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Administrative Bulletin 13-04

**CPT/HCPCS 2013 Coding Updates for
 114.3 CMR 16.00: Surgery and Anesthesia Services
 114.3 CMR 17.00: Medicine
 114.3 CMR 18.00: Radiology**

Effective January 1, 2013

In accordance with 114.3 CMR 16.01(4), 17.01(4), and 18.01(4), the following coding changes are effective on January 1, 2013. The following list specifies those codes that are added and codes that are deleted, with crosswalks to new codes that replace corresponding deleted codes. New codes with RVUs are reimbursed at rates calculated using the current MassHealth conversion factor. Codes with one-to-one crosswalks to deleted codes are reimbursed at the current payment rate of the deleted codes. Codes with one-to-one crosswalks to existing codes are reimbursed at the current payment rate of the existing codes. For codes with multiple crosswalks, rates for the 2013 additions are calculated according to the rate methodology used in setting physician rates. All other codes in this bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this informational bulletin are applicable until revised rates are issued by the Executive Office of Health and Human Services (EOHHS). Deleted codes will no longer be available for use after 2012.

114.3 CMR 16.00 Added Codes

Code	Description
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code

Code	Description
	for primary procedure)
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any

Code	Description
	approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
38243	Hematopoietic progenitor cell (HPC); HPC boost
43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session

114.3 CMR 16.00 Deleted Codes

Code	Description
29590	Denis-Browne splint strapping
31656	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)
31715	Transtracheal injection for bronchography
32420	Pneumocentesis, puncture of lung for aspiration
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)
37201	Transcatheter therapy, infusion for thrombolysis other than coronary
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
83912	Molecular diagnostics; interpretation and report
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes

114.3 CMR 16.00 Crosswalks and Rates

Deleted Codes	Replacement Codes
31656, 31715	31899
32420	32405
32421, 32422	32554-32555
37201, 37209	37211-37214
37203	37197
43234	43235
65805	65800

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
22586	--	--	\$1,154.58	--	--
23473	--	--	\$1,261.30	--	--
23474	--	--	\$1,361.34	--	--
24370	--	--	\$1,194.03	--	--
24371	--	--	\$1,374.51	--	--
31647	--	--	\$171.98	--	--
31648	--	--	\$180.98	--	--
31649	--	--	\$57.27	--	--
31651	--	--	\$60.52	--	--
31660	--	--	\$173.05	--	--

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
31661	--	--	\$182.78	--	--
31899	--	--	I.C.	--	--
32405	\$72.63	\$72.35	--	--	--
32554	\$735.98	\$68.78	--	--	--
32555	\$469.48	\$86.13	--	--	--
32556	\$494.14	\$94.45	--	--	--
32557	\$908.58	\$124.69	--	--	--
32701	--	--	\$166.38	--	--
33361	--	--	\$1,015.81	--	--
33362	--	--	\$1,111.08	--	--
33363	--	--	\$1,150.42	--	--
33364	--	--	\$1,225.35	--	--
33365	--	--	\$1,338.64	--	--
33367	--	--	\$469.06	--	--
33368	--	--	\$568.48	--	--
33369	--	--	\$750.64	--	--
33990	--	--	\$330.42	--	--
33991	--	--	\$481.58	--	--
33992	--	--	\$156.81	--	--
33993	--	--	\$137.70	--	--
36221	\$942.48	\$163.66	--	--	--
36222	\$1,179.65	\$222.68	--	--	--
36223	\$1,285.86	\$240.67	--	--	--
36224	\$1,397.68	\$262.85	--	--	--
36225	\$1,275.51	\$239.62	--	--	--
36226	\$1,426.15	\$263.42	--	--	--
36227	\$201.59	\$83.21	--	--	--
36228	\$982.76	\$169.83	--	--	--
37197	\$1,091.66	\$199.89	--	--	--
37211	--	--	\$307.17	--	--
37212	--	--	\$271.20	--	--
37213	--	--	\$189.30	--	--
37214	--	--	\$111.76	--	--
38243	--	--	\$90.16	--	--
43206	--	--	I.C.	--	--
43235	\$232.19	\$109.30	--	--	--
43252	--	--	I.C.	--	--
44705	--	--	I.C.	--	--
52287	\$248.04	\$127.96	--	--	--
64615	\$110.07	\$98.23	--	--	--
65800	\$108.65	\$94.99	--	--	--
88375	--	--	I.C.	--	--

114.3 CMR 17.00 Added Codes

Code	Description
90653	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90739	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
90785	Interactive complexity (List separately in addition to the code for primary procedure)
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	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	Psychotherapy, 45 minutes with patient and/or family member
90836	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	Psychotherapy, 60 minutes with patient and/or family member
90838	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	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
92925	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	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch

Code	Description
92929	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	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
92934	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	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	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)
92941	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	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	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)
93653	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
93654	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	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	Comprehensive electrophysiologic evaluation including transseptal 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

Code	Description
93657	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)
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
95079	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)
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95783	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
95783	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
95783	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
95907	Nerve conduction studies; 1-2 studies
95907	Nerve conduction studies; 1-2 studies
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95908	Nerve conduction studies; 3-4 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95909	Nerve conduction studies; 5-6 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95910	Nerve conduction studies; 7-8 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95911	Nerve conduction studies; 9-10 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95912	Nerve conduction studies; 11-12 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
95913	Nerve conduction studies; 13 or more studies

Code	Description
95913	Nerve conduction studies; 13 or more studies
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95940	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	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	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
95943	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
95943	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
99485	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	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	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
99488	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	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	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	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

