

# Administrative Bulletin 21-06

**101 CMR 316.00: Surgery and Anesthesia**

**101 CMR 317.00: Medicine**

**101 CMR 318.00: Radiology**

Effective January 1, 2021

**(1) CPT/HCPCS 2021 Coding Updates; and**

**(2) CPT/HCPCS 2020 Coding Updates**

**Part I: 2021 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2021. 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), 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 EOHHS. Deleted codes are not available for use for dates of service after December 31, 2020.

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

| **Code** | **Description** |
| --- | --- |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) |
| 32408 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed |
| 33741 | Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (e.g., Rashkind, Sang-Park, balloon, cutting balloon, blade) |
| 33745 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (e.g., atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt |
| 33746 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catherization for congenital cardiac anomalies, and target zone angioplasty, when performed (e.g., atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure) |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only |
| 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion |
| 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance |
| 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) |
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral |

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

|  |  |
| --- | --- |
| **Code** | **Description** |
| 19324 | Mammaplasty, augmentation; without prosthetic implant |
| 19366 | Breast reconstruction with other technique |
| 32405 | Biopsy, lung or mediastinum, percutaneous needle |
| 49220 | Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning) |
| 57112 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| 58293 | Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 61870 | Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical |
| 62163 | Neuroendoscopy, intracranial; with retrieval of foreign body |
| 63180 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments |
| 63182 | Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments |
| 69605 | Revision mastoidectomy; with apicectomy |
| G0297 | Low dose CT scan (LDCT) for lung cancer screening |

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

| **Deleted Code** | **Replacement Code** |
| --- | --- |
| 32405 | 32408 |

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

| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 30468 | $ 371.73 | $ 81.58 | $ - | $ - | $ - |
| 32408 | $ 823.31 | $ 123.53 | $ - | $ - | $ - |
| 33741 | $ - | $ - | $ 605.41 | $ - | $ - |
| 33745 | $ - | $ - | $ 857.53 | $ - | $ - |
| 33746 | $ - | $ - | $ 339.53 | $ - | $ - |
| 33995 | $ - | $ - | $ 291.18 | $ - | $ - |
| 33997 | $ - | $ - | $ 129.56 | $ - | $ - |
| 55880 | $ - | $ - | $ 798.55 | $ - | $ - |
| 57465 | $ 64.01 | $ 48.00 | $ - | $ - | $ - |
| 69705 | $ 2,671.58 | $ 141.32 | $ - | $ - | $ - |
| 69706 | $ 2,748.05 | $ 196.44 | $ - | $ - | $ - |

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

| **Code** | **Description** |
| --- | --- |
| 90377 | Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use |
| 90619 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use |
| 91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use |
| 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use |
| 92229 | Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral |
| 92517 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) |
| 92518 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP) |
| 92519 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP) |
| 92650 | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis |
| 92651 | Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report |
| 92652 | Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report |
| 92653 | Auditory evoked potentials; neurodiagnostic, with interpretation and report |
| 93241 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation |
| 93242 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording) |
| 93243 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report |
| 93244 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation |
| 93245 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation |
| 93246 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording) |
| 93247 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report |
| 93248 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation |
| 94619 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s) |
| 99417 | Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) |
| 99439 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| G2211 | Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established) |
| G2212 | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes) |
| J0179 | Injection, brolucizumab-dbll, 1 mg |
| J0223 | Injection, givosiran, 0.5 mg |
| J0693 | Injection, cefiderocol, 5 mg |
| J0742 | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg |
| J1201 | Injection, cetirizine HCl, 0.5 mg |
| J1429 | Injection, golodirsen, 10 mg |
| J1610 | Injection, glucagon HCl, per 1 mg |
| J1823 | Injection, inebilizumab-cdon, 1 mg |
| J3032 | Injection, eptinezumab-jjmr, 1 mg |
| J3241 | Injection, teprotumumab-trbw, 10 mg |
| J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes |
| J7192 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified |
| J7212 | Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg |
| J7351 | Injection, bimatoprost, intracameral implant, 1 mcg |
| J7352 | Afamelanotide implant, 1 mg |
| J8499 | Prescription drug, oral, nonchemotherapeutic, NOS |
| J8999 | Prescription drug, oral, chemotherapeutic, NOS |
| J9118 | Injection, calaspargase pegol-mknl, 10 units |
| J9144 | Injection, daratumumab, 10 mg and hyaluronidase-fihj |
| J9223 | Injection, lurbinectedin, 0.1 mg |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg |
| J9316 | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg |
| J9317 | Injection, sacituzumab govitecan-hziy, 2.5 mg |
| Q5115 | Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg |

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

|  |  |
| --- | --- |
| **Code** | **Description** |
| 92585 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive |
| 92586 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited |
| 92992 | Atrial septectomy or septostomy; transvenous method, balloon (e.g., Rashkind type) (includes cardiac catheterization) |
| 92993 | Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) |
| 94250 | Expired gas collection, quantitative, single procedure (separate procedure) |
| 94400 | Breathing response to CO2 (CO2 response curve) |
| 94750 | Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements) |
| 94770 | Carbon dioxide, expired gas determination by infrared analyzer |
| 95071 | Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify |
| 99201 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family. |

**101 CMR 317.00: Medicine – Crosswalk**

|  |  |
| --- | --- |
| **Deleted Code** | **Replacement Codes** |
| 92585 | 92652, 92653 |
| 92586 | 92650, 92651 |

