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Administrative Bulletin 19-04

101 CMR 316.00: Surgery and Anesthesia
101 CMR 317.00: Medicine
101 CMR 318.00: Radiology

Effective January 1, 2019

- (1) 2019 CPT/HCPCS Coding Updates; and**
(2) Certain Ophthalmological Service Code Updates Applicable to Physicians

Part I: 2019 CPT/HCPCS Coding Updates

In accordance with 101 CMR 316.01(4), 101 CMR 317.01(4), and 101 CMR 318.01(4): *Coding Updates and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2019. The following lists specify those codes that have been added and codes that have been deleted, which are followed by crosswalks identifying replacement codes for applicable deleted codes. For entirely new codes that require new pricing and have Medicare-assigned relative value units (RVUs) (or, for applicable services, Medicare rates), inclusive of cases involving multiple new codes that crosswalk to a single deleted code, rates for the 2019 additions are calculated according to the rate methodology used in setting physician rates. Rates for new codes with one-to-one crosswalks to deleted codes are set at the payment rate of the deleted code. All other codes listed in Part I of 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 EOHHS. Deleted codes are not available for use for dates of service after December 31, 2018.

101 CMR 316.00: Surgery and Anesthesia—Added Codes

Added Code	Description
10004	Fine needle aspiration of additional lesion
10005	Fine needle aspiration of first lesion using ultrasound guidance
10006	Fine needle aspiration of additional lesion using ultrasound guidance
10007	Fine needle aspiration of first lesion using fluoroscopic guidance
10008	Fine needle aspiration of additional lesion using fluoroscopic guidance
10009	Fine needle aspiration of first lesion using CT guidance
10010	Fine needle aspiration of additional lesion using CT guidance



Added Code	Description
10011	Fine needle aspiration of first lesion using MR guidance
10012	Fine needle aspiration of additional lesion using MR guidance
11102	Tangential biopsy of single skin lesion
11103	Tangential biopsy of additional skin lesion
11104	Punch biopsy of single skin lesion
11105	Punch biopsy of additional skin lesion
11106	Incisional biopsy of single skin lesion
11107	Incisional biopsy of additional skin lesion
20932	Donor bone and joint graft to joint surface and neighboring bone
20933	Half-cylindrical donor bone graft
20934	Cylindrical donor bone graft
27369	Injection of contrast for imaging of knee joint
33274	Insertion or replacement of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance
33275	Removal of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance
33285	Insertion of heart rhythm monitor under skin
33286	Removal of heart rhythm monitor from under skin
33289	Insertion of wireless pressure sensor into lung artery via catheter
33440	Replacement of aortic valve by translocation of pulmonary valve, replacement of pulmonary valve with conduit, and enlargement of outflow tract from left lower chamber of heart
33866	Graft to half of aortic artery arch
36572	Insertion of central venous catheter for infusion using imaging guidance, patient younger than 5 years
36573	Insertion of central venous catheter for infusion using imaging guidance, patient 5 years or older
38531	Open biopsy or excision of lymph nodes in groin
43762	Replacement of stomach stoma tube accessed through skin
43763	Replacement of stomach stoma tube accessed through skin with revision of stoma opening
50436	Enlargement of existing opening into urinary tract accessed through skin using imaging guidance
50437	Enlargement of existing opening into urinary tract accessed through skin and creation of new access into urine collecting system of kidney, using imaging guidance
53854	Destruction of prostate tissue accessed through urethra using radiofrequency generated water vapor heat therapy

101 CMR 316.00: Surgery and Anesthesia—Deleted Codes

Deleted Code	Description
10022	Fine needle aspiration using imaging guidance
11100	Biopsy of single growth of skin and/or tissue
11101	Biopsy of each additional growth of skin and/or tissue
20005	Incision and drainage of soft tissue abscess
27370	Injection of contract for X-ray imaging of knee
31595	Severing of nerve of one side of voice box
33282	Implantation patient-activated heart monitoring device
33284	Removal of implantable patient-activated heart monitoring device

Deleted Code	Description
41500	Wiring of tongue to jaw bone
43760	Change of stomach feeding, accessed through the skin
46762	Repair of anal muscle to correct incontinence with implant, adult
50395	Dilation of kidney and/or urinary duct (ureter) with creation of drainage tract, accessed through the skin
61332	Exploration and biopsy of eye bone
61480	Excision of skull to sever a nerve tract to midbrain
61610	Incision or tying of carotid artery at skull base with graft
61612	Incision or tying of carotid artery at skull base with graft
63615	Stereotactic biopsy, aspiration, or removal of spinal cord growth
64508	Injection of anesthetic agent, carotid sinus nerve
64550	Application of nerve stimulator electrodes to skin surface
66220	Removal of protrusion of sclera or cornea