114.3 CMR 17.00 Deleted Codes

Code	Description
90665	Lyme disease vaccine, adult dosage, for intramuscular use
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	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;
90806	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;
90808	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;
90810	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;
90812	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;
90814	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;
90816	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;
90818	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;
90821	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;
90823	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;
90826	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;
90828	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;
90857	Interactive group psychotherapy
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)

Code	Description
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel
92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel
92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95015	Intracutaneous (intra-dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests
95075	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study
95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory
95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle

114.3 CMR 17.00 Crosswalks and Rates

Deleted Codes	Replacement Codes
90801, 90802	90791-90792
90804, 90816	90832
90806, 90818	90834
90808, 90821	90837
90810, 90823	90785, 90832
90812, 90826	90785, 90834
90814, 90828	90785, 90837
90857, 92980, 92981, 92982, 92984	90785, 90853
92995	92924, 92933, 92937, 92941, 92943
92996	92925, 92934, 92938, 92944
93651, 93652	93653-93657

Deleted Codes	Replacement Codes
95010, 95015	95017, 95018
95075	95076, 95079
95900, 95903, 95904, 95934, 95936	95907-95913
95920	95940-95941

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
90653	--	--	I.C.	--	--
90672	--	--	I.C.	--	--
90685	--	--	I.C.	--	--
90686	--	--	I.C.	--	--
90687	--	--	I.C.	--	--
90688	--	--	I.C.	--	--
90739	--	--	I.C.	--	--
90785	--	--	\$3.61	--	--
90791	\$117.42	\$89.51	--	--	--
90792	\$95.06	\$92.24	--	--	--
90832	\$48.53	\$37.26	--	--	--
90833	\$31.77	\$31.49	--	--	--
90834	\$61.81	\$55.89	--	--	--
90836	--	--	\$51.58	--	--
90837	\$90.29	\$84.37	--	--	--
90838	\$83.11	\$82.83	--	--	--
90839	--	--	I.C.	--	--
90840	--	--	I.C.	--	--
90853	\$21.81	\$23.76	--	--	--
90863	--	--	I.C.	--	--
91112	--	--	\$978.86	\$87.09	\$891.77
92920	--	--	\$409.13	--	--
92921	--	--	I.C.	--	--
92924	--	--	\$515.61	--	--
92925	--	--	\$137.76	--	--
92928	--	--	\$454.04	--	--
92929	--	--	I.C.	--	--
92933	--	--	\$515.61	--	--
92934	--	--	\$137.76	--	--
92937	--	--	\$515.61	--	--
92938	--	--	\$137.76	--	--
92941	--	--	\$515.61	--	--
92943	--	--	\$515.61	--	--
92944	--	--	\$137.76	--	--
93653	--	--	\$619.52	--	--
93654	--	--	\$826.78	--	--
93655	--	--	\$309.80	--	--

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
93656	--	--	\$827.01	--	--
93657	--	--	\$310.00	--	--
95017	\$70.79	\$2.86	--	--	--
95018	\$23.83	\$5.51	--	--	--
95076	\$48.82	\$35.45	--	--	--
95079	\$48.82	\$35.45	--	--	--
95782	--	--	\$875.25	\$98.80	\$776.45
95783	--	--	\$916.10	\$107.68	\$808.42
95907	--	--	\$75.53	\$40.26	\$35.27
95908	--	--	\$93.19	\$50.58	\$42.60
95909	--	--	\$111.61	\$60.43	\$51.18
95910	--	--	\$146.84	\$80.80	\$66.04
95911	--	--	\$177.28	\$100.68	\$76.59
95912	--	--	\$207.71	\$121.06	\$86.66
95913	--	--	\$240.26	\$143.34	\$96.93
95924	--	--	\$117.27	\$66.89	\$50.38
95940	--	--	\$121.31	\$79.04	\$42.27
95941	--	--	\$121.31	\$79.04	\$42.27
95943	--	--	I.C.	--	--
99485	--	--	\$57.29	--	--
99486	--	--	\$49.86	--	--
99487	--	--	\$65.10	--	--
99488	--	--	\$144.98	--	--
99489	--	--	\$32.69	--	--
99495	\$129.79	\$105.55	--	--	--
99496	\$182.63	\$155.01	--	--	--

114.3 CMR 18.00 Added Codes

Code	Description
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013	Thyroid imaging (including vascular flow, when performed);
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

114.3 CMR 18.00 Deleted Codes

Code	Description
71040	Bronchography, unilateral, radiological supervision and interpretation
71060	Bronchography, bilateral, radiological supervision and interpretation
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological

Code	Description
	supervision and interpretation
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
78000	Thyroid uptake; single determination
78001	Thyroid uptake; multiple determinations
78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
78006	Thyroid imaging, with uptake; single determination
78007	Thyroid imaging, with uptake; multiple determinations
78010	Thyroid imaging; only
78011	Thyroid imaging; with vascular flow

114.3 CMR 18.00 Crosswalks and Rates

Deleted Code	Replacement Code
71040, 71060	76499
75650	36221-36226
75660, 75662	36227
75665, 75671	36223-36224
75676, 75680	36222-36224
75685	36225-36226
75900	37211-37214
75961	37197
78000-78001, 78003, 78006-78007, 78010-78011	78012-78014

Code	NFAC Fee	NFAC	Global	PC Fee	TC Fee
78012	--	--	\$68.45	\$7.08	\$61.37
78013	--	--	\$173.29	\$13.71	\$159.58
78014	--	--	\$200.45	\$18.32	\$182.13
78071	--	--	\$297.50	\$43.49	\$254.01
78072	--	--	--	\$60.68	--
76499	--	--	I.C.	--	--