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## **Administrative Bulletin 26-09**

### **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, 2026

### **2026 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318.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2026. 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, 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. 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 (IC). Rates in this administrative bulletin are applicable until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2025.

**101 CMR 316:00: Surgery and Anesthesia—Added Codes**

<b>Code</b>	<b>Description</b>
27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation
35602	Bypass graft, with other than vein; carotid-contralateral carotid
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)

<b>Code</b>	<b>Description</b>
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (list separately in addition to code for primary procedure)
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

<b>Code</b>	<b>Description</b>
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

<b>Code</b>	<b>Description</b>
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

<b>Code</b>	<b>Description</b>
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (list separately in addition to code for primary procedure)
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)

<b>Code</b>	<b>Description</b>
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)

<b>Code</b>	<b>Description</b>
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)

Code	Description
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (list separately in addition to code for primary procedure)
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (list separately in addition to code for primary procedure)
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed
47384	Ablation, irreversible electroporation, liver, one or more tumors, including imaging guidance, percutaneous

Code	Description
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed
55707	Biopsy, prostate, transrectal, ultrasound-guided (i.e., sextant, ultrasound-localized discrete lesion[s])
55708	Biopsy, prostate, transrectal, ultrasound-guided (i.e., sextant) with MRI-fusion-guidance, first targeted lesion
55709	Biopsy, prostate, transperineal, ultrasound-guided (i.e., sextant, ultrasound-localized discrete lesion[s])
55710	Biopsy, prostate, transperineal, ultrasound-guided (i.e., sextant) with MRI-fusion-guidance biopsy, first targeted lesion
55711	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55713	Biopsy, prostate, in-bore CT- or MRI-guided (i.e., sextant), with biopsy of additional targeted lesion(s), first targeted lesion
55714	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
55715	Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (list separately in addition to code for primary procedure)
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55877	Ablation, irreversible electroporation, prostate, one or more tumors, including imaging guidance, percutaneous

<b>Code</b>	<b>Description</b>
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (i.e., CT or fluoroscopy), bilateral; one interspace, lumbar
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (i.e., CT or fluoroscopy), bilateral; additional interspace(s), lumbar (list separately in addition to code for primary procedure)
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, one interspace, lumbar (list separately in addition to code for primary procedure)
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunneling, connection to a pulse generator placed in a distant subcutaneous pocket (i.e., total system), and intraoperative interrogation and programming
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance

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

<b>Code</b>	<b>Description</b>
27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer

Code	Description
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

Code	Description
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
55700	Biopsy, prostate; needle or punch, single or multiple, any approach

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

<b>Deleted Code</b>	<b>Crosswalk to Newly Added Codes</b>	<b>Crosswalk to Existing Codes</b>
27445		27447, 27487
33884		33883
33889		35694
33891	35602	
37220	37254, 37256	
37221	37258, 37260	
37222	37255, 37257	
37223	37259, 37261	
37224	37263, 37265	
37225	37271, 37273	
37226	37267, 37269	
37227	37275, 37277	
37228	37280, 37282	
37229	37288, 37290	
37230	37284, 37286	
37231	37292, 37294	
37232	37281, 37283	
37233	37289, 37291	
37234	37285, 37287	
37235	37293, 37295	
55700	55707, 55708, 55709, 55710, 55711, 55712, 55714	55705

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

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
27458			\$1,285.67		
27713			\$1,300.20		
33882			\$1,272.60		
35602			\$671.01		
37254	\$1,624.95	\$239.74			
37255	\$395.26	\$96.87			
37256	\$1,897.22	\$351.24			
37257	\$447.03	\$125.22			
37258	\$2,807.40	\$286.13			
37259	\$946.21	\$129.03			
37260	\$6,678.09	\$413.50			
37261	\$2,664.79	\$137.12			
37262	\$2,708.58	\$97.60			
37263	\$4,301.20	\$254.17			
37264	\$1,729.97	\$97.21			
37265	\$5,406.00	\$343.48			
37266	\$1,931.68	\$129.36			
37267	\$4,120.74	\$286.39			
37268	\$2,665.62	\$120.92			
37269	\$9,157.87	\$480.87			
37270	\$2,769.04	\$162.32			

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
37271	\$8,391.66	\$294.41			
37272	\$1,849.16	\$129.63			
37273	\$10,504.18	\$411.90			
37274	\$1,962.78	\$178.30			
37275	\$8,154.33	\$358.13			
37276	\$2,742.38	\$137.25			
37277	\$12,243.35	\$486.89			
37278	\$3,067.65	\$193.41			
37279	\$3,683.42	\$130.43			
37280	\$2,113.63	\$319.30			
37281	\$576.07	\$96.14			
37282	\$4,816.60	\$400.11			
37283	\$672.26	\$136.70			
37284	\$4,453.32	\$329.90			
37285	\$2,211.59	\$109.02			
37286	\$8,217.48	\$442.57			
37287	\$3,921.61	\$163.92			
37288	\$6,168.32	\$436.36			
37289	\$717.54	\$153.76			
37290	\$8,429.46	\$549.14			
37291	\$834.05	\$209.59			
37292	\$8,106.68	\$487.22			

