



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Office of Medicaid
 One Ashburton Place
 Boston, MA 02108



DEVAL L. PATRICK
 Governor

JOHN W. POLANOWICZ
 Secretary

KRISTIN L. THORN
 Medicaid Director

Administrative Bulletin 14-03

**CPT/HCPCS 2014 Coding Updates for
 114.3 CMR 16.00: Surgery and Anesthesia Services
 101 CMR 317.00: Medicine
 114.3 CMR 18.00: Radiology**

Effective January 1, 2014

In accordance with 114.3 CMR 16.01(4), 114.3 CMR 18.01(4), and 101 CMR 317.01(4), the following coding changes are effective on January 1, 2014. 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 2014 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 administrative 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 2013.

114.3 CMR 16.00 Added Codes

Code	Description
10030	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst), soft tissue (e.g., extremity, abdominal wall, neck), percutaneous
19081	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
19082	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)

Code	Description
19083	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance
19084	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
19085	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance
19086	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
19281	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
19282	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)
19283	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance
19284	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
19285	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
19286	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
19287	Placement of breast localization device(s) (e.g. clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance
19288	Placement of breast localization device(s) (e.g. clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (e.g., total shoulder)
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g., left thoracotomy)

Code	Description
34841	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34842	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34843	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34844	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

Code	Description
37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
43194	Esophagoscopy, rigid, transoral; with removal of foreign body
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire

Code	Description
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (e.g., anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed
49405	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g., kidney, liver, spleen, lung/mediastinum), percutaneous
49406	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous

Code	Description
49407	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (e.g., for spasmodic dysphonia), includes guidance by needle electromyography, when performed
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
64644	Chemodenervation of one extremity; 5 or more muscles
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)

114.3 CMR 16.00 Deleted Codes

Code	Description
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19290	Preoperative placement of needle localization wire, breast;
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)
23331	Removal of foreign body, shoulder; deep (e.g., Neer hemiarthroplasty removal)
23332	Removal of foreign body, shoulder; complicated (e.g., total shoulder)
32201	Pneumonostomy; with percutaneous drainage of abscess or cyst
37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck

Code	Description
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)
37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
42802	Biopsy; hypopharynx
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43456	Dilation of esophagus, by balloon or dilator, retrograde
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
44901	Incision and drainage of appendiceal abscess; percutaneous
47011	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages
48511	External drainage, pseudocyst of pancreas; percutaneous

Code	Description
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49061	Drainage of retroperitoneal abscess; percutaneous
50021	Drainage of perirenal or renal abscess; percutaneous
58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (e.g., ovarian, pericolic)
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64614	Chemodenervation of muscle(s); extremity and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)

114.3 CMR 16.00 Crosswalk

Deleted Codes	Replacement Codes
19102-19103	19081-19086
19290-19291,19295	19081-19086, 19281-19288
23331	23333-23335
32201	49405
37204	37241-37244
37205-37208	37236-37239
37210	37243
42802	31510, 31535-31536, 31576
43219	43212
43228	43229
43256	43266
43258	43270
43267-43268	43274
43269	43275-43276
43271	43277
43272	43278
43456	43213
43458	43214, 43233
44901,49021, 49041, 49061	49406
47011 - 48511, 50021	49405

Deleted Codes	Replacement Codes
58823	49407
64613	64616
64614	64642-64647

114.3 CMR 16.00 Rates

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
10030	\$614.61	\$115.92			
19081	\$523.39	\$132.54			
19082	\$428.83	\$64.01			
19083	\$520.89	\$124.38			
19084	\$423.33	\$60.22			
19085	\$793.48	\$145.35			
19086	\$640.57	\$67.16			
19281	\$187.37	\$76.14			
19282	\$132.00	\$36.90			
19283	\$213.69	\$76.99			
19284	\$158.89	\$37.19			
19285	\$367.27	\$65.29			
19286	\$310.38	\$31.89			
19287	\$679.30	\$103.64			
19288	\$546.70	\$47.73			
23333			\$342.16		
23334			\$801.79		
23335			\$953.90		
33366			\$1,404.71		
34841			I.C.		
34842			I.C.		
34843			I.C.		
34844			I.C.		
34845			I.C.		
34846			I.C.		
34847			I.C.		
34848			I.C.		
37217			\$827.76		