101 CMR 316.00: Surgery and Anesthesia—Crosswalk

Deleted Code	Adds Crosswalk 1:1	Adds Crosswalk 1: many
10022		10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012
11100		11102, 11104, 11106
11101		11103, 11105, 11107
27370	27369	
33282	33285	
33284	33286	
43760		43762, 43763
50395		50436, 50437

101 CMR 316.00: Surgery and Anesthesia Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
10004	\$42.22	\$35.06	-	-	-
10005	\$103.11	\$58.66	-	-	-
10006	\$48.29	\$39.93	-	-	-
10007	\$236.40	\$75.60	-	-	-
10008	\$132.82	\$49.28	-	-	-
10009	\$388.83	\$91.40	-	-	-
10010	\$233.57	\$66.81	-	-	-
10011	-	-	I.C.	-	-
10012	-	-	I.C.	-	-
11102	\$81.69	\$32.17	-	-	-
11103	\$43.99	\$18.63	-	-	-
11104	\$102.70	\$40.35	-	-	-
11105	\$50.36	\$22.02	-	-	-
11106	\$124.27	\$49.09	-	-	-
11107	\$59.36	\$26.25	-	-	-
20932	-	-	\$576.04	-	-
20933	-	-	\$528.36	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
20934	-	-	\$575.77	-	-
27369	\$126.63	\$39.29	-	-	-
33274	-	-	\$400.95	-	-
33275	-	-	\$425.11	-	-
33285	-	-	\$184.81	-	-
33286	-	-	\$163.88	-	-
33289	-	-	\$266.22	-	-
33440	-	-	\$2739.35	-	-
33866	-	-	\$833.22	-	-
36572	\$350.08	\$74.13	-	-	-
36573	\$329.47	\$68.44	-	-	-
38531	-	-	\$356.54	-	-
43762	\$186.14	\$30.41	-	-	-
43763	\$275.59	\$67.95	-	-	-
50436	-	-	\$122.80	-	-
50437	-	-	\$204.31	-	-
53854	\$1536.47	\$308.54	-	-	-

101 CMR 317.00: Medicine—Added Codes

Added Code	Description
90689	Inactivated quadrivalent influenza vaccine for injection into muscle, 0.25 ml dosage
92273	Full field recording of retinal electrical responses to external stimuli with interpretation and report
92274	Multifocal recording of retinal electrical responses to external stimuli with interpretation and report
93264	Remote monitoring of wireless pressure sensor in lung artery with qualified health care professional analysis, review, and report
95836	Recording of brain cortex electrical responses to implanted stimulation device with interpretation and report
95976	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with simple cranial nerve stimulator programming
95977	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with complex cranial nerve stimulator programming
95983	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, first 15 minutes face-to-face time with qualified health care professional
95984	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, additional 15 minutes face-to-face time with qualified health care professional
96112	Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes
96113	Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes
96121	Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes
96132	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes
96133	Neuropsychological testing evaluation by qualified health care professional, additional 60

Added Code	Description
	minutes
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes
96138	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes
96146	Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result
97151	Behavior identification assessment by qualified health care professional, each 15 minutes
97152	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes
97156	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes
97157	Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes
97158	Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes
99451	Telephone or internet assessment and management service provided by consultative physician with written report, 5 minutes or more of medical consultative discussion and review
99452	Telephone or internet referral service, 30 minutes
99453	Remote monitoring of physiologic parameters, initial set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days
99457	Remote monitoring of physiologic parameters management services, 20 minutes or more of qualified health care professional time per calendar month
99491	Chronic care management services by qualified health care professional, 30 minutes or more per calendar month
J0567	Injection, cerliponase alfa, 1 mg
J0584	Injection, burosumab-twza 1 mg
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units
J0841	Injection, crotalidae immune f(ab') ₂ (equine), 120 mg
J1301	Injection, edaravone, 1 mg
J1628	Injection, guselkumab, 1 mg
J1746	Injection, ibalizumab-uiyk, 10 mg
J2062	Loxapine for inhalation, 1 mg
J2797	Injection, rolapitant, 0.5 mg
J3245	Injection, tildrakizumab, 1 mg
J3316	Injection, triptorelin, extended-release, 3.75 mg
J3397	Injection, vestronidase alfa-vjbc, 1 mg

