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Administrative Bulletin 22-09

101 CMR 316.00: Rates for Surgery and Anesthesia

101 CMR 317.00: Rates for Medicine

101 CMR 318.00: Rates for Radiology

Effective January 1, 2022

CPT/HCPCS 2022 Coding Updates

Background

In accordance with 101 CMR 316.01(5), 101 CMR 317.01(5), and 101 CMR 318.01(5): *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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2022. 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 the EOHHS. Deleted codes are not available for use for dates of service after December 31, 2021.

101 CMR 316.00: Surgery and Anesthesia – Added Codes

Code	Description
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic



Code	Description
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
53454	Unknown
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex,

Code	Description
	requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making
80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)

101 CMR 316.00: Surgery and Anesthesia – Deleted Codes

Code	Description
01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
21310	Closed treatment of nasal bone fracture without manipulation
33470	Valvotomy, pulmonary valve, closed heart; transventricular
33722	Closure of aortico-left ventricular tunnel
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

Code	Description
80500	Clinical pathology consultation; limited, without review of patient's history and medical records
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records

101 CMR 316.00: Surgery and Anesthesia – Crosswalk

Deleted Code	Replacement Codes
01935	01937, 01938, 01939, 01940, 01941, 01942
01936	01937, 01938, 01939, 01940, 01941, 01942
80500	80503, 80504, 80505, 80506
80502	80503, 80504, 80505, 80506

101 CMR 316.00: Surgery and Anesthesia Rates

Code	Units
01937	5
01938	5
01939	5
01940	5
01941	5
01942	5

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
0404T	-	-	I.C.	-	-
33267	-	-	\$ 818.68	-	-
33268	-	-	\$ 101.42	-	-
33269	-	-	\$ 648.84	-	-
33370	-	-	\$ 103.69	-	-
33509	-	-	\$ 133.60	-	-
33894	-	-	\$ 757.30	-	-
33895	-	-	\$ 602.52	-	-
33897	-	-	\$ 448.47	-	-
42975	-	-	\$ 90.13	-	-
43497	-	-	\$ 634.17	-	-
53451	-	-	I.C.	-	-
53452	-	-	I.C.	-	-
53453	-	-	I.C.	-	-
53454	-	-	I.C.	-	-
61736	-	-	\$ 715.05	-	-
61737	-	-	\$ 850.95	-	-
63052	-	-	\$ 201.80	-	-
63053	-	-	\$ 151.03	-	-
64582	-	-	\$ 691.14	-	-
64583	-	-	\$ 634.71	-	-
64584	-	-	\$ 535.56	-	-
64628	-	-	\$ 365.57	-	-
64629	-	-	\$ 169.28	-	-
66989	-	-	\$ 683.81	-	-
66991	-	-	\$ 547.22	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
68841	\$ 30.81	\$ 25.86	-	-	-
69716	-	-	\$ 493.58	-	-
69719	-	-	\$ 493.58	-	-
69726	-	-	\$ 338.04	-	-
69727	-	-	\$ 385.60	-	-
80503	\$ 21.21	\$ 17.72	-	-	-
80504	\$ 42.23	\$ 37.86	-	-	-
80505	\$ 76.29	\$ 71.34	-	-	-
80506	-	-	\$ 34.13	-	-

101 CMR 317.00: Medicine – Added Codes

Code	Description
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90758	Zaire ebolavirus vaccine, live, for intramuscular use
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

