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Administrative Bulletin 20-38

101 CMR 316.00: Surgery and Anesthesia

101 CMR 317.00: Medicine

101 CMR 318.00: Radiology

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Effective January 1, 2020

- (1) CPT/HCPCS 2020 Coding Updates; and**
- (2) Certain Radiology Service Code Updates**

Part I: 2020 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and Corrections), the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2020. The following lists specify both those codes that have been added and those that have been deleted. The deleted codes 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), rates 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 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, 2019.

101 CMR 316.00: Surgery and Anesthesia – Added Codes

Added Code	Description
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles
20700	Manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial) (List separately in addition to code for primary procedure)
20701	Removal of drug-delivery device(s), deep (e.g., subfascial) (List separately in addition to code for primary procedure)

Added Code	Description
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
21601	Excision of chest wall tumor including rib(s)
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy
33016	Pericardiocentesis, including imaging guidance, when performed
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (e.g., aneurysm)
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (e.g., island pedicle or individual arch vessel reimplantation)
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral
35702	Exploration not followed by surgical repair, artery; upper extremity (e.g., axillary, brachial, radial, ulnar)
35703	Exploration not followed by surgical repair, artery; lower extremity (e.g., common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

Added Code	Description
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

101 CMR 316.00: Surgery and Anesthesia – Deleted Codes

Deleted Code	Description
19260	Excision of chest wall tumor including ribs
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19304	Mastectomy, subcutaneous
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)
33010	Pericardiocentesis; initial
33011	Pericardiocentesis; subsequent
33015	Tube pericardiostomy
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33870	Transverse arch graft, with cardiopulmonary bypass
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
43401	Transection of esophagus with repair, for esophageal varices
64402	Injection, anesthetic agent; facial nerve
64410	Injection, anesthetic agent; phrenic nerve
64413	Injection, anesthetic agent; cervical plexus

101 CMR 316.00: Surgery and Anesthesia – Crosswalk

Deleted Code(s)	Replacement Code(s)
33010, 33011	33016
33010, 33011, 33015	33017
33010, 33011, 33015	33018
33010, 33011, 33015	33019
33860	33858, 33859
35721, 35741, 35761	35702
35721, 35741, 35761	35703

101 CMR 316.00: Surgery and Anesthesia Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
15769	\$ -	\$ -	\$ 392.88	\$ -	\$ -
15771	\$ 473.28	\$ 389.71	\$ -	\$ -	\$ -
15772	\$ 148.00	\$ 113.56	\$ -	\$ -	\$ -
15773	\$ 477.52	\$ 393.95	\$ -	\$ -	\$ -
15774	\$ 143.58	\$ 109.14	\$ -	\$ -	\$ -
20560	\$ 21.21	\$ 13.13	\$ -	\$ -	\$ -
20561	\$ 31.50	\$ 19.82	\$ -	\$ -	\$ -
20700	\$ -	\$ -	\$ 68.02	\$ -	\$ -
20701	\$ -	\$ -	\$ 50.76	\$ -	\$ -
20702	\$ -	\$ -	\$ 113.12	\$ -	\$ -
20703	\$ -	\$ -	\$ 81.15	\$ -	\$ -
20704	\$ -	\$ -	\$ 117.86	\$ -	\$ -
20705	\$ -	\$ -	\$ 97.01	\$ -	\$ -
21601	\$ -	\$ -	\$ 959.02	\$ -	\$ -
21602	\$ -	\$ -	\$ 1,292.93	\$ -	\$ -
21603	\$ -	\$ -	\$ 1,428.11	\$ -	\$ -
33016	\$ -	\$ -	\$ 189.72	\$ -	\$ -
33017	\$ -	\$ -	\$ 196.75	\$ -	\$ -
33018	\$ -	\$ -	\$ 224.33	\$ -	\$ -
33019	\$ -	\$ -	\$ 182.13	\$ -	\$ -
33858	\$ -	\$ -	\$ 2,723.16	\$ -	\$ -
33859	\$ -	\$ -	\$ 1,956.51	\$ -	\$ -
33871	\$ -	\$ -	\$ 2,617.74	\$ -	\$ -
34717	\$ -	\$ -	\$ 355.05	\$ -	\$ -
34718	\$ -	\$ -	\$ 993.83	\$ -	\$ -
35702	\$ -	\$ -	\$ 331.14	\$ -	\$ -
35703	\$ -	\$ -	\$ 334.87	\$ -	\$ -
46948	\$ -	\$ -	\$ 361.48	\$ -	\$ -
49013	\$ -	\$ -	\$ 352.85	\$ -	\$ -
49014	\$ -	\$ -	\$ 292.32	\$ -	\$ -
62328	\$ 216.14	\$ 72.07	\$ -	\$ -	\$ -
62329	\$ 268.11	\$ 90.49	\$ -	\$ -	\$ -
64451	\$ 174.86	\$ 64.04	\$ -	\$ -	\$ -
64454	\$ 176.66	\$ 66.13	\$ -	\$ -	\$ -
64624	\$ 339.09	\$ 119.24	\$ -	\$ -	\$ -
64625	\$ 413.44	\$ 157.34	\$ -	\$ -	\$ -
66987	\$ -	\$ -	I.C.	\$ -	\$ -
66988	\$ -	\$ -	I.C.	\$ -	\$ -

