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**Administrative Bulletin 18-04**

**101 CMR 316.00: Surgery and Anesthesia**

**101 CMR 317.00: Medicine**

**101 CMR 318.00: Radiology**

Effective January 1, 2018

**CPT/HCPCS 2018 Coding Updates**

In accordance with 101 CMR 316.01(4), 101 CMR 317.01(4), and 101 CMR 318.01(4), the following coding changes are effective January 1, 2018. 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 entirely new codes with relative value units (RVUs) are calculated using the current EOHHS conversion factor and rate methodology. Rates for new codes with one-to-one crosswalks to deleted codes are set at the current payment rate of the deleted codes. For codes with multiple crosswalks, rates for the 2018 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 December 31, 2017.

**101 CMR 316.00: Surgery and Anesthesia – Added Codes**

| **Added Code** | **Description** |
| --- | --- |
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, not otherwise specified |
| 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, endoscopic retrograde cholangiopancreatography (ERCP) |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, not otherwise specified |
| 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, screening colonoscopy |
| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum |
| 15730 | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s) |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vacular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) |
| 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) |
| 31241 | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery |
| 31253 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed |
| 31257 | Nasal/sinus endoscopy, surgical; with maxillary antrostomy, total (anterior and posterior), including sphenoidotomy |
| 31259 | Nasal/sinus endoscopy, surgical; with maxillary antrostomy, total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus |
| 31298 | Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (e.g., balloon dilation) |
| 32994 | Cryoablation |
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy |
| 33928 | Removal and replacement of total replacement heart system (artificial heart) |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) |
| 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) |
| 34702 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation, for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) |
| 34703 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) |
| 34704 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) |
| 34705 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) |
| 34706 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) |
| 34707 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation) |
| 34708 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral, for rupture including aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption) |
| 34709 | Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovacular repair of infrarenal abdominal aortic or iliac aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure) |
| 34710 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, initial vessel treated |
| 34711 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, each additional vessel treated (List separately in addition to code for primary procedure) |
| 34712 | Transcatheter delivery of enhanced fixation devices(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation |
| 34713 | Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure) |
| 34714 | Open femoral artery exposure with creation of conduit for the delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure) |
| 34715 | Open axillary/subclavian artery exposure for delievery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure) |
| 34716 | Open axillary/subclaavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure) |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extemity truncal vein (eg, great saphenous vein accessory saphenous vein) |
| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent extemity truncal veins (eg, great saphenous vein accessory saphenous vein) same leg |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (Liste separately in addition to code for primary procedure) |
| 38222 | Bone marrow; biopsy(sies) and aspiration(s) |
| 38573 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphramatic and other serosal biopsy(ies), when performed |
| 43286 | Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagectomy (ie, laparoscopic transhiatal esophagectomy) |
| 43287 | Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy) |
| 43288 | Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) |
| 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed |
| 58575 | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed |
| 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable) |
| 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) |

**101 CMR 316.00: Surgery and Anesthesia – Deleted Codes**

| **Deleted Code** | **Description** |
| --- | --- |
| 00740 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum |
| 00810 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum |
| 01180 | Anesthesia for obturator neurectomy; extrapelvic |
| 01190 | Anesthesia for obturator neurectomy; intrapelvic |
| 01682 | Anesthesia for shoulder cast application, removal or repair; shoulder spica |
| 15732 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) |
| 29582 | Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed |
| 29583 | Application of multi-layer compression system; upper arm and forearm |
| 31320 | Laryngotomy (thyrotomy, laryngofissure); diagnostic |
| 34800 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis |
| 34802 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb) |
| 34803 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs) |
| 34804 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis |
| 34805 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis |
| 34806 | Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure) |
| 34825 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel |
| 34826 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure) |
| 34900 | Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis |
| 36120 | Introduction of needle or intracatheter; retrograde brachial artery |
| 36515 | Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion |
| 55450 | Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) |
| 64565 | Percutaneous implantation of neurostimulator electrode array; neuromuscular |
| 69820 | Fenestration semicircular canal |
| 69840 | Revision fenestration operation |

**101 CMR 316.00: Surgery and Anesthesia – Crosswalk**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 15732 | 15733 |
| 34800 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34802 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34803 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34804 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34805 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34806 | 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708 |
| 34825 | 34709, 34710, 34711 |
| 34826 | 34709, 34710, 34711 |

