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**Administrative Bulletin 15-02**

**114.3 CMR 16.00: Surgery and Anesthesia Services**

**101 CMR 317.00: Medicine**

**114.3 CMR 18.00: Radiology**

**Effective January 1, 2015**

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**CPT/HCPCS 2015 Coding Updates**

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, 2015. The following lists specify those codes that have been added and codes that have been deleted, with crosswalks to new codes that replace corresponding deleted codes. Rates for new codes with relative value units (RVUs) are calculated using the current MassHealth conversion factor. Rates for new codes with one-to-one crosswalks to deleted codes are set at the current payment rate of the deleted codes. Rates for new codes with one-to-one crosswalks to existing codes are set at the current payment rate for the existing codes. For codes with multiple crosswalks, rates for the 2015 additions are calculated according to the rate methodology used in setting physician rates. All other codes in this bulletin that require pricing are reimbursed by 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. Deleted codes are not available for use for dates of service after 2014.

**114.3 CMR 16.00 Added Codes**

Code	Description
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs



22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
22858	Total disc arthroplasty (artificial disc), anterior approach including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)
33946	Extracorporeal membrane oxygenation (ECMO)/ extracorporeal life support (ECLS) provided by physician; initiation, veno-venous
33947	initiation, veno-arterial
33948	daily management, each day, veno-venous
33949	daily management, each day, veno-arterial
33951	Insertion of peripheral (arterial and/or venous) cannula, percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)

33952	Insertion of peripheral (arterial and/or venous) cannula, percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
33953	Insertion of peripheral (arterial and/or venous) cannula, open, birth 5 years of age
33954	Insertion of peripheral (arterial and/or venous) cannula, open, 6 years and older
33955	Insertion of central cannula by sternotomy or thoracotomy, birth through 5 years of age
33956	Insertion of central cannula by sternotomy or thoracotomy, 6 years and older
33957	Reposition peripheral (arterial and/or venous) cannula, percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)
33958	reposition peripheral (arterial and/or venous) cannula, percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
33959	Extracorporeal membrane oxygenation (ECMO)/ extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age, (includes fluoroscopic guidance, when performed)
33962	Reposition peripheral (arterial and/or venous) cannula, open, 6 years and older (includes fluoroscopic guidance, when performed)
33963	Reposition of central cannula by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)
33964	Reposition of central cannula by sternotomy or thoracotomy,6 years and older (includes fluoroscopic guidance, when performed)
33965	Removal of peripheral (arterial and/or venous) cannula, percutaneous, birth through 5 years of age
33966	Removal of peripheral (arterial and/or venous) cannula, percutaneous, 6 years and older
33969	Removal of peripheral (arterial and/or venous) cannula, open, birth through 5 years of age
33984	Removal of peripheral (arterial and/or venous) cannula, open, 6 years and older
33985	Removal of central cannula by sternotomy or thoracotomy, birth through 5 years of age
33986	Removal of central cannula by sternotomy or thoracotomy, 6 years and older
33987	Arterial exposure with creation of graft conduit to facilitate arterial perfusion for ECMO/ECLS (list separately in addition to code for primary procedure)
33988	Insertion of left heart vent by thoracic incision for ECMO/ECLS
33989	Removal of left heart vent by thoracic incision for ECMO/ECLS
34839	Physician planning of patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus, with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed.
44381	Ileoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, when performed, with transendoscopic balloon dilation
44384	Ileoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with placement of endoscopic stent (includes pre and post-dilation and guide wire passage, when performed)

44401	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with ablation of tumor(s), polyp(s) or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
44403	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with endoscopic mucosal resection
44404	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with transendoscopic balloon dilation
44406	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44408	Colonoscopy through stoma, diagnostic, including collection of specimen(s) by brushing or washing, with decompression (for pathologic distention) including placement of decompression tube, when performed
45346	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing w/ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45347	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing w/placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
45349	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing w/endoscopic mucosal resection
45350	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing w/band ligation(s)
45388	Colonoscopy flexible; diagnostic, including collection of specimen(s) by brushing or washing w/ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy flexible; diagnostic, including collection of specimen(s) by brushing or washing w/ endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy flexible; diagnostic, including collection of specimen(s) by brushing or washing w endoscopic mucosal resection
45393	Colonoscopy flexible; diagnostic, including collection of specimen(s) by brushing or washing w/decompression (for pathologic distention) including placement of decompression tube, when performed
45398	Colonoscopy w/band ligation
45399	Unlisted procedure colon

