47.56			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day
94004			34.70			Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day
94005			68.54			Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more
94010			28.17	6.25	21.92	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94011			72.47			Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012			111.64			Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013			22.85			Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age
94014			38.04			Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation
94015			19.97			Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
94016			18.07			Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only
94060			48.56	10.76	37.81	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070			46.48	20.93	25.54	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)
94150			19.34	2.72	16.63	Vital capacity, total (separate procedure)
94200			19.20	3.96	15.23	Maximum breathing capacity, maximal voluntary ventilation
94250			20.31	3.96	16.35	Expired gas collection, quantitative, single procedure (separate procedure)
94375			30.17	10.76	19.41	Respiratory flow volume loop
94400			42.38	13.77	28.61	Breathing response to CO <sub>2</sub> (CO <sub>2</sub> response curve)
94450			46.84	14.05	32.79	Breathing response to hypoxia (hypoxia response curve)
94452			45.78	10.48	35.30	High altitude simulation test (HAST), with physician interpretation and report;
94453			62.17	13.77	48.40	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration
94610			43.59			Intrapulmonary surfactant administration by a physician through endotracheal tube
94620			49.40	22.46	26.94	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621			127.73	50.63	77.10	Pulmonary stress testing; complex (including measurements of CO <sub>2</sub> production, O <sub>2</sub> uptake, and electrocardiographic recordings)
94640			13.00			Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)
94642			28.96			Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94644			32.79			Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour
94645			11.89			Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)
94660	45.52	26.85				Continuous positive airway pressure ventilation (CPAP), initiation and management
94662			26.29			Continuous negative pressure ventilation (CNP), initiation and management
94664			13.00			Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
94667			18.30			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668			17.74			Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94680			47.07	9.27	37.81	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681			45.90	6.98	38.92	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted
94690			41.92	2.72	39.20	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94726			40.85	8.84	32.01	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727			31.96	8.84	23.12	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728			31.96	8.84	23.12	Airway resistance by impulse oscillometry
94729			40.86	5.88	34.98	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)
94750			62.79	7.98	54.81	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94760			2.14			Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761			3.53			Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)
94762			16.35			Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)
94770			18.12			Carbon dioxide, expired gas determination by infrared analyzer
94772			I.C.			Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant
94774			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report
94775			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)
94776			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only
94777			I.C.			Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
94780	38.00	16.91				Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes
94781	14.84	5.88				Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)
94799			I.C.			Unlisted pulmonary service or procedure
95004			5.16			Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95012			16.91			Nitric oxide expired gas determination
95017	70.79	2.86				
95018	23.83	5.51				
95024			6.00			Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95027			3.77			Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95028			10.22			Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044			4.92			Patch or application test(s) (specify number of tests)
95052			5.76			Photo patch test(s) (specify number of tests)
95056			33.35			Photo tests
95060			23.32			Ophthalmic mucous membrane tests
95065			19.97			Direct nasal mucous membrane test
95070			31.12			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071			41.71			Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
95076	48.82	35.45				Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	48.82	35.45				Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)
95115			8.27			Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117			10.22			Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95120			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection
95125			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 or more injections
95130			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom
95131			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 stinging insect venoms
95132			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 3 stinging insect venoms
95133			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 4 stinging insect venoms
95134			I.C.			Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 5 stinging insect venoms
95144	10.00	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
95145	15.29	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
95146	27.00	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
95147	25.33	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
95148	36.75	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
95149	49.01	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
95165	10.00	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95170	7.77	2.47				Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
95180	107.65	78.39				Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
95199			I.C.			Unlisted allergy/clinical immunologic service or procedure
95250			121.41			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
95251			30.80			Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report