**101 CMR 316.00: Surgery and Anesthesia Rates**

| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 15730 | $1,215.36 | $711.45 | - | - | - |
| 15733 | $960.54 | $832.01 | - | - | - |
| 19294 | - | - | $125.31 | - | - |
| 20939 | - | - | $51.74 | - | - |
| 31241 | - | - | $341.46 | - | - |
| 31253 | - | - | $382.73 | - | - |
| 31257 | - | - | $340.74 | - | - |
| 31259 | - | - | $361.22 | - | - |
| 31298 | $3,094.09 | $195.34 | - | - | - |
| 32994 | $4,929.56 | $372.61 | - | - | - |
| 33927 | - | - | $1,950.91 | - | - |
| 33928 | - | - | I.C. | - | - |
| 33929 | - | - | I.C. | - | - |
| 34701 | - | - | $944.80 | - | - |
| 34702 | - | - | $1,410.10 | - | - |
| 34703 | - | - | $1,064.45 | - | - |
| 34704 | - | - | $1,768.67 | - | - |
| 34705 | - | - | $1,172.28 | - | - |
| 34706 | - | - | $1,763.23 | - | - |
| 34707 | - | - | $880.59 | - | - |
| 34708 | - | - | $1,415.69 | - | - |
| 34709 | - | - | $247.28 | - | - |
| 34710 | - | - | $616.06 | - | - |
| 34711 | - | - | $228.29 | - | - |
| 34712 | - | - | $529.00 | - | - |
| 34713 | - | - | $98.89 | - | - |
| 34714 | - | - | $207.61 | - | - |
| 34715 | - | - | $231.67 | - | - |
| 34716 | - | - | $288.29 | - | - |
| 36465 | $1,269.43 | $91.38 | - | - | - |
| 36466 | $1,324.78 | $116.20 | - | - | - |
| 36482 | $1,688.76 | $135.47 | - | - | - |
| 36483 | $110.59 | $67.61 | - | - | - |
| 38222 | $133.21 | $59.69 | - | - | - |
| 38573 | - | - | $895.83 | - | - |
| 43286 | - | - | $2,424.55 | - | - |
| 43287 | - | - | $2,767.73 | - | - |
| 43288 | - | - | $2,887.14 | - | - |
| 55874 | $2,974.76 | $128.04 | - | - | - |
| 58575 | - | - | $1,429.20 | - | - |
| 64912 | - | - | $601.23 | - | - |
| 64913 | - | - | $120.37 | - | - |

**101 CMR 316.00: Surgery and Anesthesia – Units for Added Anesthesia Codes**

| **Added**  **Code** | **Anesthesia Units** |
| --- | --- |
| 00731 | 5 |
| 00732 | 5 |
| 00811 | 5 |
| 00812 | 5 |
| 00813 | 5 |

**101 CMR 317.00: Medicine – Added Codes**

| **Added**  **Code** | **Description** |
| --- | --- |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous 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, subunit, adjuvanted, for intramuscular use |
| 90756 | Influenza virus vaccine, quadrivalent(ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular use |
| 93792 | Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results |
| 93793 | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed |
| 94617 | Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry |
| 94618 | Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed |
| 95249 | Patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording |
| 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| 96574 | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| 97127 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact |
| 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), and /or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes |
| 99483 | Assessment and of care planning for a patient with cognitive impairment, requiring an independent historian, in office or other outpatient, home or domiciliary or rest home, with the following required elements: cognition-focused evaluation including a pertinent history and examination; medical decision making of moderate or high complexity; functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); medication reconciliation and review for high-risk medications; evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); evaluation of safety (eg, home), including motor vehicle operations; identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; development, updating or revision, or review of an Advance Care Plan; creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver. |
| 99484 | Care management services for behavioral health conditions, 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: initial assessment of follow-up monitoring, including the use of applicable validated ratings scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and /or psychiatric consultation; and continuity of care with a designated member of the care team. |
| 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies. |
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress suing the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and /or other treatment goals and are prepared for discharge from active treatment. |
| 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| J0565 | Buprenorphine implant, 74.2 mg |
| J0604 | Injection, leucovorin calcium, per 50 mg |
| J1428 | Injection, eteplirsen, 10 mg |
| J1726 | Injection, hydroxyprogesterone caproate, (makena), 10 mg |
| J2326 | Injection, nusinersen, 0.1 mg |
| J7210 | Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u. |
| J7211 | Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u. |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg |
| J7345 | Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg |
| Q2028 | Injection, sculptra, 0.5 mg |

