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**Administrative Bulletin 23-07**

**101 CMR 316.00: Rates for Surgery and Anesthesia Services**
**101 CMR 317.00: Rates for Medicine Services**
**101 CMR 318.00: Rates for Radiology Services**

**Effective January 1, 2023**

**CPT/HCPCS 2023 Coding Updates**

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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2023. The following lists specify those added and deleted codes, 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 rate of the deleted code. All other codes listed in this bulletin that require pricing are paid at 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, 2022.

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

| Code | Description |
|---|---|
| 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (i.e., external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma |
| 15853 | Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code) |
| 15854 | Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code) |
| 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure) |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling |
| 33900 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral |

| Code | Description |
|---|---|
| 33901 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral |
| 33902 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral |
| 33903 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral |
| 33904 | Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure) |
| 36836 | Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation |
| 36837 | Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) |
| 49591 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible |
| 49592 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated |
| 49593 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible |
| 49594 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated |
| 49595 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible |
| 49596 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated |
| 49613 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible |
| 49614 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated |
| 49615 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible |

| Code | Description |
|---|---|
| 49616 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated |
| 49617 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible |
| 49618 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated |
| 49621 | Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible |
| 49622 | Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated |
| 49623 | Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (i.e., open, laparoscopic, robotic) (List separately in addition to code for primary procedure) |
| 55867 | Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex |
| 69729 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex |
| 69730 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex |

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

| Code | Description |
|---|---|
| 15850 | Removal of sutures under anesthesia (other than local), same surgeon |
| 49560 | Repair initial incisional or ventral hernia; reducible |
| 49561 | Repair initial incisional or ventral hernia; incarcerated or strangulated |
| 49565 | Repair recurrent incisional or ventral hernia; reducible |
| 49566 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated |
| 49568 | Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair) |
| 49570 | Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure) |
| 49572 | Repair epigastric hernia (e.g., preperitoneal fat); incarcerated or strangulated |
| 49580 | Repair umbilical hernia, younger than age 5 years; reducible |
| 49582 | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated |
| 49585 | Repair umbilical hernia, age 5 years or older; reducible |
| 49587 | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated |

| Code | Description |
|---|---|
| 49590 | Repair spigelian hernia |
| 49652 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible |
| 49653 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| 49654 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible |
| 49655 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| 49656 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible |
| 49657 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |

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

| Deleted Code | Crosswalk to Newly Added Codes | Crosswalk to Existing Codes |
|---|---|---|
| 15850 | | 15851 |
| 49560 | 49591, 49592, 49593, 49594, 49595, 49596 | |
| 49561 | 49591, 49592, 49593, 49594, 49595, 49596 | |
| 49565 | 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49566 | 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49568 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49570 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49572 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49580 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49582 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49585 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49587 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49590 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49652 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49653 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49654 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49655 | 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49656 | 49613, 49614, 49615, 49616, 49617, 49618 | |
| 49657 | 49613, 49614, 49615, 49616, 49617, 49618 | |