Added Code	Description
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
J3591	Unclassified drug or biological used for esrd on dialysis
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
J9057	Injection, copanlisib, 1 mg
J9173	Injection, durvalumab, 10 mg
J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4183	Surgigraft, per square centimeter
Q4184	Cellesta, per square centimeter
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc
Q4187	Epicord, per square centimeter
Q4188	Amnioarmor, per square centimeter
Q4189	Artacent ac, 1 mg
Q4190	Artacent ac, per square centimeter
Q4191	Restorigin, per square centimeter
Q4192	Restorigin, 1 cc
Q4193	Coll-e-derm, per square centimeter
Q4194	Novachor, per square centimeter
Q4197	Puraply xt, per square centimeter
Q4198	Genesis amniotic membrane, per square centimeter
Q4200	Skin te, per square centimeter
Q4201	Matrion, per square centimeter
Q4202	Kerxxx (2.5g/cc), 1cc
Q4203	Derma-gide, per square centimeter
Q4204	Xwrap, per square centimeter
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg

101 CMR 317.00: Medicine—Deleted Codes

Deleted Code	Description
92275	Recording of retinal electrical responses to external stimuli
95974	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery, first hour
95975	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery
95978	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system, first hour
95979	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system
96101	Psychological testing with interpretation and report by psychologist or physician per hour

Deleted Code	Description
92275	Recording of retinal electrical responses to external stimuli
95974	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery, first hour
96102	Psychological testing with interpretation and report by technician per hour
96103	Psychological testing with interpretation and report by computer
96111	Developmental testing
96118	Neuropsychological testing, interpretation, and report by psychologist or physician per hour
96119	Neuropsychological testing by technician with interpretation and report by a qualified healthcare professional per hour
96120	Neuropsychological testing by a computer with interpretation and report by a qualified healthcare professional
99090	Analysis of clinical data stored in computers

101 CMR 317.00: Medicine—Crosswalk

Deleted Code	Adds Crosswalk 1:1	Adds Crosswalk 1: many
92275		92273, 92274
95974		95976, 95977
95975		95976, 95977
95978		95983, 95984
95979		95983, 95984
96111		96112, 96113

101 CMR 317.00: Medicine Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90689	-	-	I.C.	-	-
92273	-	-	\$110.97	\$29.84	\$81.13
92274	-	-	\$74.78	\$26.46	\$48.31
93264	\$41.08	\$28.55	-	-	-
95836	-	-	\$88.07	-	-
95976	\$32.62	\$32.02	-	-	-
95977	\$43.31	\$42.71	-	-	-
95983	\$41.06	\$40.46	-	-	-
95984	\$35.71	\$35.41	-	-	-
96112	\$107.47	\$100.90	-	-	-
96113	\$47.93	\$46.14	-	-	-
96121	\$64.70	\$61.42	-	-	-
96130	\$91.72	\$85.75	-	-	-
96131	\$69.74	\$65.27	-	-	-
96132	\$103.97	\$83.98	-	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
96133	\$79.29	\$64.37	-	-	-
96136	\$38.22	\$19.42	-	-	-
96137	\$35.48	\$15.20	-	-	-
96138	-	-	\$32.20	-	-
96139	-	-	\$32.20	-	-
96146	-	-	\$1.77	-	-
97151	-	-	I.C.	-	-
97152	-	-	I.C.	-	-
97153	-	-	I.C.	-	-
97154	-	-	I.C.	-	-
97155	-	-	I.C.	-	-
97156	-	-	I.C.	-	-
97157	-	-	I.C.	-	-
97158	-	-	I.C.	-	-
99451	-	-	\$29.15	-	-
99452	-	-	\$29.15	-	-
99453	-	-	\$16.09	-	-
99454	-	-	\$53.09	-	-
99457	\$41.03	\$25.22	-	-	-
99491	-	-	\$65.65	-	-
J0567	-	-	I.C.	-	-
J0584	-	-	I.C.	-	-
J0599	-	-	I.C.	-	-
J0841	-	-	I.C.	-	-
J1301	-	-	I.C.	-	-
J1628	-	-	I.C.	-	-
J1746	-	-	I.C.	-	-
J2062	-	-	I.C.	-	-
J2797	-	-	I.C.	-	-
J3245	-	-	I.C.	-	-
J3316	-	-	I.C.	-	-
J3397	-	-	I.C.	-	-
J3398	-	-	I.C.	-	-
J3591	-	-	I.C.	-	-
J7177	-	-	I.C.	-	-
J7203	-	-	I.C.	-	-
J7318	-	-	I.C.	-	-
J7329	-	-	I.C.	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
J9057	-	-	I.C.	-	-
J9173	-	-	I.C.	-	-
J9229	-	-	I.C.	-	-
Q2042	-	-	I.C.	-	-
Q4183	-	-	I.C.	-	-
Q4184	-	-	I.C.	-	-
Q4185	-	-	I.C.	-	-
Q4187	-	-	I.C.	-	-
Q4188	-	-	I.C.	-	-
Q4189	-	-	I.C.	-	-
Q4190	-	-	I.C.	-	-
Q4191	-	-	I.C.	-	-
Q4192	-	-	I.C.	-	-
Q4193	-	-	I.C.	-	-
Q4194	-	-	I.C.	-	-
Q4197	-	-	I.C.	-	-
Q4198	-	-	I.C.	-	-
Q4200	-	-	I.C.	-	-
Q4201	-	-	I.C.	-	-
Q4202	-	-	I.C.	-	-
Q4203	-	-	I.C.	-	-
Q4204	-	-	I.C.	-	-
Q5107	-	-	I.C.	-	-
Q5109	-	-	I.C.	-	-

