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Administrative Bulletin 25-03

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, 2025

2025 CPT/HCPCS Coding Updates

Summary

In accordance with 101 CMR 316.01(5) and (6), 101 CMR 317.01(5) and (6), and 101 CMR 318.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2025. The following tables specify the codes that have been added and deleted, 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 from deleted codes or to existing codes are set at the current payment rate of the deleted or existing codes, respectively. Rates for new codes with one-to-many crosswalks from deleted codes are calculated using the current rate-setting methodology in accordance with the regulations. 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 EOHHS. Deleted codes are not available for use for dates of service after December 31, 2024.

101 CMR 316:00: Surgery and Anesthesia – Added Codes

Code	Description
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less

Code	Description
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm

Code	Description
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed

Code	Description
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)
81515	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection
82233	Beta-amyloid; 1-40 (Abeta 40)
82234	Beta-amyloid; 1-42 (Abeta 42)
83884	Neurofilament light chain (NfL)
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each
84394	Tau, total (tTau)
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative
87513	Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique
87564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique
87594	Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)

101 CMR 316.00: Surgery and Anesthesia – Deleted Codes

Code	Description
15819	Cervicoplasty
21632	Radical resection of sternum; with mediastinal lymphadenectomy
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery

Code	Description
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
47802	U-tube hepaticoenterostomy
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
54438	Replantation, penis, complete amputation including urethral repair
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;
86327	Immunoelectrophoresis; crossed (2-dimensional assay)
86490	Skin test; coccidioidomycosis
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)

101 CMR 316.00: Surgery and Anesthesia – Crosswalk

Deleted Code	Crosswalk to Newly Added Codes
49203	49186, 49187, 49188, 49189, 49190
49204	49186, 49187, 49188, 49189, 49190
49205	49186, 49187, 49188, 49189, 49190
58957	49186, 49187, 49188, 49189, 49190

101 CMR 316.00: Surgery and Anesthesia Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
15011	-	-	I.C.	-	-
15012	-	-	I.C.	-	-
15013	-	-	I.C.	-	-
15014	-	-	I.C.	-	-
15015	-	-	I.C.	-	-
15016	-	-	I.C.	-	-
15017	-	-	I.C.	-	-
15018	-	-	I.C.	-	-
25448	-	-	\$683.01	-	-
38225	-	-	\$71.65	-	-
38226	-	-	\$28.96	-	-
38227	-	-	\$29.21	-	-
38228	\$223.22	\$132.55	-	-	-
49186	-	-	\$975.10	-	-
49187	-	-	\$1,240.47	-	-
49188	-	-	\$1,483.12	-	-
49189	-	-	\$1,723.44	-	-
49190	-	-	\$2,123.48	-	-
51721	\$421.75	\$160.15	-	-	-
53865	\$2,343.40	\$121.40	-	-	-
53866	\$108.45	\$61.10	-	-	-
55881	\$7,005.22	\$358.48	-	-	-
55882	\$7,243.80	\$441.66	-	-	-
60660	\$1,956.83	\$233.43	-	-	-
60661	\$305.78	\$160.81	-	-	-
61715	-	-	\$880.11	-	-
64466	\$94.69	\$48.15	-	-	-
64467	\$178.32	\$55.54	-	-	-
64468	\$109.47	\$53.57	-	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
64469	\$274.67	\$58.27	-	-	-
64473	\$89.59	\$43.04	-	-	-
64474	\$176.34	\$53.57	-	-	-
66683	-	-	\$588.56	-	-
81195	-	-	I.C.	-	-
81515	-	-	I.C.	-	-
81558	-	-	I.C.	-	-
82233	-	-	I.C.	-	-
82234	-	-	I.C.	-	-
83884	-	-	I.C.	-	-
84393	-	-	I.C.	-	-
84394	-	-	I.C.	-	-
86581	-	-	I.C.	-	-
87513	-	-	I.C.	-	-
87564	-	-	I.C.	-	-
87594	-	-	I.C.	-	-
87626	-	-	I.C.	-	-

101 CMR 317.00: Medicine – Added Codes

Code	Description
90593	Chikungunya virus vaccine, recombinant, for intramuscular use
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use

