

# 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2022.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 |
| 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, 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 |
| 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 | - | - |
| 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) |
| 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 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 (Kimyrsa), 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 |
| J9015 | Injection, aldesleukin, per single use vial |
| J9021 | Injection, asparaginase, recombinant, (Rylaze), 0.1 mg |
| J9025 | Injection, azacitidine, 1 mg |
| J9037 | Injection, belantamab mafodontin-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 |
| 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. | - | - |
| 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. | - | - |
| 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 | - | - |