95782			875.25	98.80	776.45	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783			916.10	107.68	808.42	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
95800			164.29	43.44	120.85	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
95801			75.30	38.05	37.25	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
95803			129.45	34.79	94.66	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95805			331.51	45.96	285.55	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
95806			144.05	46.52	97.53	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
95807			379.33	46.69	332.64	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
95808			524.88	66.83	458.04	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810			558.23	92.76	465.47	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95811			602.82	97.03	505.79	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
95812			253.73	39.99	213.74	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813			283.86	63.80	220.06	Electroencephalogram (EEG) extended monitoring; greater than 1 hour
95816			234.69	40.45	194.24	Electroencephalogram (EEG); including recording awake and drowsy
95819			262.37	40.27	222.10	Electroencephalogram (EEG); including recording awake and asleep
95822			245.09	40.27	204.83	Electroencephalogram (EEG); recording in coma or sleep only
95824				27.76		Electroencephalogram (EEG); cerebral death evaluation only
95827			453.54	40.17	413.36	Electroencephalogram (EEG); all night recording
95829			1,200.43	229.43	971.00	Electrocorticogram at surgery (separate procedure)
95830	148.81	63.26				Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	22.38	10.96				Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	21.51	11.48				Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	28.29	16.58				Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	35.43	21.77				Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	13.53	5.73				Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	11.49	4.24				Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95857	36.15	21.10				Cholinesterase inhibitor challenge test for myasthenia gravis
95860			70.24	36.90	33.35	Needle electromyography; 1 extremity with or without related paraspinal areas
95861			101.38	58.83	42.54	Needle electromyography; 2 extremities with or without related paraspinal areas
95863			122.28	70.54	51.74	Needle electromyography; 3 extremities with or without related paraspinal areas
95864			134.66	75.39	59.26	Needle electromyography; 4 extremities with or without related paraspinal areas
95865			91.89	60.49	31.40	Needle electromyography; larynx
95866			79.86	47.35	32.51	Needle electromyography; hemidiaphragm
95867			62.51	30.27	32.23	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868			84.39	44.64	39.76	Needle electromyography; cranial nerve supplied muscles, bilateral
95869			46.39	14.16	32.23	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870			45.28	13.88	31.40	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95872			134.10	105.49	28.61	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95873			46.11	14.72	31.40	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95874			43.88	14.16	29.72	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95875			81.53	41.21	40.31	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885			42.31	12.86	29.45	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
95886			65.42	34.39	31.03	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
95887			58.53	26.98	31.56	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
95905			68.74	2.23	66.51	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
95907			75.53	40.26	35.27	Nerve conduction studies; 1-2 studies
95908			93.19	50.58	42.60	Nerve conduction studies; 3-4 studies
95909			111.61	60.43	51.18	Nerve conduction studies; 5-6 studies
95910			146.84	80.80	66.04	Nerve conduction studies; 7-8 studies
95911			177.28	100.68	76.59	Nerve conduction studies; 9-10 studies
95912			207.71	121.06	86.66	Nerve conduction studies; 11-12 studies
95913			240.26	143.34	96.93	Nerve conduction studies; 13 or more studies
95921			61.82	32.94	28.89	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922			76.93	35.22	41.71	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95923			114.96	33.68	81.28	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95924			117.27	66.89	50.38	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95925			126.31	19.95	106.36	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926			122.22	20.32	101.90	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927			114.60	20.23	94.38	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928			185.31	56.01	129.30	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929			196.74	56.28	140.45	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930			107.77	13.12	94.66	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933			58.22	22.36	35.86	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937			50.10	24.56	25.54	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
95938			226.64	31.55	195.09	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from central nervous system; in upper and lower limbs
95939			352.41	83.07	269.35	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
95940			121.31	79.04	42.27	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941			121.31	79.04	42.27	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
95943			I.C.			Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95950			215.37	56.25	159.12	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951			1,481.13	227.76	1,217.95	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours
95953			325.65	116.08	209.56	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended
95954			244.07	83.37	160.70	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955			133.51	37.18	96.33	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95956			811.75	130.77	680.98	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse
95957			269.57	74.03	195.54	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
95958			354.10	158.01	196.09	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961			193.68	112.40	81.28	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance
95962			172.18	120.16	52.02	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)
95965				308.12		Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
95966				153.90		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
95967				133.34		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)