Code	Description
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified

Code	Description
	health care professional, per calendar month (List separately in addition to code for primary procedure)
99437	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)
J0172	Injection, aducanumab-avwa, 2 mg
J0224	Injection, lumasiran, 0.5 mg
J0282	Injection, amiodarone HCl, 30 mg
J0692	Injection, cefepime HCl, 500 mg
J0699	Injection, cefiderocol, 10 mg
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
J0878	Injection, daptomycin, 1 mg
J1290	Injection, ecallantide, 1 mg
J1305	Injection, evinacumab-dgnb, 5 mg
J1426	Injection, casimersen, 10 mg
J1427	Injection, viltolarsen, 10 mg
J1437	Injection, ferric derisomaltose, 10 mg
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron
J1448	Injection, trilaciclib, 1 mg
J1554	Injection, immune globulin (Asceniv), 500 mg
J1815	Injection, insulin, per 5 units
J1823	Injection, inebilizumab-cdon, 1 mg
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J1956	Injection, levofloxacin, 250 mg
J2060	Injection, lorazepam, 2 mg
J2250	Injection, midazolam HCl, per 1 mg
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg
J2406	Injection, oritavancin (Kimyrza), 10 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J3110	Injection, teriparatide, 10 mcg
J3360	Injection, diazepam, up to 5 mg
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea
J7352	Afamelanotide implant, 1 mg
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg
J7799	NOC drugs, other than inhalation drugs, administered through DME

Code	Description
J9015	Injection, aldesleukin, per single use vial
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg
J9025	Injection, azacitidine, 1 mg
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg
J9061	Injection, amivantamab-vmjw, 2 mg
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
J9223	Injection, lurbinectedin, 0.1 mg
J9247	Injection, melphalan flufenamide, 1 mg
J9268	Injection, pentostatin, 10 mg
J9272	Injection, dostarlimab-gxly, 10 mg
J9302	Injection, ofatumumab, 10 mg
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg
J9319	Injection, romidepsin, lyophilized, 0.1 mg
J9348	Injection, naxitamab-gqgk, 1 mg
J9349	Injection, tafasitamab-cxix, 2 mg
J9353	Injection, margetuximab-cmkb, 5 mg
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
Q0220	Tixagev and cilgav, 300 mg
Q0240	Injection, casirivimab and imdevimab, 600 mg
Q0243	Injection, casirivimab and imdevimab, 2400 mg
Q0244	Injection, casirivimab and imdevimab, 1200 mg
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg
Q0247	Injection, sotrovimab, 500 mg
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4199	Cygnus matrix, per sq cm
Q4251	Vim, per sq cm
Q4252	Vendaje, per sq cm
Q4253	Zenith Amniotic Membrane, per sq cm
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg

Code	Description
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg

101 CMR 317.00: Medicine – Deleted Codes

Code	Description
92559	Audiometric testing of groups
92560	Bekesy audiometry; screening
92561	Bekesy audiometry; diagnostic
92564	Short increment sensitivity index (SISI)
93530	Right heart catheterization, for congenital cardiac anomalies
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
93561	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change
J2505	Injection, pegfilgrastim, 6 mg

101 CMR 317.00: Medicine – Crosswalk

Deleted Code	Replacement Codes
93530	93593, 93594
93531	93462, 93596, 93597
93532	93462, 93596, 93597
93533	93462, 93596, 93597
93561	93598
93562	93598