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
37236	\$2,223.17	\$342.49			
37237	\$963.85	\$159.50			
37238	\$3,280.26	\$240.04			
37239	\$1,630.84	\$111.29			
37241	\$3,628.62	\$333.96			
37242	\$6,130.34	\$372.82			
37243	\$2,918.21	\$405.38			
37244	\$5,400.02	\$518.45			
43191			\$96.03		
43192			\$114.24		
43193			\$135.78		
43194			\$122.20		
43195			\$136.06		
43196			\$148.46		
43197	\$143.18	\$60.26			
43198	\$159.42	\$71.68			
43211			\$183.77		
43212			\$143.81		
43213	\$479.47	\$116.63			
43214			\$147.64		
43229			\$167.44		
43233			\$175.10		
43253			\$203.21		
43254			\$210.71		
43266			\$191.23		
43270			\$200.53		
43274			\$360.83		
43275			\$297.61		
43276			\$375.40		
43277			\$321.18		
43278			321.46		
49405	\$686.13	\$159.99			
49406	\$685.84	\$160.27			
49407	\$732.92	\$127.36			
52356			\$307.88		

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
64616	\$121.72	\$106.39			
64617	\$145.87	\$85.31			
64642	\$104.61	\$79.42			
64643	\$68.37	\$52.80			
64644	\$119.84	\$86.73			
64645	\$83.96	\$60.47			
64646	\$112.53	\$85.93			
64647	\$130.23	\$99.10			
66183			\$806.27		
88343				I.C.	I.C.

101 CMR 317.00 Added Codes

Code	Description
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
93582	Percutaneous transcatheter closure of patent ductus arteriosus
93583	Percutaneous transcatheter septal reduction therapy (e.g., alcohol septal ablation) including temporary pacemaker insertion when performed
94669	Mechanical chest wall oscillation to facilitate lung function, per session
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

Code	Description
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99481	Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)
99482	Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)

Code	Description
J0151	Inj Adenosine Diag 1mg
J0401	Injection, aripiprazole, extended release, 1 mg
J0717	Certolizumab Pegol Inj 1mg
J1442	Inj, Filgrastim G-CSF 1mcg
J1446	Injection, tbo-filgrastim, 5 micrograms
J1556	Inj, Imm Glob Bivigam, 500mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J3060	Inj, Taliglucerase Alfa 10 u
J3489	Zoledronic Acid 1mg
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg
J7316	Inj, Ocriplasmin, 0.125 mg
J7508	Tacrolimus Ex Rel oral 0.1mg
J9047	Injection, Carfilzomib, 1 mg
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
J9306	Injection, Pertuzumab, 1 mg
J9354	Inj, Ado-trastuzumab Emt 1mg
J9371	Injection, vincristine sulfate liposome, 1 mg
J9400	Inj, ziv-aflibercept, 1mg

101 CMR 317.00 Deleted Codes

Code	Description
92506	Evaluation of speech, language, voice, communication, and/or auditory processing

Code	Description
J0152	Injection, adenosine for diagnostic use, 30 mg
J0718	Injection, certolizumab pegol, 1 mg
J1440	Injection, filgrastim (g-csf), 300 mcg
J1441	Injection, filgrastim (g-csf), 480 mcg
J3487	Injection, zoledronic acid (zometa), 1 mg
J3488	Injection, zoledronic acid (reclast), 1 mg
J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg

101 CMR 317.00 Crosswalks

Deleted Codes	Replacement Codes
92506	92521-92524

101 CMR 317.00 Rates

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
90673			\$36.48		
92521			\$85.65		
92522			\$69.38		
92523			\$144.31		
92524			\$71.97		
93582			\$493.66		
93583			\$549.35		
94669			\$27.92		
97610			I.C.		
99446			I.C.		
99447			I.C.		
99448			I.C.		
99449			I.C.		

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
99481			I.C.		
99482			I.C.		

Code	Rates
J0151	\$3.31
J0401	I.C.
J0717	\$5.13
J1442	\$0.99
J1446	I.C.
J1556	\$38.64
J1602	I.C.
J3060	\$30.90
J3489	\$105.42
J7301	I.C.
J7316	\$1,046.75
J7508	\$0.42
J9047	\$29.29
J9262	I.C.
J9306	\$10.21
J9354	\$29.17
J9371	I.C.
J9400	\$9.37

114.3 CMR 18.00 Added Codes

Code	Description
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)

114.3 CMR 18.00 Deleted Codes

Code	Description
75960	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel
77031	Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
77032	Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation

114.3 CMR 18.00 Crosswalks

Deleted Codes	Replacement Codes
77031	19081, 19283
77032	19281

114.3 CMR 18.00 Rates

Code	NFAC Fee	FAC Fee	Global	PC Fee	TC Fee
77293				\$76.22	\$259.43