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317.04: continued

<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
95970	46.19	16.93				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
95971	43.87	29.38				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
95972	80.43	56.74				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
95973	44.93	34.62				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95974	138.20	113.12				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95975	74.59	64.28				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95978	167.29	135.24				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour
95979	72.95	62.64				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
95980			32.64			Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981	23.70	12.56				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
95982	36.17	25.02				Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming
95990			61.59			Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);
95991	83.11	27.65				Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
95992	31.62	28.00				Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
95999			I.C.			Unlisted neurological or neuromuscular diagnostic procedure
96000			67.07			Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96001			73.23			Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002			15.50			Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003			13.69			Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96004			82.27			Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
96020				129.19		Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report
96040			36.50			Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
96101	60.54	57.48				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	52.51	17.12				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	43.84	17.92				Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
96105			80.73			Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96110			9.73			Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
96111	91.83	87.93				Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	66.95	62.49				Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	72.25	56.92				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	55.58	16.85				Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	65.29	17.64				Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96125			70.04			Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96150	15.36	15.08				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	14.87	14.59				Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	14.11	13.83				Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	3.44	3.16				Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	13.87	13.59				Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	16.78	16.50				Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
96360			45.92			Intravenous infusion, hydration; initial, 31 minutes to 1 hour

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
96361			12.12			Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365			57.19			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366			17.08			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367			26.24			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
96368			15.17			Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369			139.13			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370			11.79			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371			65.67			Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372			18.23			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373			14.89			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374			44.76			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375			18.21			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376			I.C.			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96379			I.C.			Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401			58.49			Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402			27.92			Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
96405	68.32	22.62				Chemotherapy administration; intralesional, up to and including 7 lesions
96406	93.68	32.65				Chemotherapy administration; intralesional, more than 7 lesions
96409			91.17			Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411			50.82			Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)
96413			118.62			Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415			24.85			Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
96416			130.95			Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417			58.31			Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420			88.08			Chemotherapy administration, intra-arterial; push technique
96422			142.43			Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423			64.49			Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425			145.86			Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	584.04	107.78				Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96446	143.18	15.55				Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96450	156.40	63.60				Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture
96521			108.00			Refilling and maintenance of portable pump
96522			89.89			Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523			20.66			Irrigation of implanted venous access device for drug delivery systems
96542	101.11	32.83				Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549			I.C.			Unlisted chemotherapy procedure

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
96567			107.20			Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96570			43.06			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
96571			19.91			Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
96900			16.91			Actinotherapy (ultraviolet light)
96902	16.06	15.50				Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96904			55.64			Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
96910			56.76			Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912			72.92			Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913			101.34			Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	137.55	50.60				Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	137.75	50.25				Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	196.40	90.78				Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
96999			I.C.			Unlisted special dermatological service or procedure
97001			54.50			Physical therapy evaluation
97002			30.41			Physical therapy re-evaluation
97003			60.63			Occupational therapy evaluation
97004			37.38			Occupational therapy re-evaluation
97005			I.C.			Athletic training evaluation
97006			I.C.			Athletic training re-evaluation
97010			4.15			Application of a modality to 1 or more areas; hot or cold packs
97012			11.53			Application of a modality to 1 or more areas; traction, mechanical
97014			11.23			Application of a modality to 1 or more areas; electrical stimulation (unattended)

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
97016			13.46			Application of a modality to 1 or more areas; vasopneumatic devices
97018			7.49			Application of a modality to 1 or more areas; paraffin bath
97022			16.01			Application of a modality to 1 or more areas; whirlpool
97024			4.70			Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026			4.15			Application of a modality to 1 or more areas; infrared
97028			5.19			Application of a modality to 1 or more areas; ultraviolet
97032			13.48			Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033			22.09			Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034			12.52			Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035			8.89			Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036			22.85			Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039			I.C.			Unlisted modality (specify type and time if constant attendance)
97110			22.51			Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112			23.62			Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113			30.07			Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116			19.90			Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124			18.41			Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139			I.C.			Unlisted therapeutic procedure (specify)
97140			21.19			Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150			14.53			Therapeutic procedure(s), group (2 or more individuals)
97530			24.77			Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97532			18.92			Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
97533			20.87			Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535			24.74			Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537			21.39			Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
97542			21.67			Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97545			I.C.			Work hardening/conditioning; initial 2 hours
97546			I.C.			Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597	56.75	17.45				Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598	18.63	8.32				Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
97602			I.C.			Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605	29.57	19.53				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
97606	31.43	21.39				Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
97750			23.71			Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755			25.60			Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes
97760			26.78			Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761			23.43			Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762			32.16			Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799			I.C.			Unlisted physical medicine/rehabilitation service or procedure
97802	23.98	22.31				Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	20.93	19.25				Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804			10.42			Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
97810	26.69	22.51				Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	20.19	18.51				Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	28.74	24.28				Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	22.97	20.74				Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
98925	22.88	16.47				Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	30.51	23.54				Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	39.64	31.00				Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	46.21	36.45				Osteopathic manipulative treatment (OMT); 7-8 body regions involved

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
98929	53.24	42.65				Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98960			21.36			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961			10.22			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962			7.71			Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
98966	10.42	9.02				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	19.63	18.51				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
98968	28.84	28.00				Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98969			I.C.			Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99000			1.00			Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99001			I.C.			Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99002			I.C.			Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician
99024			I.C.			Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
99026			I.C.			Hospital mandated on call service; in-hospital, each hour
99027			I.C.			Hospital mandated on call service; out-of-hospital, each hour
99050			16.56			Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service
99051			16.56			Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053			I.C.			Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
99056			I.C.			Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99058			I.C.			Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service
99060			I.C.			Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99070			I.C.			Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071			I.C.			Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
99075			I.C.			Medical testimony
99078			I.C.			Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99080			I.C.			Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082			I.C.			Unusual travel (eg, transportation and escort of patient)