101 CMR 317.00: Medicine Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90626	-	-	I.C.	-	-
90627	-	-	I.C.	-	-
90671	-	-	I.C.	-	-
90677	-	-	I.C.	-	-
90758	-	-	I.C.	-	-
90759	-	-	I.C.	-	-
91113	-	-	\$ 810.58	\$ 96.85	\$ 713.73
93319	\$ 50.50	\$ 19.66	-	-	-
93462	-	-	\$ 164.00	-	-
93593	-	-	-	\$ 150.33	-
93594	-	-	-	\$ 236.91	-
93595	-	-	-	\$ 213.79	-
93596	-	-	-	\$ 258.48	-
93597	-	-	-	\$ 345.01	-
93598	-	-	-	\$ 56.43	-
94625	\$ 54.33	\$ 14.76	-	-	-
94626	\$ 61.49	\$ 21.33	-	-	-
98975	-	-	\$ 16.15	-	-
98976	-	-	\$ 46.78	-	-
98977	-	-	\$ 46.78	-	-
98980	\$ 40.39	\$ 24.68	-	-	-
98981	\$ 32.48	\$ 24.63	-	-	-
99424	\$ 65.86	\$ 59.17	-	-	-
99425	\$ 47.61	\$ 41.21	-	-	-
99426	\$ 50.23	\$ 39.46	-	-	-
99427	\$ 38.64	\$ 27.87	-	-	-
99437	\$ 48.48	\$ 40.91	-	-	-
J0172	-	-	I.C.	-	-
J0224	-	-	I.C.	-	-
J0282	-	-	I.C.	-	-
J0692	-	-	I.C.	-	-
J0699	-	-	I.C.	-	-
J0741	-	-	I.C.	-	-
J0878	-	-	I.C.	-	-
J1290	-	-	I.C.	-	-
J1305	-	-	I.C.	-	-
J1426	-	-	I.C.	-	-
J1427	-	-	I.C.	-	-
J1437	-	-	I.C.	-	-
J1445	-	-	I.C.	-	-
J1448	-	-	I.C.	-	-
J1554	-	-	I.C.	-	-
J1815	-	-	I.C.	-	-
J1823	-	-	I.C.	-	-
J1951	-	-	I.C.	-	-
J1952	-	-	I.C.	-	-
J1956	-	-	I.C.	-	-
J2060	-	-	I.C.	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
J2250	-	-	I.C.	-	-
J2354	-	-	I.C.	-	-
J2406	-	-	I.C.	-	-
J2506	-	-	I.C.	-	-
J3110	-	-	I.C.	-	-
J3360	-	-	I.C.	-	-
J7168	-	-	I.C.	-	-
J7212	-	-	I.C.	-	-
J7294	-	-	I.C.	-	-
J7295	-	-	I.C.	-	-
J7352	-	-	I.C.	-	-
J7402	-	-	I.C.	-	-
J7799	-	-	I.C.	-	-
J9015	-	-	I.C.	-	-
J9021	-	-	I.C.	-	-
J9025	-	-	I.C.	-	-
J9037	-	-	I.C.	-	-
J9061	-	-	I.C.	-	-
J9144	-	-	I.C.	-	-
J9223	-	-	I.C.	-	-
J9247	-	-	I.C.	-	-
J9268	-	-	I.C.	-	-
J9272	-	-	I.C.	-	-
J9302	-	-	I.C.	-	-
J9316	-	-	I.C.	-	-
J9317	-	-	I.C.	-	-
J9318	-	-	I.C.	-	-
J9319	-	-	I.C.	-	-
J9348	-	-	I.C.	-	-
J9349	-	-	I.C.	-	-
J9353	-	-	I.C.	-	-
J9356	-	-	I.C.	-	-
Q0220	-	-	I.C.	-	-
Q0240	-	-	I.C.	-	-
Q0243	-	-	I.C.	-	-
Q0244	-	-	I.C.	-	-
Q0245	-	-	I.C.	-	-
Q0247	-	-	I.C.	-	-
Q0249	-	-	I.C.	-	-
Q2053	-	-	I.C.	-	-
Q2054	-	-	I.C.	-	-
Q2055	-	-	I.C.	-	-
Q4199	-	-	I.C.	-	-
Q4251	-	-	I.C.	-	-
Q4252	-	-	I.C.	-	-
Q4253	-	-	I.C.	-	-
Q5107	-	-	I.C.	-	-
Q5112	-	-	I.C.	-	-
Q5113	-	-	I.C.	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
Q5114	-	-	I.C.	-	-
Q5116	-	-	I.C.	-	-
Q5118	-	-	I.C.	-	-
Q5122	-	-	I.C.	-	-
Q5123	-	-	I.C.	-	-

101 CMR 318.00: Radiology – Added Codes

Added Code	Description
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional

101 CMR 318.00: Radiology – Deleted Codes

Deleted Code	Description
72275	Epidurography, radiological supervision and interpretation
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral

101 CMR 318.00: Radiology Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
77089	-	-	\$ 34.21	-	-
77090	-	-	\$ 1.96	-	-
77091	-	-	\$ 24.08	-	-
77092	-	-	\$ 8.17	-	-