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
37293	\$2,775.12	\$214.45			
37294	\$12,057.46	\$583.96			
37295	\$4,756.71	\$270.21			
37296	\$2,377.25	\$357.73			
37297	\$645.82	\$128.37			
37298	\$2,668.78	\$441.90			
37299	\$697.74	\$159.79			
43889			\$532.15		
47384			\$309.44		
52443	\$4,697.82	\$126.15			
52597			\$405.24		
55707	\$264.60	\$100.36			
55708	\$324.11	\$124.74			
55709	\$453.90	\$119.84			
55710	\$508.36	\$138.37			
55711	\$284.60	\$99.87			
55712	\$474.22	\$116.21			
55713	\$597.24	\$135.68			
55714	\$583.45	\$123.49			
55715	\$61.39	\$34.24			
55868			\$812.80		
55869			\$973.63		

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
55877			\$493.96		
62330			\$359.25		
62331			\$138.57		
63032			\$97.73		
64567	\$984.16	\$48.53			
64654			\$402.59		
64655			\$470.85		
64656			\$309.28		
64657			\$456.21		
64658			\$344.11		
64659			\$319.50		
64728	\$1,063.45	\$90.02			

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

<b>Code</b>	<b>Description</b>
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use
90480	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (list separately in addition to code for primary procedure)
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes

Code	Description
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use
90631	Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
91124	Rectal sensation, tone, and compliance study (e.g., barostat)
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed
92288	Screening dark adaptation measurement (e.g., rod recovery intercept time), with interpretation and report
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes
92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (list separately in addition to code for primary procedure)
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (list separately in addition to code for primary procedure)
92642	Hearing assistive device, supplemental technology fitting services (e.g., personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)
92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch

Code	Description
92945	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
97008	Mechanical scalp cooling, including hair preparation, individual cap placement, therapy initiation, and precooling period
97009	Mechanical scalp cooling, provided after discontinuation of chemotherapy, each 30 minutes (list separately in addition to code for primary procedure)
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes
98984	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2–15 days in a 30-day period
98985	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2–15 days in a 30-day period
98986	Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2–15 days in a 30-day period
99445	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2–15 days in a 30-day period

<b>Code</b>	<b>Description</b>
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring one real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes
J0172	Injection, aducanumab-avwa, 2 mg
J0287	Injection, amphotericin B lipid complex, 10 mg
J0681	Injection, ceftobiprole medocaril sodium, 3 mg
J1742	Injection, ibutilide fumarate, 1 mg
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg
J3389	Topical administration, prademagene zamikeracel, per treatment
J8565	Gefitinib, oral, 250 mg
J9184	Injection, gemcitabine HCl (Avyxa), 200 mg
J9282	Mitomycin, intravesical instillation, 1 mg
Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen
Q0180	Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen
Q4101	Apligraf, per sq cm (add-on, list separately in addition to primary procedure)
Q4102	Oasis wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4103	Oasis burn matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm (add-on, list separately in addition to primary procedure)
Q4107	GRAFTJACKET, per sq cm (add-on, list separately in addition to primary procedure)
Q4108	Integra matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4110	PriMatrix, per sq cm (add-on, list separately in addition to primary procedure)

<b>Code</b>	<b>Description</b>
Q4121	TheraSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4132	Grafix Core and GrafixPL Core, per sq cm (add-on, list separately in addition to primary procedure)
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm (add-on, list separately in addition to primary procedure)
Q4151	AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)
Q4159	Affinity, per sq cm (add-on, list separately in addition to primary procedure)
Q4161	bio-ConneKt wound matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4163	WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)
Q4164	Helicoll, per sq cm (add-on, list separately in addition to primary procedure)
Q4196	PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)
Q4186	Epifix, per sq cm (add-on, list separately in addition to primary procedure)
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)
Q4199	Cygnus matrix, per sq cm (add-on, list separately in addition to primary procedure)
Q4252	Vendaje, per sq cm (add-on, list separately in addition to primary procedure)
Q4253	Zenith Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)

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

<b>Code</b>	<b>Description</b>
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use

<b>Code</b>	<b>Description</b>
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
91120	Rectal sensation, tone, and compliance test (i.e., response to graded balloon distention)
91122	Anorectal manometry
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

Code	Description
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	Thrombolysis, coronary; by intravenous infusion
94662	Continuous negative pressure ventilation (CNP), initiation and management
0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose

<b>Code</b>	<b>Description</b>
0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose
0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose
0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose
0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose
0174A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose
Jo175	Injection, donanemab-azbt, 2 mg
Jo215	Injection, alefacept, 0.5 mg
Jo666	Injection, bupivacaine liposome, 1 mg
Jo715	Injection, ceftizoxime sodium, per 500 mg
Jo870	Injection, cyclaine
Jo889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)
Jo901	Vadadustat, oral, 1 mg (for ESRD on dialysis)