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317.04: continued

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99090			I.C.			Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)
99091			41.03			Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time
99100			I.C.			Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)
99116			I.C.			Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)
99135			I.C.			Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)
99140			I.C.			Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
99143			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
99144			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
99145			I.C.			Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99148			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99149			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time
99150			I.C.			Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99170	110.92	69.95				Anogenital examination with colposcopic magnification in childhood for suspected trauma
99172			I.C.			Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)
99174				22.76		Ocular photoscreening with interpretation and report, bilateral
99175				19.97		Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99183	159.56	86.27				Physician attendance and supervision of hyperbaric oxygen therapy, per session
99190			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes
99192			I.C.			Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes
99195				70.32		Phlebotomy, therapeutic (separate procedure)
99199			I.C.			Unlisted special service, procedure or report
99201	31.59	19.05				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

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317.04: continued

<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99202	54.19	36.07				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	77.94	54.81				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	118.82	92.63				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	147.51	119.09				Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	15.41	6.77				Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99212	31.87	18.49				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	52.37	36.21				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	77.46	55.72				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	103.84	78.76				Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99217			51.42			Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
99218			47.24			Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.
99219			78.93			Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.
99220			110.37			Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.
99221			71.00			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99222			96.80			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.
99223			142.30			Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.
99224			20.50			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99225			36.43			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99226			54.46			Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.
99231			28.24			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.
99232			51.02			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.
99233			73.22			Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99234			96.43			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.
99235			126.67			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.
99236			157.28			Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.
99238			51.24			Hospital discharge day management; 30 minutes or less
99239			75.07			Hospital discharge day management; more than 30 minutes
99281			15.07			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99282			29.29			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283			44.33			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284			83.33			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285			122.08			Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99288			I.C.			Physician direction of emergency medical systems (EMS) emergency care, advanced life support
99291	197.17	158.44				Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
99292	87.63	79.54				Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99304			64.87			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99305			90.97			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99306			115.69			Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.
99307			31.40			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99308			48.33			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
99309			63.53			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
99310			93.77			Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
99315			45.65			Nursing facility discharge day management; 30 minutes or less
99316			59.26			Nursing facility discharge day management; more than 30 minutes
99318			66.66			Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99324			40.80			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325			58.72			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326			99.52			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327			130.76			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99328			152.79			Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334			43.37			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99335			66.90			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336			94.20			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99337			135.24			Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99339			57.10			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99340			79.80			Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99341			40.52			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99342			58.62			Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343			95.52			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344			128.54			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345			154.28			Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99347			40.28			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348			60.80			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349			89.94			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99350			125.01			Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99354	70.81	65.79				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99355	69.97	64.95				Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)
99356			64.34			Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
99357			64.62			Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)
99358			79.35			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; first hour
99359			38.33			Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; each additional 30 minutes (List separately in addition to code for prolonged physician service)
99360			44.75			Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
99363	94.65	61.49				Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)
99364	31.88	23.52				Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)
99366	31.09	30.53				Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99367			41.03			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
99368			26.53			Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99374	51.62	41.03				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99375	79.59	68.45				Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99377	51.62	41.03				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99378	81.26	70.12				Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99379	51.62	41.03				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
99380	77.08	64.82				Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
99381	81.74	49.04				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99382	87.96	55.92				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	86.59	55.92				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	93.71	63.04				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	93.71	63.04				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	109.37	77.33				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years
99387	118.93	84.51				Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	63.38	41.92				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Global Fee</b>	<b>PC Fee</b>	<b>TC Fee</b>	<b>Description (continued)</b>
99392	70.50	49.04				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	69.81	49.04				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	76.71	55.92				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	77.40	55.92				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99396	85.19	63.04				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	94.42	70.56				Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older
99401	27.50	18.03				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	46.76	36.73				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99403	64.79	54.76				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	83.15	72.84				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99406	10.18	8.78				Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407	53.74	52.81				Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99408	25.67	24.28				Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	49.68	48.28				Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99411	12.18	5.49				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
99412	15.71	9.30				Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
99420			8.27			Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)
99429			I.C.			Unlisted preventive medicine service
99441	10.42	9.02				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	19.63	18.51				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	28.84	28.00				Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
99444			I.C.			Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99450			I.C.			Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.
99455			I.C.			Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99456			I.C.			Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99460			63.30			Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	69.33	46.76				Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99462			33.55			Subsequent hospital care, per day, for evaluation and management of normal newborn
99463			86.19			Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
99464			52.66			Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99465			158.05			Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99466			190.02			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
99467			87.17			Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99468			655.37			Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99469			287.89			Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
99471			568.54			Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472			285.94			Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99475			399.76			Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476			242.44			Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99477			254.27			Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
99478			100.85			Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479			92.75			Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
99480			86.15			Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
99485			57.29			Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes
99486			49.86			Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
99487			65.10			Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99488			144.98			Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month
99489			32.69			Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
99495	129.79	105.55				Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge
99496	182.63	155.01				Transitional Care Management Services with the following required elements: Communication direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge
99499			I.C.			Unlisted evaluation and management service
99500			I.C.			Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501			I.C.			Home visit for postnatal assessment and follow-up care
99502			I.C.			Home visit for newborn care and assessment
99503			I.C.			Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504			I.C.			Home visit for mechanical ventilation care
99505			I.C.			Home visit for stoma care and maintenance including colostomy and cystostomy
99506			I.C.			Home visit for intramuscular injections
99507			I.C.			Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
99509			I.C.			Home visit for assistance with activities of daily living and personal care
99510			I.C.			Home visit for individual, family, or marriage counseling
99511			I.C.			Home visit for fecal impaction management and enema administration
99512			I.C.			Home visit for hemodialysis
99600			I.C.			Unlisted home visit service or procedure
99601			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours);
99602			I.C.			Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description (continued)
99605			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607			I.C.			Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
G0108			41.11			Diabetes outpatient self-management training services, individual, per 30 minutes
G0109			14.32			Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
G0270	20.93	19.25				Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271			10.42			Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
S0302			9.05			Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate preventive medicine service)
T1023			60.57			Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

