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Administrative Bulletin 16-01

114.3 CMR 16.00: Surgery and Anesthesia Services

101 CMR 317.00: Medicine

114.3 CMR 18.00: Radiology

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CPT/HCPCS 2016 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, 2016. 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 2016 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 2015.

114.3 CMR 16.00 Added Codes

Code	Description
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed



Code	Description
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including

Code	Description
	diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy),

Code	Description
	and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
54437	Repair of traumatic corporeal tear(s)
54438	Replantation, penis, complete amputation including urethral repair
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
65785	Implantation of intrastromal corneal ring segments
69209	Removal impacted cerumen using irrigation/lavage, unilateral
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)

114.3 CMR 16.00 Deleted Codes

Code	Description
21805	Open treatment of rib fracture without fixation, each
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
39400	Mediastinoscopy, includes biopsy(ies), when performed
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47500	Injection procedure for percutaneous transhepatic cholangiography
47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)

Code	Description
47510	Introduction of percutaneous transhepatic catheter for biliary drainage
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	Change of percutaneous biliary drainage catheter
47530	Revision and/or reinsertion of transhepatic tube
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	Change of nephrostomy or pyelostomy tube
64412	Injection, anesthetic agent; spinal accessory nerve
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
88347	Immunofluorescent study, each antibody; indirect method
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 lesions(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 Crosswalk

Deleted Codes	Replacement Codes
37250	37252
37251	37253
47630	47544
50392	50432
50398	50435
88347	88350

114.3 CMR 16.00 Rates

Code	Non-facility fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
10035	\$397.41	\$60.46			
10036	\$347.45	\$30.44			
31652	\$666.88	\$163.32			
31653	\$707.90	\$180.16			
31654	\$77.31	\$47.02			
33477			\$895.45		
37252			\$82.58		
37253			\$61.37		
39401			\$213.63		
39402			\$277.93		
43210			\$300.31		
47531	\$274.41	\$67.67			
47532	\$602.19	\$151.25			
47533	\$985.16	\$213.48			
47534	\$1,211.70	\$282.71			
47535	\$815.46	\$162.29			
47536	\$604.59	\$103.95			
47537	\$296.89	\$69.69			
47538	\$3,367.43	\$231.02			
47539	\$3,674.66	\$312.11			
47540	\$3,816.44	\$372.85			
47541	\$869.74	\$197.98			
47542	\$376.48	\$90.03			
47543	\$985.62	\$114.03			
47544			\$414.59		
49185	\$741.85	\$86.56			
50430	\$382.11	\$117.70			
50431	\$118.23	\$47.28			
50432			\$136.38		
50433	\$838.82	\$191.50			
50434	\$664.57	\$146.93			
50435	\$434.41	\$55.68			
50606	\$386.83	\$109.68			
50693	\$783.28	\$153.77			
50694	\$859.64	\$198.50			
50695	\$1,047.15	\$251.29			
50705	\$1,270.13	\$140.24			
50706	\$563.26	\$130.92			
54437			\$476.63		
54438			\$953.00		
61645			\$528.88		
61650			\$361.39		

Code	Non-facility fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
61651			\$153.85		
64461	\$106.97	\$60.47			
64462	\$60.03	\$37.98			
64463	\$118.76	\$59.24			
65785	\$1,571.36	\$272.21			
69209			\$9.45		
88350			\$59.93	\$27.97	\$31.95

101 CMR 317.00 Added Codes

Code	Description
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
J0202	Injection, alemtuzumab, 1 mg

Code	Description
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units
J1447	Injection, tbo-filgrastim, 1 microgram
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin
J2502	Injection, pasireotide long acting, 1 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7503	Tacrolimus, extended release, oral, 0.25 mg
J7512	Prednisone, immediate release or delayed release, oral, 1 mg
J7999	Compounded drug, not otherwise classified
J8655	Netupitant 300 mg and palonosetron 0.5 mg
Q4161	Bio-ConneKt wound matrix, per sq cm
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm
Q4164	Helicoll, per sq cm
Q4165	Keramatrix, per sq cm
Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9980	Hyaluronan or derivative, for intra-articular injection, 1 mg