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

| Code | Non-Facility Fee | Facility Fee | Global | Professional Component Fee | Technical Component Fee |
|---|---|---|---|---|---|
| 15778 | - | - | $ 303.37 | - | - |
| 15853 | - | - | $ 9.81 | - | - |
| 15854 | - | - | $ 13.80 | - | - |
| 22860 | - | - | I.C. | - | - |
| 30469 | $ 2,186.57 | $ 121.53 | - | - | - |
| 33900 | - | - | $ 453.86 | - | - |
| 33901 | - | - | $ 596.53 | - | - |
| 33902 | - | - | $ 576.29 | - | - |
| 33903 | - | - | $ 679.19 | - | - |
| 33904 | - | - | $ 227.94 | - | - |
| 36836 | $ 6,082.27 | $ 275.96 | - | - | - |
| 36837 | $ 8,658.22 | $ 359.38 | - | - | - |
| 43290 | $ 2,335.69 | $ 142.78 | - | - | - |
| 43291 | $ 393.14 | $ 127.24 | - | - | - |
| 49591 | - | - | $ 270.86 | - | - |
| 49592 | - | - | $ 375.93 | - | - |
| 49593 | - | - | $ 452.77 | - | - |
| 49594 | - | - | $ 588.76 | - | - |
| 49595 | - | - | $ 608.20 | - | - |
| 49596 | - | - | $ 807.26 | - | - |
| 49613 | - | - | $ 333.73 | - | - |
| 49614 | - | - | $ 451.63 | - | - |
| 49615 | - | - | $ 505.17 | - | - |
| 49616 | - | - | $ 677.58 | - | - |
| 49617 | - | - | $ 698.76 | - | - |
| 49618 | - | - | $ 977.79 | - | - |
| 49621 | - | - | $ 586.75 | - | - |
| 49622 | - | - | $ 723.60 | - | - |
| 49623 | - | - | $ 155.70 | - | - |
| 55867 | - | - | $ 831.80 | - | - |
| 69728 | - | - | $ 487.23 | - | - |
| 69729 | - | - | $ 550.67 | - | - |
| 69730 | - | - | $ 563.19 | - | - |

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

| Code | Description |
|---|---|
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use |
| 92066 | Orthoptic training; under supervision of a physician or other qualified health care professional |
| 93569 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure) |
| 93573 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure) |

| Code | Description |
|---|---|
| 93574 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure) |
| 93575 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure) |
| 95919 | Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral |
| 96202 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes |
| 96203 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service) |
| 98978 | Remote therapeutic monitoring (e.g., therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days |
| 99418 | Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service) |
| 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) |
| 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, |

| Code | Description |
|---|---|
| | 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) |
| J0134 | Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg |
| J0136 | Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg |
| J0173 | Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg |
| J0225 | Injection, vutrisiran, 1 mg |
| J0283 | Injection, amiodarone HCl (Nexterone), 30 mg |
| J0491 | Injection, anifrolumab-fnia, 1 mg |
| J0611 | Injection, calcium gluconate (WG Critical Care), per 10 ml |
| J0689 | Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg |
| J0691 | Injection, lefamulin, 1 mg |
| J0695 | Injection, ceftolozane 50 mg and tazobactam 25 mg |
| J0701 | Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg |
| J0703 | Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg |
| J0714 | Injection, ceftazidime and avibactam, 0.5 g/0.125 g |
| J0739 | Injection, cabotegravir, 1 mg |
| J0877 | Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg |
| J0879 | Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis) |
| J0891 | Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) |
| J0892 | Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) |
| J0893 | Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg |
| J0898 | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) |
| J0899 | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) |
| J1302 | Injection, sutimlimab-jome, 10 mg |
| J1306 | Injection, inclisiran, 1 mg |
| J1456 | Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg |
| J1574 | Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg |
| J1611 | Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg |
| J1643 | Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units |
| J2021 | Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg |
| J2184 | Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg |
| J2186 | Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg) |
| J2247 | Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg |
| J2251 | Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg |
| J2272 | Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg |

| Code | Description |
|---|---|
| J2281 | Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg |
| J2311 | Injection, naloxone HCl (Zimhi), 1 mg |
| J2327 | Injection, risankizumab-rzaa, intravenous, 1 mg |
| J2356 | Injection, tezepelumab-ekko, 1 mg |
| J2401 | Injection, chloroprocaine HCl, per 1 mg |
| J2402 | Injection, chloroprocaine HCl (Clorotekal), per 1 mg |
| J2724 | Injection, protein C concentrate, intravenous, human, 10 IU |
| J2777 | Injection, faricimab-svoa, 0.1 mg |
| J2779 | Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg |
| J3244 | Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg |
| J3371 | Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg |
| J3372 | Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg |
| J9046 | Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg |
| J9048 | Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg |
| J9049 | Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 mg |
| J9227 | Injection, isatuximab-irfc, 10 mg |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg |
| J9274 | Injection, tebentafusp-tebn, 1 mcg |
| J9298 | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg |
| J9304 | Injection, pemetrexed (Pemfexy), 10 mg |
| J9331 | Injection, sirolimus protein-bound particles, 1 mg |
| J9332 | Injection, efgartigimod alfa-fcab, 2 mg |
| J9393 | Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg |
| J9394 | Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg |
| Q2041 | Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q2042 | Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q2056 | Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose |
| Q4262 | Dual Layer Impax Membrane, per sq cm |
| Q4263 | SurGraft TL, per sq cm |
| Q4264 | Cocoon Membrane, per sq cm |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg |

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

| Code | Description |
|---|---|
| 99217 | Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]) |
| 99218 | Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. 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 problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. 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 problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. 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 problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99224 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. 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 patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99225 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99226 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. 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 patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. |

| Code | Description |
|---|---|
| 99241 | Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and 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, 15 minutes are spent face-to-face with the patient and/or family. |
| 99251 | Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and 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, 20 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99318 | Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. 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 patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit. |
| 99324 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and 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 of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver. |
| 99325 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. 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 of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver. |
| 99326 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. 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 of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver. |
| 99327 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. 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 of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver. |
| 99328 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. 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 patient is unstable or has developed |

| Code | Description |
|---|---|
| | a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. |
| 99334 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval 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, 15 minutes are spent with the patient and/or family or caregiver. |
| 99335 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. 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 of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver. |
| 99336 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. 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 of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver. |
| 99337 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. 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 of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver. |
| 99339 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| 99340 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| 99343 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. 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 |

| Code | Description |
|---|---|
| | patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 99354 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]) |
| 99355 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service) |
| 99356 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service) |
| 99357 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service) |
| J2400 | Injection, chloroprocaine HCl, per 30 ml |
| J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg |

**101 CMR 317.00: Medicine – Crosswalk**

| Deleted Code | Crosswalk to Newly Added Codes | Crosswalk to Existing Codes |
|---|---|---|
| 99217 | | 99238, 99239 |
| 99218 | | 99221, 99222, 99223 |
| 99219 | | 99221, 99222, 99223 |
| 99220 | | 99221, 99222, 99223 |
| 99224 | | 99231, 99232, 99233 |
| 99225 | | 99231, 99232, 99233 |
| 99226 | | 99231, 99232, 99233 |
| 99241 | | 99242 |
| 99251 | | 99252 |
| 99318 | | 99307, 99308, 99309, 99310 |
| 99324 | | 99341, 99342, 99344, 99345 |
| 99325 | | 99341, 99342, 99344, 99345 |
| 99326 | | 99341, 99342, 99344, 99345 |
| 99327 | | 99341, 99342, 99344, 99345 |
| 99328 | | 99341, 99342, 99344, 99345 |
| 99334 | | 99347, 99348, 99349, 99350 |
| 99335 | | 99347, 99348, 99349, 99350 |
| 99336 | | 99347, 99348, 99349, 99350 |
| 99337 | | 99347, 99348, 99349, 99350 |
| 99339 | 99437, 99424, 99425 | 99491 |
| 99340 | 99437, 99424, 99425 | 99491 |
| 99343 | | 99341, 99342, 99344, 99345 |
| 99354 | | 99417 |
| 99355 | | 99417 |
| 99356 | 99418 | |
| 99357 | 99418 | |