**Tobacco Cessation Counseling Services**

Code	NFAC	FAC	Description
99407	53.74	52.81	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 SA	45.68	44.89	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
99407 SB	45.68	44.89	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
99407 HN	45.68	44.89	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)

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<b>Code</b>	<b>NFAC</b>	<b>FAC</b>	<b>Description (continued)</b>
99407 TD	45.68	44.89	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
99407 U1	45.68	44.89	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
99407 TF	80.61	79.22	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U2	68.52	67.33	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407 HQ	32.24	31.69	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
99407 U3	27.41	26.93	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)

**Behavioral Health Screening Services**

<b>Code</b>	<b>Rate</b>	<b>Description</b>
96110 U1	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified.)
96110 U2	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Independent Nurse Midwife, Independent Nurse Practitioner, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)
96110 U3	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U4	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Midwife employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)
96110 U5	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)
96110 U6	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Nurse Practitioner employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)
96110 U7	9.73	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)

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Code	NFAC	FAC	Description (continued)
96110 U8	9.73		Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistant employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)

Code	Global Fee	Description
H2011	19.38	Crisis intervention service, per 15 minutes
J0129	20.92	Injection, abatacept, 10 mg
J0131	I.C.	Injection, Acetaminophen, 10 MG
J0135	408.09	Injection, adalimumab, 20 mg
J0171	0.43	Injection, Adrenalin, epinephrine, 0.1 mg
J0215	36.36	Injection, alefacept, 0.5 mg
J0221	I.C.	Injection, Alglucosidase Alfa, (Lumizyme), 10 MG
J0256	3.87	Injection, alpha 1-proteinase inhibitor - human, 10 mg
J0257	I.C.	Injection, Alpha 1 Proteinase Inhibitor (Human), (Glassia), 10 MG
J0290	3.45	Injection, ampicillin sodium, 500 mg
J0295	2.48	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0348	1.41	Injection, anidulafungin, 1 mg
J0456	4.79	Injection, azithromycin, 500 mg
J0461	0.02	Injection, atropine sulfate, 0.01 mg
J0475	197.24	Injection, baclofen, 10 mg
J0476	75.01	Injection, baclofen, 50 mcg for intrathecal trial
J0490	I.C.	Injection, Belimumab, 10 MG
J0558	3.40	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units
J0561	4.33	Injection, penicillin G benzathine, 100,000 units
J0585	5.49	Injection, onabotulinumtoxinA, 1 unit
J0586	7.48	Injection, abobotulinumtoxinA, 5 units
J0587	10.75	Injection, rimabotulinumtoxinB, 100 units
J0588	I.C.	Injection, Incobotulinumtoxin A, 1 Unit
J0592	1.06	Injection, buprenorphine HCl, 0.1 mg
J0597	30.23	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
J0598	44.20	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units
J0638	88.99	Injection, canakinumab, 1 mg
J0640	1.26	Injection, leucovorin calcium, per 50 mg
J0690	0.62	Injection, cefazolin sodium, 500 mg
J0694	5.27	Injection, cefoxitin sodium, 1 g
J0696	0.94	Injection, ceftriaxone sodium, per 250 mg
J0697	2.03	Injection, sterile cefuroxime sodium, per 750 mg
J0702	5.53	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0715	I.C.	Injection, Ceftaroline Fosamil, 10 MG
J0718	3.96	Injection, certolizumab pegol, 1 mg
J0775	37.51	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0780	1.94	Injection, prochlorperazine, up to 10 mg
J0833	I.C.	Injection, cosyntropin, not otherwise specified, 0.25 mg
J0834	69.76	Injection, cosyntropin (Cortrosyn), 0.25 mg
J0840	I.C.	Injection, Crotalidae Polyvalent Immune Fab (Ovine), Up To 1 Gram
J0881	3.12	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
J0882	3.12	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885	9.82	Injection, epoetin alfa, (for non-ESRD use), 1000 units
J0886	9.82	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J0897	I.C.	Injection, Denosumab, 1 MG
J0900	I.C.	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1020	1.36	Injection, methylprednisolone acetate, 20 mg
J1030	2.44	Injection, methylprednisolone acetate, 40 mg
J1040	6.91	Injection, methylprednisolone acetate, 80 mg