46601	Anoscopy, diagnostic, with high resolution magnification (HRA) and chemical agent enhancement, including collection of specimen by brushing or washing, when performed
46607	Anoscopy, diagnostic, with high resolution magnification (HRA) and chemical agent enhancement, with biopsy, single or multiple
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
52441	Cystourethroscopy w/ insertion of permanent adjustable transprostatic implant; single implant
52442	Cystourethroscopy w/ insertion of each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral
62305	Myelography via lumbar injection, including radiological supervision and interpretation, 2 or more regions (e.g. lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral, by injection(s) (includes imaging guidance, when performed)
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral, by continuous infusion(s) (includes imaging guidance, when performed)
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral, by injection(s) (includes imaging guidance, when performed)
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral, by continuous infusion(s) (includes imaging guidance, when performed)
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; w/o graft
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure
88364	In situ hybridization (e.g., fish), per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)
88366	In situ hybridization (e.g. fish) per specimen; each multiplex probe stain procedure
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) using computer-assisted technology, per specimen; each multiplex antibody stain procedure
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) using computer-assisted technology, per specimen; each multiplex antibody stain procedure

Code	Description
G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
G6021	Unlisted procedure intestine
G6022	Sigmoidoscopy, 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
G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
G6024	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

### 114.3 CMR 16.00 Added Modifiers

Code	Description
XE	Separate Encounter: a service that is distinct because it occurred during a separate encounter
XS	Separate Structure: a service that is distinct because it was performed on a separate organ/structure
XP	Separate Practitioner: a service that is distinct because it was performed by a different practitioner
XU	Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service.

### 114.3 CMR 16.00 Deleted Codes

Code	Description
00452	Anesthesia for procedures on clavicle and scapula; radical surgery
00622	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy
00634	Anesthesia for procedures in lumbar region; chemonucleolysis
21800	Closed treatment of rib fracture, uncomplicated, each
21810	Treatment of rib fracture requiring external fixation (flail chest)
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar
22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic

22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
29020	Application of turnbuckle jacket, body; only
29025	Application of turnbuckle jacket, body; including head
29715	Removal or bivalving; turnbuckle jacket
33332	Insertion of graft, aorta or great vessels; with shunt bypass
33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland
43350	Esophagostomy, fistulization of esophagus, external; abdominal approach
44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
45339	Sigmoidoscopy, 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
45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
61334	Exploration of orbit (transcranial approach); with removal of foreign body
61440	Craniotomy for section of tentorium cerebelli (separate procedure)
61470	Craniectomy, suboccipital; for medullary tractotomy
61490	Craniotomy for lobotomy, including cingulotomy
61542	Craniotomy with elevation of bone flap; for total hemispherectomy
61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64761	Transection or avulsion of; pudendal nerve
64870	Anastomosis; facial-phrenic

66165	Fistulization of sclera for glaucoma; iridencleisis or iridotasis
69400	Eustachian tube inflation, transnasal; with catheterization
69401	Eustachian tube inflation, transnasal; without catheterization
69405	Eustachian tube catheterization, transtympanic
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)
88349	Electron microscopy; scanning

### 114.3 CMR 16.00 Crosswalk

Deleted Codes	Replacement Codes
44383	44384
44393	44401
45339	45346
45383	45388
45387	45389

### 114.3 CMR 16.00 Rates

Code	Non-facility fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
20604	\$51.22	\$31.82			
20606	\$56.57	\$36.38			
20611	\$65.05	\$42.73			
20983	\$5,187.74	\$276.51			
21811			\$412.04		
21812			\$493.68		
21813			\$672.38		
22510	\$1,300.17	\$317.24			
22511	\$1,289.87	\$297.90			
22512	\$723.94	\$145.97			
22513	\$5,501.48	\$374.48			
22514	\$5,475.44	\$349.24			
22515	\$3,326.04	\$156.15			
22858			\$336.66		
27279			\$391.98		
33270			\$407.51		
33271			\$343.60		
33272			\$253.18		
33273			\$275.99		
33418			\$1,276.11		
33419			\$298.26		
33946			\$211.54		
33947			\$233.63		
33948			\$167.71		



