# 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318.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2025.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 |
| 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 |
| 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 |
| 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 |
| 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  |  -  |  -  |  -  |
| 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 |
| 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 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 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. |
| J0139 | Injection, adalimumab, 1 mg |
| J0175 | Injection, donanemab-azbt, 2 mg |
| J0601 | Sevelamer carbonate (Renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis) |
| J0602 | Sevelamer carbonate (Renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis) |
| J0603 | Sevelamer HCl (Renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis) |
| J0605 | Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis) |
| J0607 | Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis) |
| J0608 | Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis) |
| J0609 | Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis) |
| J0615 | Calcium acetate, oral, 23 mg (for ESRD on dialysis) |
| J0666 | Injection, bupivacaine liposome, 1 mg |
| J0870 | injection, cyclaine |
| J0901 | Vadadustat, oral, 1 mg (for ESRD on dialysis) |
| J0911 | 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 elaparvovec-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 |
| 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 |
| 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 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, 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  |  -  |  -  |  -  |
| 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.  |  -  |  -  |
| 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.  |  -  |  -  |
| 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 |