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317.04: continued

Code	Global Fee	Description (continued)
J1055	I.C.	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	I.C.	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg
J1060	I.C.	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	3.56	Injection, testosterone cypionate, up to 100 mg
J1080	6.09	Injection, testosterone cypionate, 1 cc, 200 mg
J1094	I.C.	Injection, dexamethasone acetate, 1 mg
J1100	0.09	Injection, dexamethasone sodium phosphate, 1 mg
J1160	1.21	Injection, digoxin, up to 0.5 mg
J1170	1.56	Injection, hydromorphone, up to 4 mg
J1200	0.78	Injection, diphenhydramine HCl, up to 50 mg
J1260	5.26	Injection, dolasetron mesylate, 10 mg
J1290	275.28	Injection, ecallantide, 1 mg
J1300	189.95	Injection, eculizumab, 10 mg
J1320	I.C.	Injection, amitriptyline HCl, up to 20 mg
J1438	208.15	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J1440	249.38	Injection, filgrastim (G-CSF), 300 mcg
J1441	393.27	Injection, filgrastim (G-CSF), 480 mcg
J1460	19.77	Injection, gamma globulin, intramuscular, 1 cc
J1557	I.C.	Injection, Immune Globulin, (Gammalex), Intravenous, Non-Lyophilized (E.G. Liquid), 500 MG
J1559	7.28	Injection, immune globulin (Hizentra), 100 mg
J1561	37.68	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1562	7.25	Injection, immune globulin (Vivaglobin), 100 mg
J1566	31.09	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1569	38.05	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg
J1571	55.18	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
J1580	0.95	Injection, garamycin, gentamicin, up to 80 mg
J1599	I.C.	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
J1626	1.60	Injection, granisetron HCl, 100 mcg
J1630	1.72	Injection, haloperidol, up to 5 mg
J1650	6.33	Injection, enoxaparin sodium, 10 mg
J1655	3.49	Injection, tinzaparin sodium, 1000 IU
J1670	257.59	Injection, tetanus immune globulin, human, up to 250 units
J1710	I.C.	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	3.88	Injection, hydrocortisone sodium succinate, up to 100 mg
J1725	I.C.	Injection, Hydroxyprogesterone Caproate, 1 MG
J1740	151.21	Injection, ibandronate sodium, 1 mg
J1743	455.00	Injection, idursulfase, 1 mg
J1745	60.67	Injection infliximab, 10 mg
J1750	11.77	Injection, iron dextran, 50 mg
J1786	41.99	Injection, imiglucerase, 10 units
J1790	2.26	Injection, droperidol, up to 5 mg
J1800	2.87	Injection, propranolol HCl, up to 1 mg
J1826	I.C.	Injection, interferon beta-1a, 30 mcg
J1885	0.28	Injection, ketorolac tromethamine, per 15 mg
J1890	I.C.	Injection, cephalothin sodium, up to 1 g
J1950	599.04	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J1956	5.34	Injection, levofloxacin, 250 mg
J1990	I.C.	Injection, chlordiazepoxide HCl, up to 100 mg
J2060	0.72	Injection, lorazepam, 2 mg
J2150	0.94	Injection, mannitol, 25% in 50 ml