101 CMR 317.00: Medicine – Added Codes

Added Code	Description
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90694	Influenza virus vaccine, quadrivalent (aIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient

Added Code	Description
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video

Added Code	Description
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

Added Code	Description
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
A9590	Iodine I-131, iobenguane, 1 mCi
J0222	Injection, patisiran, 0.1 mg
J0291	Injection, plazomicin, 5 mg
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg
J7401	Mometasone furoate sinus implant, 10 mcg
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg
J9118	Injection, calaspargase pegol-mknl, 10 units
J9199	Injection, gemcitabine HCl (Infugem), 200 mg
J9210	Injection, emapalumab-lzsg, 1 mg
J9269	Injection, tagraxofusp-erzs, 10 mcg
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Q4205	Membrane Graft or Membrane Wrap, per sq cm
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per sq cm
Q4209	SurGraft, per sq cm
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm
Q4211	Amnion Bio or AxoBioMembrane, per sq cm
Q4212	AlloGen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per sq cm
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per sq cm
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm
Q4218	SurgiCORD, per sq cm
Q4219	SurgiGRAFT-DUAL, per sq cm
Q4220	BellaCell HD or Surederm, per sq cm
Q4221	Amnio Wrap2, per sq cm
Q4222	ProgenaMatrix, per sq cm
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg

101 CMR 317.00: Medicine – Deleted Codes

Deleted Code	Description
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
92225	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial
92226	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
95827	Eeg all night recording
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95950	Ambulatory eeg monitoring
95951	Eeg monitoring/videorecord
95953	Eeg monitoring/computer
95956	Eeg monitor technol attended
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network
J1942	Injection, aripiprazole lauroxil, 1 mg
J9031	Bcg (intravesical) per instillation

101 CMR 317.00: Medicine – Crosswalk

Deleted Code(s)	Replacement Code(s)
90911	90912, 90913
92225, 92226	92201
92225, 92226	92202
95953	95706 , 95709
95951	95712 , 95715
95956	95713 , 95716
96150	96156
96151	96158
96152	96159
96153	96164, 96165
96154	96167, 96168
96155	96170, 96171
97127	97129
98969	98970, 98971, 98972

101 CMR 317.00: Medicine Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90619	\$ -	\$ -	I.C.	\$ -	\$ -
90694	\$ -	\$ -	I.C.	\$ -	\$ -
90912	\$ 65.48	\$ 35.22	\$ -	\$ -	\$ -
90913	\$ 26.15	\$ 19.56	\$ -	\$ -	\$ -
92201	\$ 20.16	\$ 18.36	\$ -	\$ -	\$ -
92202	\$ 12.77	\$ 11.87	\$ -	\$ -	\$ -
92549	\$ -	\$ -	\$ 51.57	\$ 36.04	\$ 15.53
93356	\$ 33.14	\$ 9.48	\$ -	\$ -	\$ -
93985	\$ -	\$ -	\$ 222.95	\$ 30.50	\$ 192.45
93986	\$ -	\$ -	\$ 129.16	\$ 19.62	\$ 109.53
95700	\$ -	\$ -	I.C.	\$ -	\$ -
95705	\$ -	\$ -	I.C.	\$ -	\$ -
95706	\$ -	\$ -	I.C.	\$ -	\$ -
95707	\$ -	\$ -	I.C.	\$ -	\$ -
95708	\$ -	\$ -	I.C.	\$ -	\$ -
95709	\$ -	\$ -	I.C.	\$ -	\$ -
95710	\$ -	\$ -	I.C.	\$ -	\$ -
95711	\$ -	\$ -	I.C.	\$ -	\$ -
95712	\$ -	\$ -	I.C.	\$ -	\$ -
95713	\$ -	\$ -	I.C.	\$ -	\$ -
95714	\$ -	\$ -	I.C.	\$ -	\$ -
95715	\$ -	\$ -	I.C.	\$ -	\$ -
95716	\$ -	\$ -	I.C.	\$ -	\$ -
95717	\$ 82.43	\$ 81.23	\$ -	\$ -	\$ -
95718	\$ 108.73	\$ 106.94	\$ -	\$ -	\$ -
95719	\$ 127.69	\$ 126.20	\$ -	\$ -	\$ -
95720	\$ 168.32	\$ 165.62	\$ -	\$ -	\$ -
95721	\$ 169.81	\$ 166.22	\$ -	\$ -	\$ -
95722	\$ 206.00	\$ 202.10	\$ -	\$ -	\$ -
95723	\$ 210.57	\$ 205.78	\$ -	\$ -	\$ -
95724	\$ 263.08	\$ 257.69	\$ -	\$ -	\$ -