33949			\$163.20		
33951			\$300.60		
33952			\$291.86		
33953			\$335.47		
33954			\$325.96		
33955			\$608.10		
33956			\$570.89		
33957			\$135.32		
33958			\$130.27		
33959			\$171.82		
33962			\$159.86		
33963			\$342.84		
33964			\$349.32		
33965			\$135.32		
33966			\$161.00		
33969			\$199.62		
33984			\$194.10		
33985			\$375.40		
33986			\$353.53		
33987			\$141.67		
33988			\$527.36		
33989			\$335.48		
34839			I.C.		
37218			\$567.47		
43180			\$390.45		
44381			I.C.		
44384			I.C.		
44401			I.C.		
44402			I.C.		
44403			I.C.		
44404			I.C.		
44405			I.C.		
44406			I.C.		
44407			I.C.		
44408			I.C.		
45346			I.C.		
45347			I.C.		
45349			I.C.		
45350			I.C.		
45388			I.C.		
45389			I.C.		
45390			I.C.		
45393			I.C.		
45398			I.C.		
45399			I.C.		

46601			I.C.		
46607			I.C.		
47383	\$5,694.61	\$336.43			
52441	\$910.77	\$157.16			
52442	\$704.78	\$42.05			
62302	\$176.16	\$87.40			
62303	\$183.33	\$88.73			
62304	\$173.86	\$85.90			
62305	\$190.25	\$90.07			
64486	\$89.66	\$43.96			
64487	\$109.78	\$50.53			
64488	\$110.18	\$55.18			
64489	\$154.27	\$61.80			
66179			\$765.30		
66184			\$559.08		
88341			\$49.01	\$15.11	\$33.89
88344			\$84.87	\$27.85	\$57.01
88364			\$70.81	\$18.84	\$ 51.96
88366			\$107.96	\$ 43.77	\$64.19
88369			\$53.27	\$17.25	\$36.02
88373			\$43.67	\$14.56	\$ 29.11
88374			\$149.60	\$31.20	\$118.40
88377			\$155.41	\$45.26	\$110.46

Code	Nonfacility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
G6018			\$111.79		
G6019	\$361.33	\$188.34			
G6020			\$183.93		
G6021			I.C.		
G6022	\$242.77	\$125.85			
G6023			\$117.68		
G6024	\$397.76	\$226.89			
G6025			\$233.21		

**101 CMR 317.00 Added Codes**

Code	Description
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58 nonavalent (HPV), 3 dose schedule, for intramuscular use
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report

92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
93260	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 analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance and quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
99188	Application of topical fluoride varnish by a physician or other qualified health care professional
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: <ul style="list-style-type: none"> <li>multiple (two or more) chronic conditions expected to last at least 12 months,</li> </ul>

	<ul style="list-style-type: none"> <li>or until the death of the patient;</li> <li>• chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;</li> <li>• comprehensive care plan established, implemented, revised, or monitored.</li> </ul>
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Code	Description
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
J0575	Buprenorphine/naloxone, oral, greater than 10 mg
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)
J1071	Injection, testosterone cypionate, 1mg
J1322	Injection, elosulfase alfa, 1mg
J1439	Injection, ferric carboxymaltose, 1mg
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg
J2704	Injection, propofol, 10 mg
J3121	Injection, testosterone enanthate, 1mg
J3145	Injection, testosterone undecanoate, 1 mg
J7181	Injection, factor XIII A-subunit, (recombinant), per IU
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Injection, factor IX, FC fusion protein (recombinant), per IU
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7336	Capsaicin 8% patch, per sq cm
J9267	Injection, paclitaxel, 1 mg
J9301	Injection, obinutuzumab, 10 mg

### 101 CMR 317.00 Added Modifiers

Code	Description
XE	Separate Encounter: a service that is distinct because it occurred during a separate encounter
XS	Separate Structure: a service that is distinct because it was performed on a separate organ/structure

XP	Separate Practitioner: a service that is distinct because it was performed by a different practitioner
XU	Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service.