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317.04: continued

<b>Code</b>	<b>Global Fee</b>	<b>Description (continued)</b>
J2175	1.88	Injection, meperidine HCl, per 100 mg
J2248	1.03	Injection, micafungin sodium, 1 mg
J2250	0.07	Injection, midazolam HCl, per 1 mg
J2265	I.C.	Injection, Minocycline Hydrochloride, 1 MG
J2270	2.79	Injection, morphine sulfate, up to 10 mg
J2271	1.06	Injection, morphine sulfate, 100 mg
J2275	2.80	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	1.06	Injection, nalbuphine HCl, per 10 mg
J2310	7.69	Injection, naloxone HCl, per 1 mg
J2315	2.83	Injection, naltrexone, depot form, 1 mg
J2323	10.61	Injection, natalizumab, 1 mg
J2355	244.55	Injection, oprelvekin, 5 mg
J2357	21.07	Injection, omalizumab, 5 mg
J2358	2.75	Injection, olanzapine, long-acting, 1 mg
J2405	0.14	Injection, ondansetron HCl, per 1 mg
J2426	6.69	Injection, paliperidone palmitate extended release, 1 mg
J2430	14.62	Injection, pamidronate disodium, per 30 mg
J2440	0.84	Injection, papaverine HCl, up to 60 mg
J2469	17.86	Injection, palonosetron HCl, 25 mcg
J2503	1,032.00	Injection, pegaptanib sodium, 0.3 mg
J2505	2,653.31	Injection, pegfilgrastim, 6 mg
J2507	I.C.	Injection, Pegloticase, 1 MG
J2510	12.27	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	21.44	Injection, pentobarbital sodium, per 50 mg
J2550	1.67	Injection, promethazine HCl, up to 50 mg
J2560	3.08	Injection, phenobarbital sodium, up to 120 mg
J2562	276.96	Injection, plerixafor, 1 mg
J2675	1.58	Injection, progesterone, per 50 mg
J2680	10.88	Injection, fluphenazine decanoate, up to 25 mg
J2760	57.02	Injection, phentolamine mesylate, up to 5 mg
J2778	404.30	Injection, ranibizumab, 0.1 mg
J2785	52.21	Injection, regadenoson, 0.1 mg
J2788	30.28	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)
J2790	86.19	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)
J2792	18.33	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2793	I.C.	Injection, rilonacept, 1 mg
J2794	5.16	Injection, risperidone, long acting, 0.5 mg
J2796	46.12	Injection, romiplostim, 10 mcg
J2820	24.64	Injection, sargramostim (GM-CSF), 50 mcg
J2910	I.C.	Injection, aurothioglucose, up to 50 mg
J2916	4.64	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	1.91	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	2.78	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	I.C.	Injection, somatrem, 1 mg
J2941	I.C.	Injection, somatropin, 1 mg
J3010	0.33	Injection, fentanyl citrate, 0.1 mg
J3030	77.45	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3095	1.99	Injection, telavancin, 10 mg
J3110	I.C.	Injection, teriparatide, 10 mcg
J3120	4.36	Injection, testosterone enanthate, up to 100 mg
J3130	10.07	Injection, testosterone enanthate, up to 200 mg
J3230	9.04	Injection, chlorpromazine HCl, up to 50 mg
J3240	1,053.74	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3243	1.33	Injection, tigecycline, 1 mg

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317.04: continued

<b>Code</b>	<b>Global Fee</b>	<b>Description (continued)</b>
J3250	5.80	Injection, trimethobenzamide HCl, up to 200 mg
J3262	3.47	Injection, tocilizumab, 1 mg
J3301	1.64	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3302	0.28	Injection, triamcinolone diacetate, per 5 mg
J3303	1.61	Injection, triamcinolone hexacetonide, per 5 mg
J3357	117.21	Injection, ustekinumab, 1 mg
J3360	0.74	Injection, diazepam, up to 5 mg
J3385	349.91	Injection, velaglucerase alfa, 100 units
J3396	9.85	Injection, verteporfin, 0.1 mg
J3410	1.37	Injection, hydroxyzine HCl, up to 25 mg
J3411	3.14	Injection, thiamine HCl, 100 mg
J3430	1.43	Injection, phytonadione (vitamin K), per 1 mg
J3487	224.80	Injection, zoledronic acid (Zometa), 1 mg
J3490	I.C.	Unclassified drugs
J3590	I.C.	Unclassified biologics
J7030	0.47	Infusion, normal saline solution, 1,000 cc
J7060	1.11	5% dextrose/water (500 ml = 1 unit)
J7070	2.19	Infusion, D-5-W, 1,000 cc
J7131	I.C.	Hypertonic Saline Solution, 1 ML
J7302	I.C.	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	I.C.	Contraceptive supply, hormone containing vaginal ring, each
J7304	I.C.	Contraceptive supply, hormone containing patch, each
J7307	I.C.	Etonogestrel (contraceptive) implant system, including implant and supplies
J7309	I.C.	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7312	I.C.	Injection, dexamethasone, intravitreal implant, 0.1 mg
J7321	89.33	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7323	137.16	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	169.00	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	12.09	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	I.C.	Hyaluronan Or Derivative, Gel-One, For Intra-Articular Injection, Per Dose
J7335	25.55	Capsaicin 8% patch, per 10 sq cm
J7599	I.C.	Immunosuppressive drug, not otherwise classified
J7608	2.11	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g
J7614	0.30	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg
J7620	0.28	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	4.51	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
J7633	I.C.	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg
J7639	28.00	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7644	0.26	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7665	I.C.	Mannitol, Administered Through An Inhaler, 5 MG
J7669	0.25	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
J7676	I.C.	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7682	79.26	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg
J7686	418.15	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg

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317.04: continued

<b>Code</b>	<b>Global Fee</b>	<b>Description (continued)</b>
J7699	I.C.	NOC drugs, inhalation solution administered through DME
J7799	I.C.	NOC drugs, other than inhalation drugs, administered through DME
J8561	I.C.	Everolimus, Oral, 0.25 MG
J8562	79.56	Fludarabine phosphate, oral, 10 mg
J9000	3.03	Injection, doxorubicin HCl, 10 mg
J9001	540.92	Injection, doxorubicin HCl, all lipid formulations, 10 mg
J9025	5.24	Injection, azacitidine, 1 mg
J9031	115.32	BCG (intravesical) per instillation
J9035	61.20	Injection, bevacizumab, 10 mg
J9040	24.55	Injection, bleomycin sulfate, 15 units
J9041	41.45	Injection, bortezomib, 0.1 mg
J9043	I.C.	Injection, Cabazitaxel, 1 MG
J9045	5.00	Injection, carboplatin, 50 mg
J9055	50.49	Injection, cetuximab, 10 mg
J9060	2.24	Injection, cisplatin, powder or solution, 10 mg
J9070	11.04	Cyclophosphamide, 100 mg
J9130	3.82	Dacarbazine, 100 mg
J9155	2.65	Injection, degarelix, 1 mg
J9171	19.62	Injection, docetaxel, 1 mg
J9178	2.04	Injection, epirubicin HCl, 2 mg
J9179	I.C.	Injection, Eribulin Mesylate, 0.1 MG
J9181	0.88	Injection, etoposide, 10 mg
J9190	1.46	Injection, fluorouracil, 500 mg
J9201	95.93	Injection, gemcitabine HCl, 200 mg
J9202	211.32	Goserelin acetate implant, per 3.6 mg
J9206	8.73	Injection, irinotecan, 20 mg
J9212	I.C.	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	I.C.	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	17.14	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	I.C.	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216	I.C.	Injection, interferon, gamma 1-b, 3 million units
J9217	201.85	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	3.80	Leuprolide acetate, per 1 mg
J9219	4,819.82	Leuprolide acetate implant, 65 mg
J9228	I.C.	Injection, Ipilimumab, 1 MG
J9250	0.19	Methotrexate sodium, 5 mg
J9260	1.87	Methotrexate sodium, 50 mg
J9261	112.85	Injection, nelarabine, 50 mg
J9263	9.80	Injection, oxaliplatin, 0.5 mg
J9264	9.47	Injection, paclitaxel protein-bound particles, 1 mg
J9265	5.55	Injection, paclitaxel, 30 mg
J9293	41.70	Injection, mitoxantrone HCl, per 5 mg
J9300	2,742.59	Injection, gemtuzumab ozogamicin, 5 mg
J9302	45.40	Injection, ofatumumab, 10 mg
J9305	53.43	Injection, pemetrexed, 10 mg
J9307	165.63	Injection, pralatrexate, 1 mg
J9310	611.03	Injection, rituximab, 100 mg
J9315	224.76	Injection, romidepsin, 1 mg
J9340	116.58	Injection, thiotepa, 15 mg
J9351	9.38	Injection, topotecan, 0.1 mg
J9355	70.41	Injection, trastuzumab, 10 mg
J9360	1.05	Injection, vinblastine sulfate, 1 mg
J9370	3.93	Vincristine sulfate, 1 mg
J9390	20.38	Injection, vinorelbine tartrate, 10 mg
J9395	85.45	Injection, fulvestrant, 25 mg
J9999	I.C.	Not otherwise classified, antineoplastic drugs
Q4101	36.54	Apligraf, per sq cm

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317.04: continued

<b>Code</b>	<b>Global Fee</b>	<b>Description (continued)</b>
Q4102	4.67	Oasis wound matrix, per sq cm
Q4103	4.67	Oasis burn matrix, per sq cm
Q4104	17.46	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106	41.27	Dermagraft, per sq cm
Q4107	96.15	GRAFTJACKET, per sq cm
Q4108	20.11	Integra matrix, per sq cm
Q4110	31.22	PriMatrix, per sq cm
S0020	1.68	Injection, bupivacaine HCl, 30 ml
S0021	IC	Injection, cefoperazone sodium, 1 g
S0023	1.25	Injection, cimetidine HCl, 300 mg
S0077	3.30	Injection, clindamycin phosphate, 300 mg

317.05: Severability

The provisions of 101 CMR 317.00 are severable and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 317.00: M.G.L. c. 118E.

NON-TEXT PAGE