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
95725	\$ 240.44	\$ 234.15	\$ -	\$ -	\$ -
95726	\$ 332.50	\$ 325.61	\$ -	\$ -	\$ -
96156	\$ 16.50	\$ 16.20	\$ -	\$ -	\$ -
96158	\$ 15.66	\$ 15.37	\$ -	\$ -	\$ -
96159	\$ 15.12	\$ 14.83	\$ -	\$ -	\$ -
96164	\$ 7.81	\$ 6.91	\$ -	\$ -	\$ -
96165	\$ 3.64	\$ 3.04	\$ -	\$ -	\$ -
96167	\$ 56.59	\$ 50.60	\$ -	\$ -	\$ -
96168	\$ 20.08	\$ 17.98	\$ -	\$ -	\$ -
96170	\$ 64.57	\$ 61.28	\$ -	\$ -	\$ -
96171	\$ 23.56	\$ 22.36	\$ -	\$ -	\$ -
97129	\$ -	\$ -	I.C.	\$ -	\$ -
97130	\$ -	\$ -	\$ 18.16	\$ -	\$ -
98970	\$ -	\$ -	I.C.	\$ -	\$ -
98971	\$ -	\$ -	I.C.	\$ -	\$ -
98972	\$ -	\$ -	I.C.	\$ -	\$ -
99421	\$ 12.15	\$ 10.35	\$ -	\$ -	\$ -
99422	\$ 24.26	\$ 21.26	\$ -	\$ -	\$ -
99423	\$ 39.23	\$ 33.84	\$ -	\$ -	\$ -
99458	\$ 33.26	\$ 25.48	\$ -	\$ -	\$ -
99473	\$ -	\$ -	\$ 9.24	\$ -	\$ -
99474	\$ 12.08	\$ 6.98	\$ -	\$ -	\$ -
A9590	\$ -	\$ -	I.C.	\$ -	\$ -
J0222	\$ -	\$ -	I.C.	\$ -	\$ -
J0291	\$ -	\$ -	I.C.	\$ -	\$ -
J0593	\$ -	\$ -	I.C.	\$ -	\$ -
J1096	\$ -	\$ -	I.C.	\$ -	\$ -
J1097	\$ -	\$ -	I.C.	\$ -	\$ -
J1444	\$ -	\$ -	I.C.	\$ -	\$ -
J3031	\$ -	\$ -	I.C.	\$ -	\$ -
J7314	\$ -	\$ -	I.C.	\$ -	\$ -
J7331	\$ -	\$ -	I.C.	\$ -	\$ -
J7332	\$ -	\$ -	I.C.	\$ -	\$ -
J7401	\$ -	\$ -	I.C.	\$ -	\$ -
J7677	\$ -	\$ -	I.C.	\$ -	\$ -
J9118	\$ -	\$ -	I.C.	\$ -	\$ -
J9199	\$ -	\$ -	I.C.	\$ -	\$ -
J9210	\$ -	\$ -	I.C.	\$ -	\$ -
J9269	\$ -	\$ -	I.C.	\$ -	\$ -
J9313	\$ -	\$ -	I.C.	\$ -	\$ -
Q4205	\$ -	\$ -	I.C.	\$ -	\$ -
Q4206	\$ -	\$ -	I.C.	\$ -	\$ -
Q4208	\$ -	\$ -	I.C.	\$ -	\$ -
Q4209	\$ -	\$ -	I.C.	\$ -	\$ -
Q4210	\$ -	\$ -	I.C.	\$ -	\$ -
Q4211	\$ -	\$ -	I.C.	\$ -	\$ -
Q4212	\$ -	\$ -	I.C.	\$ -	\$ -
Q4213	\$ -	\$ -	I.C.	\$ -	\$ -
Q4214	\$ -	\$ -	I.C.	\$ -	\$ -
Q4215	\$ -	\$ -	I.C.	\$ -	\$ -

