



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Office of Medicaid  
 One Ashburton Place, Room 1109  
 Boston, Massachusetts 02108



CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

DANIEL TSAI  
 Assistant Secretary for  
 MassHealth

Tel: (617) 573-1600  
 Fax: (617) 573-1891  
[www.mass.gov/eohhs](http://www.mass.gov/eohhs)

**Administrative Bulletin 17-04**

**114.3 CMR 16.00: Surgery and  
 Anesthesia Services  
 101 CMR 317.00: Medicine  
 114.3 CMR 18.00: Radiology**

**Effective January 1, 2017**

**CPT/HCPCS 2017 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 January 1, 2017. 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 an EOHHS-specific conversion factor. For RVU-based codes with one-to-one crosswalks to deleted codes or with multiple crosswalks, rates for the 2017 additions are calculated in accordance with the rate methodology used in setting physician rates. For new codes without RVUs that crosswalk to multiple deleted codes, rates for the added codes are set at the current combined payment rate of the deleted codes. Physician-administered drugs and vaccines are set at the Medicare Part B Quarterly Prices for 2017 Q1, if available. 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 December 31, 2016.

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

<b>Code</b>	<b>Description</b>
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level



<b>Code</b>	<b>Description</b>
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
31591	Laryngoplasty, medialization, unilateral
31592	Cricotracheal resection
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn

<b>Code</b>	<b>Description</b>
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)

<b>Code</b>	<b>Description</b>
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43285	Removal of esophageal sphincter augmentation device
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

<b>Code</b>	<b>Description</b>
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

### **114.3 CMR 16.00: Surgery and Anesthesia Services Deleted Codes**

<b>Code</b>	<b>Description</b>
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
21495	Open treatment of hyoid fracture
22305	Closed treatment of vertebral process fracture(s)
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401	Valvuloplasty, aortic valve; open, with inflow occlusion
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
35450	Transluminal balloon angioplasty, open; renal or other visceral artery
35452	Transluminal balloon angioplasty, open; aortic
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35460	Transluminal balloon angioplasty, open; venous
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	Transluminal balloon angioplasty, percutaneous; aortic
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476	Transluminal balloon angioplasty, percutaneous; venous

<b>Code</b>	<b>Description</b>
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

### 114.3 CMR 16.00: Surgery and Anesthesia Services Crosswalk

<b>Deleted Codes</b>	<b>Replacement Codes</b>
22851	22853, 22854, 22859
27193	27197
27194	27198
28293	28291
31582	31551, 31552, 31553, 31554
31588	31591, 31592
33400	33340
33401	33390
33403	33391
35450	36902, 36905, 36907, 37246, 37247, 37248, 37249
35452	36902, 36905, 36907, 37246, 37247, 37248, 37249
35458	36902, 36905, 36907, 37246, 37247, 37248, 37249
35460	36902, 36905, 36907, 37246, 37247, 37248, 37249
35471	36902, 36905, 36907, 37246, 37247, 37248, 37249
35472	36902, 36905, 36907, 37246, 37247, 37248, 37249
35475	36902, 36905, 36907, 37246, 37247, 37248, 37249
35476	36902, 36905, 36907, 37246, 37247, 37248, 37249
36870	36904, 36905, 36906
62310	62320

Deleted Codes	Replacement Codes
62311	62322
62318	62324
62319	62326

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

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
22853	-	-	\$195.30	-	-
22854	-	-	\$252.83	-	-
22859	-	-	\$252.83	-	-
22867	-	-	\$741.37	-	-
22868	-	-	\$182.81	-	-
22869	-	-	\$411.39	-	-
22870	-	-	\$106.64	-	-
27197	-	-	\$89.18	-	-
27198	-	-	\$223.81	-	-
28291	\$570.67	\$364.98	-	-	-
28295	\$737.52	\$408.41	-	-	-
31551	-	-	\$1,075.04	-	-
31552	-	-	\$1,091.15	-	-
31553	-	-	\$1,190.82	-	-
31554	-	-	\$1,257.88	-	-
31572	\$388.32	\$136.42	-	-	-
31573	\$203.77	\$112.76	-	-	-
31574	\$813.24	\$112.76	-	-	-
31591	-	-	\$794.92	-	-
31592	-	-	\$1,276.20	-	-
33340	-	-	\$598.36	-	-
33390	-	-	\$1,423.13	-	-
33391	-	-	\$1,686.27	-	-
36456	-	-	\$80.35	-	-
36473	\$1,182.77	\$128.67	-	-	-
36474	\$212.69	\$64.48	-	-	-
36901	\$445.70	\$108.42	-	-	-
36902	\$954.28	\$161.38	-	-	-
36903	\$4,425.27	\$220.70	-	-	-
36904	\$1,389.37	\$254.12	-	-	-
36905	\$1,778.43	\$318.86	-	-	-
36906	\$5,355.97	\$372.03	-	-	-
36907	\$571.22	\$92.77	-	-	-
36908	\$2,123.46	\$138.96	-	-	-
36909	\$1,546.16	\$132.24	-	-	-
37246	\$1,681.97	\$264.38	-	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
37247	\$678.12	\$130.92	-	-	-
37248	\$1,160.95	\$227.45	-	-	-
37249	\$496.05	\$111.44	-	-	-
43284	-	-	\$487.78	-	-
43285	-	-	\$492.59	-	-
58674	-	-	\$608.60	-	-
62320	\$127.89	\$76.89	-	-	-
62321	\$192.47	\$82.87	-	-	-
62322	\$119.77	\$66.23	-	-	-
62323	\$189.46	\$75.62	-	-	-
62324	\$110.63	\$69.21	-	-	-
62325	\$169.04	\$79.44	-	-	-
62326	\$117.02	\$68.28	-	-	-
62327	\$173.51	\$72.63	-	-	-
62380	-	-	I.C.	-	-

#### 101 CMR 317.00: Medicine Added Codes

Code	Description
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.