### 101 CMR 317.00 Deleted Codes

Code	Description
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)
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

Code	Description
J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0151	Injection, adenosine for diagnostic use, 1mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J2271	Injection, morphine sulfate, 100mg
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J3120	Injection, testosterone enanthate, up to 100 mg
J3130	Injection, testosterone enanthate, up to 200 mg
J3140	Injection, testosterone suspension, up to 50 mg
J3150	Injection, testosterone propionate, up to 100 mg
J7335	Capsaicin 8% patch, per 10 sq. cm
J9265	Injection, paclitaxel, 30 mg

### 101 CMR 317.00 Rates

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90630			I.C.		
90651			I.C.		
91200			\$25.90	\$10.08	\$15.83
92145			\$11.06	\$6.13	\$4.93
93260			\$47.77	\$31.15	\$16.62
93261			\$43.78	\$27.15	\$16.62
93355			\$156.24		
93644			\$209.39	\$130.17	\$79.22
93702			\$84.92		
93895			I.C.		
96127			\$3.87		

97607			I.C.		
97608			I.C.		
99184			\$160.71		
99188			\$26.00		
99490	\$ 29.88	\$22.44			
99497			I.C.		
99498			I.C.		

Code	Rates
J0153	\$0.85
J0571	I.C.
J0572	I.C.
J0573	I.C.
J0574	I.C.
J0575	I.C.
J0887	I.C.
J0888	I.C.
J1071	\$0.03
J1322	I.C.
J1439	\$1.06
J2274	\$9.28
J2704	\$0.13
J3121	\$0.06
J3145	I.C.
J7181	I.C.
J7182	I.C.
J7200	\$1.24
J7201	\$2.82
J7327	\$988.38
J7336	\$2.73
J9267	\$0.16
J9301	\$54.24

### 114.3 CMR 18.00 Added Codes

Code	Description
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
77061	Digital breast tomosynthesis; unilateral
77062	Digital breast tomosynthesis; bilateral
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
77316	Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources, or remote afterloading brachytherapy, 2 -12 channels), includes basic dosimetry calculation(s)
77318	Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 Mev
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 Mev
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 Mev
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 Mev or greater
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 Mev
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 Mev
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 Mev
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 Mev or greater
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 Mev
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 Mev
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 Mev
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 Mev or greater
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

Code	Description
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)

### 114.3 CMR 18.00 Deleted Codes

Code	Description
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation
76950	Ultrasonic guidance for placement of radiation therapy fields
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)
77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV



77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy

### 114.3 CMR 18.00 Crosswalks

Deleted Codes	Replacement Codes
77082	77086
77305/77310	77306
77310/77315	77307
77326	77316
77327	77317
77328	77318

Deleted Codes	Replacement Codes
76950	G6001
77421	G6002
77403	G6004
77404	G6005
77406	G6006
77408	G6008
77409	G6009
77411	G6010
77413	G6012
77414	G6013
77416	G6014
77418	G6015

### 114.3 CMR 18.00 Rates

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
76641			\$78.90	\$ 25.61	\$53.29
76642			\$64.67	\$23.87	\$40.80
77061			I.C.		
77062			I.C.		
77063			\$39.85	\$20.84	\$19.01
77085			\$41.05	\$10.61	\$30.44
77086			\$25.94	\$6.13	\$19.81
77306			\$104.07	\$49.71	\$ 54.36
77307			\$203.03	\$103.47	\$99.56

77316			\$134.39	\$49.71	\$84.68
77317			\$175.70	\$ 65.36	\$110.34
77318			\$253.28	\$ 103.47	\$149.81
77385			I.C.		
77386			I.C.		
77387			I.C.		

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
G6001			\$54.36	\$21.56	\$32.79
G6002			\$88.68	\$14.37	\$74.31
G6003			\$144.54		
G6004			\$107.48		
G6005			\$119.46		
G6006			\$120.57		
G6007			\$209.47		
G6008			\$146.21		
G6009			\$162.65		
G6010			\$161.82		
G6011			\$190.80		
G6012			\$192.19		
G6013			\$215.04		
G6014			\$216.16		
G6015			\$426.28		

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
G0279			\$40.00		