Code	Description
90695	Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and

Code	Description
	moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high

Code	Description
	medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
Jo139	Injection, adalimumab, 1 mg
Jo175	Injection, donanemab-azbt, 2 mg
Jo601	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
Jo602	Sevelamer carbonate (Renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)
Jo603	Sevelamer HCl (Renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
Jo605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)
Jo607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)
Jo608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to Jo607 (for ESRD on dialysis)
Jo609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)
Jo615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)
Jo666	Injection, bupivacaine liposome, 1 mg
Jo870	injection, cyclaine
Jo901	Vadadustat, oral, 1 mg (for ESRD on dialysis)
Jo911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)
J1171	Injection, hydromorphone, 0.1 mg
J1307	Injection, crovalimab-akkz, 10 mg
J1414	Injection, fidanacogene elaparovect-dzkt, per therapeutic dose
J1434	Injection, fosaprepitant (Focinvez), 1 mg
J1552	Injection, immune globulin (Alyglo), 500 mg
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg

Code	Description
J2002	Injection, lidocaine HCl in 5% dextrose, 1 mg
J2003	Injection, lidocaine HCl , 1 mg
J2004	Injection, lidocaine HCl with epinephrine, 1 mg
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg
J2267	Injection, mirikizumab-mrkz, 1 mg
J2290	injection, myochrysine, up to 50 mg
J2472	Injection, pantoprazole sodium in sodium chloride (Baxter), 40 mg
J2802	Injection, romiplostim, 1 mcg
J3247	Injection, secukinumab, IV, 1 mg
J3392	Injection, exagamglogene autotemcel, per treatment
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
J7355	Injection, travoprost, intracameral implant, 1 mcg
J7514	Mycophenolate mofetil (Myhibbin), oral suspension, 100 mg
J7601	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg
J8522	Capecitabine, oral, 50 mg
J8541	Dexamethasone (Hemady), oral, 0.25 mg
J9026	Injection, tarlatamab-dlle, 1 mg
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg
J9076	Injection, cyclophosphamide (Baxter), 5 mg
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg
J9329	Injection, tislelizumab-jsgr, 1mg
Q0155	Dronabinol (Syndros), 0.1 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0521	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription
Q4346	Shelter DM Matrix, per sq cm
Q4347	Rampart DL Matrix, per sq cm
Q4348	Sentry SL Matrix, per sq cm
Q4349	Mantle DL Matrix, per sq cm
Q4350	Palisade DM Matrix, per sq cm

Code	Description
Q4351	Enclose TL Matrix, per sq cm
Q4352	Overlay SL Matrix, per sq cm
Q4353	Xceed TL Matrix, per sq cm
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg

101 CMR 317.00: Medicine – Deleted Codes

Code	Description
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an

Code	Description
	established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
J0135	Injection, adalimumab, 20 mg
J0172	Injection, aducanumab-avwa, 2 mg
J0570	Buprenorphine implant, 74.2 mg
J9057	Injection, copanlisib, 1 mg
J9259	Injection, paclitaxel protein-bound particles (American Regent), not therapeutically equivalent to J9264, 1 mg
J9371	Injection, vincristine sulfate liposome, 1 mg
Q0516	Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 30-days
Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 60-days
Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis (PrEP) FDA-approved prescription oral drug, per 90-days
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg

101 CMR 317.00: Medicine – Crosswalk

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
90630	90662, 90686, 90688	90653, 90655, 90656, 90657, 90658, 90660, 90661, 90664, 90666, 90667, 90668, 90672, 90673, 90674, 90682, 90685, 90687, 90689, 90694, 90756
90654	90662, 90686, 90688	90653, 90655, 90656, 90657, 90658, 90660, 90661, 90664, 90666, 90667, 90668, 90672,

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
		90673, 90674, 90682, 90685, 90687, 90689, 90694, 90756
93890	93896	
96040	96041	
99441	98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016	
99442	98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016	
99443	98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016	

101 CMR 317.00: Medicine Rates

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
90593	-	-	I.C.	-	-
90611	-	-	I.C.	-	-
90662	-	-	I.C.	-	-
90684	-	-	I.C.	-	-
90686	-	-	I.C.	-	-
90688	-	-	I.C.	-	-
90695	-	-	I.C.	-	-
92137	-	-	\$45.43	\$26.24	\$19.19
93896	-	-	\$220.00	\$37.07	\$182.93
93897	-	-	\$177.83	\$27.43	\$150.39
93898	-	-	\$186.10	\$32.17	\$153.94
96041	-	-	\$38.83	-	-
98000	\$38.66	\$33.58	-	-	-
98001	\$63.50	\$57.88	-	-	-