Code	Description
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Code	Description
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age

<b>Code</b>	<b>Description</b>
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
J0570	Buprenorphine implant, 74.2 mg
J0883	Injection, argatroban, 1 mg (for non-ESRD use)
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)
J1130	Injection, diclofenac sodium, 0.5 mg
J1942	Injection, aripiprazole lauroxil, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2786	Injection, reslizumab, 1 mg
J2840	Injection, sebelipase alfa, 1 mg
J7175	Injection, factor X, (human), 1 IU
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7342	Installation, ciprofloxacin otic suspension, 6 mg
J8670	Rolapitant, oral, 1 mg
J9034	Injection, bendamustine HCl (Bendeka), 1 mg
J9145	Injection, daratumumab, 10 mg
J9176	Injection, elotuzumab, 1 mg
J9205	Injection, irinotecan liposome, 1 mg
J9295	Injection, necitumumab, 1 mg
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
J9352	Injection, trabectedin, 0.1 mg

**101 CMR 317.00: Medicine Deleted Codes**

<b>Code</b>	<b>Description</b>
92140	Provocative tests for glaucoma, with interpretation and report, without tonography
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
97001	Physical therapy evaluation
97002	Physical therapy re-evaluation
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation
97005	Athletic training evaluation
97006	Athletic training re-evaluation
99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time
99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time
99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time
99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)

**101 CMR 317.00: Medicine Crosswalk Codes**

<b>Deleted Codes</b>	<b>Replacement Codes</b>
97001	97161
97002	97162
97003	97165
97004	97166
99143	99151

Deleted Codes	Replacement Codes
99144	99152
99145	99153
99148	99155
99149	99156
99150	99157

**101 CMR 317.00: Medicine Rates**

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90674	-	-	\$22.94	-	-
90682	-	-	I.C.	-	-
90750	-	-	I.C.	-	-
92242	-	-	\$177.80	\$41.78	\$136.02
93590	-	-	\$889.13	-	-
93591	-	-	\$738.06	-	-
93592	-	-	\$324.84	-	-
96160	-	-	\$3.66	-	-
96161	-	-	\$3.66	-	-
96377	-	-	I.C.	-	-
97161	-	-	\$60.61	-	-
97162	-	-	\$60.61	-	-
97163	-	-	\$60.61	-	-
97164	-	-	\$41.35	-	-
97165	-	-	\$58.64	-	-
97166	-	-	\$58.64	-	-
97167	-	-	\$58.64	-	-
97168	-	-	\$38.88	-	-
97169	-	-	I.C.	-	-
97170	-	-	I.C.	-	-
97171	-	-	I.C.	-	-
97172	-	-	I.C.	-	-
99151	\$59.85	\$17.30		-	-
99152	\$40.10	\$9.11		-	-
99153	-	-	\$8.66	-	-
99155	-	-	\$68.27	-	-
99156	-	-	\$55.49	-	-
99157	-	-	\$42.10	-	-
J0570	-	-	\$1,280.52	-	-
J0883	-	-	I.C.	-	-
J0884	-	-	I.C.	-	-
J1130	-	-	I.C.	-	-
J1942	-	-	I.C.	-	-
J2182	-	-	I.C.	-	-
J2786	-	-	I.C.	-	-
J2840	-	-	I.C.	-	-
J7175	-	-	I.C.	-	-
J7179	-	-	I.C.	-	-
J7202	-	-	I.C.	-	-
J7207	-	-	I.C.	-	-
J7209	-	-	I.C.	-	-
J7320	-	-	\$8.01	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
J7322	-	-	I.C.	-	-
J7342	-	-	I.C.	-	-
J8670	-	-	I.C.	-	-
J9034	-	-	\$23.69	-	-
J9145	-	-	\$46.92	-	-
J9176	-	-	\$6.23	-	-
J9205	-	-	\$39.51	-	-
J9295			\$5.26		
J9325	-	-	\$46.13	-	-
J9352	-	-	\$283.34	-	-

### 114.3 CMR 18.00: Radiology Added Codes

Code	Description
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

### 114.3 CMR 18.00: Radiology Deleted Codes

Code	Description
75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation
75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)
77055	Mammography; unilateral
77056	Mammography; bilateral
77057	Screening mammography, bilateral (2-view study of each breast)

**114.3 CMR 18.00: Radiology Crosswalks**

<b>Deleted Codes</b>	<b>Replacement Codes</b>
77055,77051	77065
77056,77051	77066
77057,77052	77067

**114.3 CMR 18.00: Radiology Rates**

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
76706	-	-	\$73.32	\$20.70	\$52.62
77065	-	-	\$77.11	\$27.97	\$49.14
77066	-	-	\$96.17	\$34.22	\$61.95
77067	-	-	\$105.82	\$40.56	\$65.26