**101 CMR 317.00: Medicine – Deleted Codes**

| **Deleted Code** | **Description** |
| --- | --- |
| 93982 | Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report |
| 94620 | Pulmonary stress test/simple |
| 97532 | Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes |
| 97762 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes |
| 99363 | Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements) |
| 99364 | Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements) |
| J1725 | Injection, hydroxyprogesterone caproate, 1 mg |
| J9300 | Injection, gemtuzumab ozogamicin, 5 mg |

**101 CMR 317.00: Medicine – Crosswalk**

|  |  |
| --- | --- |
| **Deleted Codes** | **Replacement Codes** |
| 97762 | 97763 |

**101 CMR 317.00: Medicine Rates**

| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 90587 | - | - | I.C. | - | - |
| 90682 | - | - | I.C. | - | - |
| 90750 | - | - | I.C. | - | - |
| 90756 | - | - | I.C. | - | - |
| 93792 | - | - | $43.23 | - | - |
| 93793 | - | - | $9.16 | - | - |
| 94617 | - | - | $74.57 | $25.12 | $49.45 |
| 94618 | - | - | $26.22 | $17.18 | $9.03 |
| 95249 | - | - | $44.07 | - | - |
| 96573 | - | - | $150.64 | - | - |
| 96574 | - | - | $193.15 | - | - |
| 97127 | - | - | I.C. | - | - |
| 97763 | - | - | $36.87 | - | - |
| 99483 | $181.35 | $131.87 | - | - | - |
| 99484 | $36.63 | $24.19 | - | - | - |
| 99492 | $122.38 | $66.67 | - | - | - |
| 99493 | $97.36 | $60.32 | - | - | - |
| 99494 | $50.24 | $32.15 | - | - | - |
| J0565 | - | - | I.C. | - | - |
| J0604 | - | - | I.C. | - | - |
| J1428 | - | - | I.C. | - | - |
| J1726 | - | - | I.C. | - | - |
| J2326 | - | - | I.C. | - | - |
| J7210 | - | - | I.C. | - | - |
| J7211 | - | - | I.C. | - | - |
| J7296 | - | - | I.C. | - | - |
| J7345 | - | - | I.C. | - | - |
| Q2028 | - | - | I.C. | - | - |

**101 CMR 318.00: Radiology – Added Codes**

| **Added**  **Code** | **Description** |
| --- | --- |
| 71045 | Radiologic examination, chest, single view |
| 71046 | Radiologic examination, chest, 2 views |
| 71047 | Radiologic examination, chest, 3 views |
| 71048 | Radiologic examination, chest, 4 or more views |
| 74018 | Radiologic examination, abdomen; 1 view |
| 74019 | Radiologic examination, abdomen; 2 views |
| 74021 | Radiologic examination, abdomen; 3 or more views |

**101 CMR 318.00: Radiology – Deleted Codes**

| **Deleted**  **Code** | **Description** |
| --- | --- |
| 71010 | Radiologic examination, chest; single view, frontal |
| 71015 | Radiologic examination, chest; stereo, frontal |
| 71020 | Radiologic examination, chest, 2 views, frontal and lateral; |
| 71021 | Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure |
| 71022 | Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections |
| 71023 | Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy |
| 71030 | Radiologic examination, chest, complete, minimum of 4 views; |
| 71034 | Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy |
| 71035 | Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) |
| 74000 | Radiologic examination, abdomen; single anteroposterior view |
| 74010 | Radiologic examination, abdomen; anteroposterior and additional oblique and cone views |
| 74020 | Radiologic examination, abdomen; complete, including decubitus and/or erect views |
| 75658 | Angiography, brachial, retrograde, radiological supervision and interpretation |
| 75952 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation |
| 75953 | Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation |
| 75954 | Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation |
| 77422 | High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking |
| 78190 | Kinetics, study of platelet survival, with or without differential organ/tissue localization |

**101 CMR 318.00: Radiology – Crosswalk**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 71010, 71015 | 71045 |
| 71020, 71023, 71035 | 71046 |
| 71021, 71022, 71035 | 71047 |
| 71022, 71030, 71034, 71035 | 71048 |
| 74000 | 74018 |
| 74010, 74020 | 74019 |
| 74010, 74020 | 74021 |

**101 CMR 318.00: Radiology Rates**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| 71045 | - | - | $15.37 | $6.90 | $8.47 |
| 71046 | - | - | $23.75 | $8.22 | $15.54 |
| 71047 | - | - | $30.42 | $10.64 | $19.78 |
| 71048 | - | - | $32.58 | $12.24 | $20.34 |
| 74018 | - | - | $17.83 | $6.73 | $11.10 |
| 74019 | - | - | $25.99 | $8.76 | $17.23 |
| 74021 | - | - | $30.40 | $10.34 | $20.06 |