101 CMR 317.00 Deleted Codes

Code	Description
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90669	Pneumococcal conjugate vaccine, 7 valent (PCV7), for intramuscular use
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)
90703	Tetanus toxoid adsorbed, for intramuscular use
90704	Mumps virus vaccine, live, for subcutaneous use
90705	Measles virus vaccine, live, for subcutaneous use
90706	Rubella virus vaccine, live, for subcutaneous use

Code	Description
90708	Measles and rubella virus vaccine, live, for subcutaneous use
90712	Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
90719	Diphtheria toxoid, for intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Haemophilus influenzae b vaccine (DTwP-Hib), for intramuscular use
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Haemophilus influenzae b vaccine (DTaP/Hib), for intramuscular use
90725	Cholera vaccine for injectable use
90727	Plague vaccine, for intramuscular use
90735	Japanese encephalitis virus vaccine, for subcutaneous use
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording
95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J1446	Injection, TBO-filgrastim, 5 micrograms
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7506	Prednisone, oral, per 5 mg
J9010	Injection, alemtuzumab, 10 mg

101 CMR 317.00 Rates

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90620			I.C.		
90621			I.C.		
90625			I.C.		
92537			\$28.54	\$22.28	\$6.26
92538			\$14.48	\$11.14	\$3.34

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
93050			\$12.65	\$6.13	\$6.52
96931			I.C.		
96932			I.C.		
96933			I.C.		
96934			I.C.		
96935			I.C.		
96936			I.C.		
99177			I.C.		
99415			\$6.52		
99416			\$3.60		
J0202			\$1,743.82		
J0596			I.C.		
J1447			\$3.85		
J1575			\$10.83		
J2502			I.C.		
J7297			I.C.		
J7298			I.C.		
J7313			\$490.95		
J7328			I.C.		
J7340			I.C.		
J7503			I.C.		
J7512			I.C.		
J7999			I.C.		
J8655			\$494.08		
Q4161			I.C.		
Q4162			I.C.		
Q4163			I.C.		
Q4164			I.C.		
Q4165			I.C.		
Q5101			\$0.97		
Q9950			\$33.06		
Q9980			I.C.		

114.3 CMR 18.00 Added Codes

Code	Description
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and

Code	Description
	sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views
73551	Radiologic examination, femur; 1 view
73552	Radiologic examination, femur; minimum 2 views
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
G0297	Low dose CT scan (LDCT) for lung cancer screening

114.3 CMR 18.00 Deleted Codes

Code	Description
70373	Laryngography, contrast, radiological supervision and interpretation
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies
73500	Radiologic examination, hip, unilateral; 1 view
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis
73530	Radiologic examination, hip, during operative procedure
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views
73550	Radiologic examination, femur, 2 views
74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation

Code	Description
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation
75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
77776	Interstitial radiation source application; simple
77777	Interstitial radiation source application; intermediate
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels

114.3 CMR 18.00 Crosswalks

Deleted Codes	Replacement Codes
72010	72082
73500	73501

114.3 CMR 18.00 Rates

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
72081			\$28.00	\$9.26	\$18.75
72082			\$59.29	\$16.75	\$42.54
72083			\$49.32	\$12.24	\$37.08
72084			\$58.75	\$14.22	\$44.52
73501			\$21.30	\$6.90	\$14.40
73502			\$30.08	\$7.87	\$22.20
73503			\$37.55	\$10.03	\$27.52
73521			\$29.01	\$8.14	\$20.87
73522			\$35.38	\$10.52	\$24.86
73523			\$41.17	\$11.27	\$29.91
73551			\$20.12	\$5.89	\$14.23
73552			\$23.53	\$6.64	\$16.89
74712			\$307.26	\$105.01	\$202.25
74713			\$167.28	\$62.17	\$105.11
77767			\$165.08	\$37.89	\$127.19

Code	Non-facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
77768			\$259.31	\$50.24	\$209.07
77770			\$234.53	\$69.99	\$164.54
77771			\$436.46	\$136.75	\$299.71
77772			\$666.75	\$193.85	\$472.91
78265			\$279.01	\$33.53	\$245.47
78266			\$361.83	\$37.17	\$324.66
G0297			\$148.72	\$18.37	\$130.35