**101 CMR 317.00: Medicine Rates**

| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 90377 | $ - | $ - | I.C. | $ - | $ - |
| 90619 | $ - | $ - | I.C. | $ - | $ - |
| 91300 | $ - | $ - | I.C. | $ - | $ - |
| 91301 | $ - | $ - | I.C. | $ - | $ - |
| 92229 | $ - | $ - | I.C. | $ - | $ - |
| 92517 | $ 72.86 | $ 35.57 | $ - | $ - | $ - |
| 92518 | $ 67.75 | $ 35.57 | $ - | $ - | $ - |
| 92519 | $ 113.28 | $ 53.44 | $ - | $ - | $ - |
| 92650 | $ - | $ - | $ 24.18 | $ - | $ - |
| 92651 | $ - | $ - | $ 75.89 | $ - | $ - |
| 92652 | $ - | $ - | $ 98.69 | $ - | $ - |
| 92653 | $ - | $ - | $ 72.46 | $ - | $ - |
| 93241 | $ - | $ - | I.C. | $ - | $ - |
| 93242 | $ - | $ - | $ 13.15 | $ - | $ - |
| 93243 | $ - | $ - | I.C. | $ - | $ - |
| 93244 | $ - | $ - | $ 19.94 | $ - | $ - |
| 93245 | $ - | $ - | I.C. | $ - | $ - |
| 93246 | $ - | $ - | $ 13.15 | $ - | $ - |
| 93247 | $ - | $ - | I.C. | $ - | $ - |
| 93248 | $ - | $ - | $ 21.92 | $ - | $ - |
| 94619 | $ - | $ - | $ 62.51 | $ 19.06 | $ 43.45 |
| 99417 | $ - | $ - | I.C. | $ - | $ - |
| 99439 | $ 30.81 | $ 22.69 | $ - | $ - | $ - |
| G2211 | $ - | $ - | I.C. | $ - | $ - |
| G2212 | $ 26.95 | $ 26.05 | $ - | $ - | $ - |
| J0179 | $ - | $ - | I.C. | $ - | $ - |
| J0223 | $ - | $ - | I.C. | $ - | $ - |
| J0693 | $ - | $ - | I.C. | $ - | $ - |
| J0742 | $ - | $ - | I.C. | $ - | $ - |
| J1201 | $ - | $ - | I.C. | $ - | $ - |
| J1429 | $ - | $ - | I.C. | $ - | $ - |
| J1610 | $ - | $ - | I.C. | $ - | $ - |
| J1823 | $ - | $ - | I.C. | $ - | $ - |
| J3032 | $ - | $ - | I.C. | $ - | $ - |
| J3241 | $ - | $ - | I.C. | $ - | $ - |
| J3398 | $ - | $ - | I.C. | $ - | $ - |
| J7192 | $ - | $ - | I.C. | $ - | $ - |
| J7212 | $ - | $ - | I.C. | $ - | $ - |
| J7351 | $ - | $ - | I.C. | $ - | $ - |
| J7352 | $ - | $ - | I.C. | $ - | $ - |
| J8499 | $ - | $ - | I.C. | $ - | $ - |
| J8999 | $ - | $ - | I.C. | $ - | $ - |
| J9118 | $ - | $ - | I.C. | $ - | $ - |
| J9144 | $ - | $ - | I.C. | $ - | $ - |
| J9223 | $ - | $ - | I.C. | $ - | $ - |
| J9281 | $ - | $ - | I.C. | $ - | $ - |
| J9316 | $ - | $ - | I.C. | $ - | $ - |
| J9317 | $ - | $ - | I.C. | $ - | $ - |
| Q5115 | $ - | $ - | I.C. | $ - | $ - |
| Q5119 | $ - | $ - | I.C. | $ - | $ - |

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

| **Code** | **Description** |
| --- | --- |
| 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) |
| 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report |
| A9591 | Fluoroestradiol f 18, diagnostic, 1 mCi |

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

|  |  |
| --- | --- |
| **Code** | **Description** |
| 76970 | Ultrasound study follow-up (specify) |
| 78135 | Red cell survival study; differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration) |

**101 CMR 318.00: Radiology – Crosswalk**

|  |  |
| --- | --- |
| **Existing Code** | **Replacement Code** |
| G0297 | 71271 |

**101 CMR 318.00: Radiology Rates**

| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| --- | --- | --- | --- | --- | --- |
| 71271 | $ - | $ - | $ 207.63 | $ 39.60 | $ 168.04 |
| 76145 | $ - | $ - | $ 726.89 | $ - | $ - |
| A9591 | $ - | $ - | I.C. | $ - | $ - |

**Part II: CPT/HCPCS 2020 Coding Updates**

In accordance with 101 CMR 317.01(4), EOHHS is adding a new service code and deleting an outdated code, effective for dates of service on and after January 1, 2020. The following list specifies the code that has been added and the code that has been deleted, which are followed by a crosswalk identifying the replacement code for applicable deleted code. Rates for the new code with a one-to-one crosswalk to the deleted code are set at the payment rate of the deleted code. Rates listed in this administrative bulletin are applicable until revised rates are issued by the EOHHS. The deleted code is not available for use for dates of service after December 31, 2019.

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

|  |  |
| --- | --- |
| **Code** | **Description** |
| G2066 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |

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

|  |  |
| --- | --- |
| **Code** | **Description** |
| 93299 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |

**101 CMR 317.00: Medicine – Crosswalk**

|  |  |
| --- | --- |
| **Deleted Code** | **Replacement Code** |
| 93299 | G2066 |

**101 CMR 317.00: Medicine Rates**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Non-Facility Fee** | **Facility Fee** | **Global** | **Professional Component Fee** | **Technical Component Fee** |
| G2066 | $ - | $ - | I.C. | $ - | $ - |