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Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
98002	\$101.13	\$93.90	-	-	-
98003	\$133.98	\$126.22	-	-	-
98004	\$29.91	\$25.10	-	-	-
98005	\$52.10	\$46.75	-	-	-
98006	\$76.72	\$69.49	-	-	-
98007	\$101.66	\$93.90	-	-	-
98008	\$36.66	\$32.11	-	-	-
98009	\$60.54	\$55.72	-	-	-
98010	\$94.06	\$87.64	-	-	-
98011	\$122.31	\$115.36	-	-	-
98012	\$27.35	\$23.61	-	-	-
98013	\$47.59	\$43.04	-	-	-
98014	\$69.43	\$63.54	-	-	-
98015	\$100.86	\$93.90	-	-	-
98016	\$12.26	\$11.19	-	-	-
J0139	-	-	I.C.	-	-
J0175	-	-	I.C.	-	-
J0601	-	-	I.C.	-	-
J0602	-	-	I.C.	-	-
J0603	-	-	I.C.	-	-
J0605	-	-	I.C.	-	-
J0607	-	-	I.C.	-	-
J0608	-	-	I.C.	-	-
J0609	-	-	I.C.	-	-
J0615	-	-	I.C.	-	-
J0666	-	-	I.C.	-	-
J0870	-	-	I.C.	-	-
J0901	-	-	I.C.	-	-
J0911	-	-	I.C.	-	-
J1171	-	-	I.C.	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
J1307	-	-	I.C.	-	-
J1414	-	-	I.C.	-	-
J1434	-	-	I.C.	-	-
J1552	-	-	I.C.	-	-
J1597	-	-	I.C.	-	-
J1748	-	-	I.C.	-	-
J2002	-	-	I.C.	-	-
J2003	-	-	I.C.	-	-
J2004	-	-	I.C.	-	-
J2252	-	-	I.C.	-	-
J2267	-	-	I.C.	-	-
J2290	-	-	I.C.	-	-
J2472	-	-	I.C.	-	-
J2802	-	-	I.C.	-	-
J3247	-	-	I.C.	-	-
J3392	-	-	I.C.	-	-
J7171	-	-	I.C.	-	-
J7355	-	-	I.C.	-	-
J7514	-	-	I.C.	-	-
J7601	-	-	I.C.	-	-
J8522	-	-	I.C.	-	-
J8541	-	-	I.C.	-	-
J9026	-	-	I.C.	-	-
J9028	-	-	I.C.	-	-
J9076	-	-	I.C.	-	-
J9292	-	-	I.C.	-	-
J9329	-	-	I.C.	-	-
Q0155	-	-	I.C.	-	-
Q0521	-	-	I.C.	-	-
Q4346	-	-	I.C.	-	-

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
Q4347	-	-	I.C.	-	-
Q4348	-	-	I.C.	-	-
Q4349	-	-	I.C.	-	-
Q4350	-	-	I.C.	-	-
Q4351	-	-	I.C.	-	-
Q4352	-	-	I.C.	-	-
Q4353	-	-	I.C.	-	-
Q5133	-	-	I.C.	-	-
Q5135	-	-	I.C.	-	-
Q5139	-	-	I.C.	-	-
Q5140	-	-	I.C.	-	-
Q5141	-	-	I.C.	-	-
Q5142	-	-	I.C.	-	-
Q5143	-	-	I.C.	-	-
Q5144	-	-	I.C.	-	-
Q5145	-	-	I.C.	-	-
Q5146	-	-	I.C.	-	-
Q9996	-	-	I.C.	-	-
Q9997	-	-	I.C.	-	-
Q9998	-	-	I.C.	-	-

101 CMR 318.00: Radiology – Added Codes

Code	Description
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of

	prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report

101 CMR 318.00: Radiology Rates

Code	Non-Facility Fee	Facility Fee		Global	Professional Component Fee	Technical Component Fee
76014	-	-		\$8.76	-	-
76015	-	-		\$42.19	-	-
76016	-	-		\$57.10	\$20.85	\$36.24
76017	-	-		\$179.09	\$26.12	\$152.53
76018	-	-		\$90.25	\$26.12	\$64.13
76019	-	-		\$118.55	\$20.45	\$98.10