101 CMR 318.00: Radiology—Added Codes

Added Code	Description
76391	Magnetic resonance (eg, vibration) elastography
76978	Ultrasound using targeted microbubble contrast of first lesion
76979	Ultrasound using targeted microbubble contrast of additional lesion
76981	Elastography ultrasound of organ tissue
76982	Elastography ultrasound of first lesion
76983	Elastography ultrasound of additional lesion
77046	MRI of one breast
77047	MRI of both breasts
77048	MRI of one breast with and without contrast
77049	MRI of both breasts with and without contrast

101 CMR 318.00: Radiology—Deleted Codes

Deleted Code	Description
76001	Imaging guidance for procedure, more than 1 hour
77058	MRI scan of one breast with contrast
77059	MRI scan of both breasts with contrast
78270	Vitamin B-12 absorption study
78271	Vitamin B-12 absorption study with factor necessary for absorption
78272	Vitamin B-12 absorption study without then with factor necessary for absorption

101 CMR 318.00: Radiology—Crosswalk

Deleted Code	Adds Crosswalk 1:1	Adds Crosswalk 1: many
77058		77046, 77048
77059		77047, 77049

101 CMR 318.00: Radiology Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
76391	-	-	\$257.96	\$44.22	\$213.74
76978	-	-	\$269.53	\$64.30	\$205.23
76979	-	-	\$183.60	\$33.84	\$149.76
76981	-	-	\$89.10	\$23.78	\$65.32
76982	-	-	\$79.55	\$23.78	\$55.77
76983	-	-	\$48.49	\$20.15	\$28.34
77046	-	-	\$269.78	\$57.61	\$212.17
77047	-	-	\$275.55	\$63.77	\$211.78
77048	-	-	\$364.34	\$83.32	\$281.02
77049	-	-	\$370.79	\$91.15	\$279.64

Part II: Certain Ophthalmological Service Code Updates Applicable to Physicians

In accordance with 101 CMR 317.01(4) and 317.01(5), EOHHS is clarifying its policy on the substantive provisions of 101 CMR 317.03(8) (“Services and Payment Covered Under Other Regulations”), within the Medicine regulation at 101 CMR 317.00, insofar as it pertains to Ophthalmological Service Codes 92002, 92004, 92012, and 92014. Rates for the Ophthalmological Service Codes 92002, 92004, 92012, and 92014 listed in the chart within 101 CMR 317.03(8) will continue to be governed by 101 CMR 315:00 *Vision Care Services and Ophthalmic Materials*, except when an eligible provider that is a licensed physician is billing those codes in conjunction with a medical (non-routine) diagnosis code. In accordance with 101 CMR 317.01(4) and 317.01(5), EOHHS is also adding service codes 92002, 92004, 92012, and 92014 to the fee schedule within the Medicine regulation (101 CMR 317.00), which have corresponding rates, as identified in the charts below. The respective rates set forth, below, for service codes 92002, 92004, 92012, and 92014 apply only when billed by an eligible provider that is a licensed physician in conjunction with a medical (non-routine) diagnosis code. These clarifications and updates are effective for dates of service on or after January 1, 2019.

Except as clarified in this Part II, above, 101 CMR 317.03(8) is otherwise unchanged.

101 CMR 317.00: Medicine—Added Ophthalmological Codes

Code	Description
92002	Eye and medical examination for diagnosis and treatment, new patient
92004	Eye and medical examination for diagnosis and treatment, new patient, 1 or more visits
92012	Eye and medical examination for diagnosis and treatment, established patient
92014	Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits

101 CMR 317.00: Medicine—Rates for Added Ophthalmological Codes

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
92002	\$64.83	\$37.29	-	-	-
92004	\$118.12	\$77.85	-	-	-
92012	\$68.15	\$41.20	-	-	-
92014	\$98.56	\$62.44	-	-	-