**101 CMR 317.00: Medicine Rates**

| Code | Non-Facility Fee | Facility Fee | Global | Professional Component Fee | Technical Component Fee |
|---|---|---|---|---|---|
| 90678 | - | - | I.C. | - | - |
| 92066 | - | - | $ 22.30 | - | - |
| 93569 | - | - | $ 29.87 | - | - |
| 93573 | - | - | $ 49.78 | - | - |
| 93574 | - | - | $ 54.96 | - | - |
| 93575 | - | - | $ 73.52 | - | - |
| 95919 | - | - | $ 12.77 | $ 7.90 | $ 4.87 |
| 96202 | $ 18.98 | $ 17.23 | - | - | - |
| 96203 | - | - | $ 4.86 | - | - |
| 98978 | - | - | I.C. | - | - |
| 99418 | - | - | $ 31.40 | - | - |
| 99424 | $ 65.39 | $ 58.71 | - | - | - |
| 99425 | $ 46.97 | $ 40.58 | - | - | - |
| 99437 | $ 48.43 | $ 40.29 | - | - | - |
| J0134 | - | - | I.C. | - | - |
| J0136 | - | - | I.C. | - | - |
| J0173 | - | - | I.C. | - | - |
| J0219 | - | - | I.C. | - | - |
| J0225 | - | - | I.C. | - | - |
| J0283 | - | - | I.C. | - | - |
| J0491 | - | - | I.C. | - | - |
| J0611 | - | - | I.C. | - | - |
| J0689 | - | - | I.C. | - | - |
| J0691 | - | - | I.C. | - | - |
| J0695 | - | - | I.C. | - | - |
| J0701 | - | - | I.C. | - | - |
| J0703 | - | - | I.C. | - | - |
| J0714 | - | - | I.C. | - | - |
| J0739 | - | - | I.C. | - | - |
| J0877 | - | - | I.C. | - | - |
| J0879 | - | - | I.C. | - | - |
| J0891 | - | - | I.C. | - | - |
| J0892 | - | - | I.C. | - | - |
| J0893 | - | - | I.C. | - | - |
| J0898 | - | - | I.C. | - | - |
| J0899 | - | - | I.C. | - | - |
| J1302 | - | - | I.C. | - | - |
| J1306 | - | - | I.C. | - | - |
| J1456 | - | - | I.C. | - | - |
| J1574 | - | - | I.C. | - | - |
| J1611 | - | - | I.C. | - | - |
| J1643 | - | - | I.C. | - | - |
| J2021 | - | - | I.C. | - | - |
| J2184 | - | - | I.C. | - | - |
| J2186 | - | - | I.C. | - | - |

| Code | Non-Facility Fee | Facility Fee | Global | Professional Component Fee | Technical Component Fee |
|---|---|---|---|---|---|
| J2247 | - | - | I.C. | - | - |
| J2251 | - | - | I.C. | - | - |
| J2272 | - | - | I.C. | - | - |
| J2281 | - | - | I.C. | - | - |
| J2311 | - | - | I.C. | - | - |
| J2327 | - | - | I.C. | - | - |
| J2356 | - | - | I.C. | - | - |
| J2401 | - | - | I.C. | - | - |
| J2402 | - | - | I.C. | - | - |
| J2724 | - | - | I.C. | - | - |
| J2777 | - | - | I.C. | - | - |
| J2779 | - | - | I.C. | - | - |
| J3244 | - | - | I.C. | - | - |
| J3371 | - | - | I.C. | - | - |
| J3372 | - | - | I.C. | - | - |
| J9046 | - | - | I.C. | - | - |
| J9048 | - | - | I.C. | - | - |
| J9049 | - | - | I.C. | - | - |
| J9177 | - | - | I.C. | - | - |
| J9227 | - | - | I.C. | - | - |
| J9273 | - | - | I.C. | - | - |
| J9274 | - | - | I.C. | - | - |
| J9298 | - | - | I.C. | - | - |
| J9304 | - | - | I.C. | - | - |
| J9331 | - | - | I.C. | - | - |
| J9332 | - | - | I.C. | - | - |
| J9393 | - | - | I.C. | - | - |
| J9394 | - | - | I.C. | - | - |
| J9358 | - | - | I.C. | - | - |
| Q2041 | - | - | I.C. | - | - |
| Q2042 | - | - | I.C. | - | - |
| Q2056 | - | - | I.C. | - | - |
| Q4262 | - | - | I.C. | - | - |
| Q4263 | - | - | I.C. | - | - |
| Q4264 | - | - | I.C. | - | - |
| Q5117 | - | - | I.C. | - | - |
| Q5125 | - | - | I.C. | - | - |
| Q5126 | - | - | I.C. | - | - |

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

| Added Code | Description |
|---|---|
| 76883 | Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity |

**101 CMR 318.00: Radiology Rates**

| Code | Non-Facility Fee | Facility Fee | Global | Professional Component Fee | Technical Component Fee |
|---|---|---|---|---|---|
| 76883 | - | - | $ 58.95 | $ 46.23 | $ 12.71 |