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
Q4216	\$ -	\$ -	I.C.	\$ -	\$ -
Q4217	\$ -	\$ -	I.C.	\$ -	\$ -
Q4218	\$ -	\$ -	I.C.	\$ -	\$ -
Q4219	\$ -	\$ -	I.C.	\$ -	\$ -
Q4220	\$ -	\$ -	I.C.	\$ -	\$ -
Q4221	\$ -	\$ -	I.C.	\$ -	\$ -
Q4222	\$ -	\$ -	I.C.	\$ -	\$ -
Q4226	\$ -	\$ -	I.C.	\$ -	\$ -
Q5112	\$ -	\$ -	I.C.	\$ -	\$ -
Q5113	\$ -	\$ -	I.C.	\$ -	\$ -
Q5114	\$ -	\$ -	I.C.	\$ -	\$ -
Q5115	\$ -	\$ -	I.C.	\$ -	\$ -
Q5116	\$ -	\$ -	I.C.	\$ -	\$ -
Q5118	\$ -	\$ -	I.C.	\$ -	\$ -

101 CMR 318.00: Radiology – Added Codes

Added Code	Description
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (e.g., high-density barium and effervescent agent) study
74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability);
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (e.g., head, neck, chest, pelvis), single day imaging
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (e.g., pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)

101 CMR 318.00: Radiology – Deleted Codes

Deleted Code	Description
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74260	Duodenography, hypotonic
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
78205	Liver imaging (SPECT);
78206	Liver imaging (SPECT); with vascular flow
78320	Bone and/or joint imaging; tomographic (SPECT)
78607	Brain imaging, tomographic (SPECT)
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78710	Kidney imaging morphology; tomographic (SPECT)
78805	Radiopharmaceutical localization of inflammatory process; limited area
78806	Radiopharmaceutical localization of inflammatory process; whole body
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)

101 CMR 318.00: Radiology – Crosswalk

Deleted Code(s)	Replacement Code(s)
78805, 78806, 78807	78830
78805, 78806, 78807	78831
78805, 78806, 78807	78832

101 CMR 318.00: Radiology Rates

Code	NFAC	FAC	Global	PC	TC
74221	\$ -	\$ -	\$ 89.69	\$ 27.74	\$ 61.96
74248	\$ -	\$ -	\$ 67.57	\$ 27.74	\$ 39.84
78429	\$ -	\$ -	\$ -	\$ 66.24	\$ 11.93
78430	\$ -	\$ -	\$ -	\$ 62.88	\$ 11.93
78431	\$ -	\$ -	\$ -	\$ 73.28	\$ 1,867.79
78432	\$ -	\$ -	\$ -	\$ 77.94	\$ 2,282.63
78433	\$ -	\$ -	\$ -	\$ 85.20	\$ 2,282.63
78434	\$ -	\$ -	\$ -	\$ 24.67	\$ -
78830	\$ -	\$ -	\$ 417.14	\$ 57.04	\$ 360.10
78831	\$ -	\$ -	\$ 604.12	\$ 69.59	\$ 534.53
78832	\$ -	\$ -	\$ 786.92	\$ 81.06	\$ 705.86
78835	\$ -	\$ -	\$ 87.03	\$ 17.88	\$ 69.14

Part II: Certain Radiology Service Code Updates

In accordance with 101 CMR 318.01(5), the following codes are being added effective January 1, 2020. These codes are based on the 2020 HCPCS Level II codes. These added codes will be reimbursed by individual consideration (I.C.). Rates for these codes are applicable until revised rates are issued by EOHHS.

101 CMR 318.00: Radiology – Added Codes

Code	Description
A9552	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation

101 CMR 318.00: Radiology Rates

Code	NFAC	FAC	GL	PC	TC
A9552	\$ -	\$ -	I.C.	\$ -	\$ -
A9586	\$ -	\$ -	I.C.	\$ -	\$ -
A9587	\$ -	\$ -	I.C.	\$ -	\$ -
A9588	\$ -	\$ -	I.C.	\$ -	\$ -
G0399	\$ -	\$ -	I.C.	\$ -	\$ -