<b>Code</b>	<b>Description</b>
J1171	Injection, hydromorphone, 0.1 mg
J1307	Injection, crovalimab-akkz, 10 mg
J1434	Injection, fosaprepitant (Focinvez), 1 mg
J1552	Injection, immune globulin (Alyglo), 500 mg
J1562	Injection, immune globulin (Vivaglobin), 100 mg
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg
J1655	Injection, tinzaparin sodium, 1000 IU
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J2002	Injection, lidocaine HCl in 5% dextrose, 1 mg
J2267	Injection, mirikizumab-mrkz, 1 mg
J2290	Injection, myochrysine, up to 50 mg
J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg
J2802	Injection, romiplostim, 1 mcg
J2910	Injection, aurothioglucose, up to 50 mg
J2940	Injection, somatrem, 1 mg
J3247	Injection, secukinumab, IV, 1 mg
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7310	Ganciclovir, 4.5 mg, long-acting implant
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

<b>Code</b>	<b>Description</b>
J8562	Fludarabine phosphate, oral, 10 mg
J9020	Injection, asparaginase, not otherwise specified, 10,000 units
J9026	Injection, tarlatamab-dlle, 1 mg
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg
J9076	Injection, cyclophosphamide (Baxter), 5 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
J9292	Injection, pemetrexed (Avyxa), not therapeutically equivalent to J9305, 10 mg
J9329	Injection, tislelizumab-jsgr, 1mg
J9382	Injection, zenocutuzumab-zbco, 1 mg
Q2017	Injection, teniposide, 50 mg
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Q5146	Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (Selarsdi), 1 mg
Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg
S0013	Esketamine, nasal spray, 1 mg

**101 CMR 317.00: Medicine—Crosswalk**

<b>Deleted Code</b>	<b>Crosswalk to Newly Added Codes</b>	<b>Crosswalk to Existing Codes</b>
91120	91124	
91122	91125	
92921		92920
92925		92924
92929	92930	92928
92934		92933
92938		92937
92975		93799
92977		93799
0121A	90480	
0141A	90480	
0142A	90480	
0151A	90480	
0171A	90480	
0172A	90480	
0173A	90480	
0174A	90480	

**101 CMR 317.00: Medicine Rates**

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
90382			IC		
90480	\$18.23	\$7.58			
90481			IC		
90482	\$11.04	\$7.84			
90483	\$21.23	\$16.18			
90484	\$30.92	\$24.27			
90624			IC		
90631			IC		
90670			IC		
90679			IC		
91124			\$407.76	\$35.26	\$372.50
91125			\$215.28	\$64.35	\$150.93
92288			\$18.45	\$37.07	
92634			IC		
92635			IC		
92638			IC		
92642			IC		
92930			\$370.02		
92945			\$462.69		
93145	\$41.86	\$20.30			
93146	\$63.59	\$28.72			

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
97007			\$1,352.00		
97008			\$7.92		
97009			\$5.06		
98979	\$20.26	\$8.29			
98984			\$37.73		
98985			\$31.88		
98986			IC		
99445			\$37.73		
99470	\$19.93	\$9.82			
J0172			IC		
J0287			IC		
J0681			IC		
J1742			IC		
J2545			IC		
J3389			IC		
J8565			IC		
J9184			IC		
J9282			IC		
Q0161			IC		
Q0180			IC		
Q4101			IC		
Q4102			IC		

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
Q4103			IC		
Q4104			IC		
Q4107			IC		
Q4108			IC		
Q4110			IC		
Q4121			IC		
Q4132			IC		
Q4133			IC		
Q4151			IC		
Q4159			IC		
Q4161			IC		
Q4163			IC		
Q4164			IC		
Q4196			IC		
Q4186			IC		
Q4187			IC		
Q4199			IC		
Q4252			IC		
Q4253			IC		

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

<b>Code</b>	<b>Description</b>
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (list separately in addition to code for primary procedure)
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (e.g., electronic brachytherapy)
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (list separately in addition to code for primary procedure)

**101 CMR 318.00: Radiology—Deleted Codes**

<b>Code</b>	<b>Description</b>
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75956	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

Code	Description
75957	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
77014	Computed tomography guidance for placement of radiation therapy fields
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day

**101 CMR 318.00: Radiology—Crosswalk**

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
77014		77387
77385		77402, 77407, 77412
77386		77402, 77407, 77412
77401	77436, 77437, 77438, 77439	

**101 CMR 318.00: Radiology Rates**

<b>Code</b>	<b>Non-Facility Fee</b>	<b>Facility Fee</b>	<b>Global</b>	<b>Professional Component Fee</b>	<b>Technical Component Fee</b>
70471			\$293.70	\$87.61	\$206.09
70472			\$122.44	\$26.95	\$95.49
70473			\$189.60	\$35.15	\$154.45
75577			\$811.47	\$30.83	\$780.65
77436			\$61.89	\$31.34	\$30.54
77437			\$94.69		
77438			\$95.76		
77439			\$12.10		