



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 One Ashburton Place, Room 1109  
 Boston, Massachusetts 02108

CHARLES D. BAKER  
 Governor

KARYN E. POLITO  
 Lieutenant Governor

MARYLOU SUDDERS  
 Secretary

Tel: (617) 573-1600  
 Fax: (617) 573-1891  
[www.mass.gov/eohhs](http://www.mass.gov/eohhs)

**Administrative Bulletin 18-04**

**101 CMR 316.00: Surgery and Anesthesia**

**101 CMR 317.00: Medicine**

**101 CMR 318.00: Radiology**

Effective January 1, 2018

**CPT/HCPCS 2018 Coding Updates**

In accordance with 101 CMR 316.01(4), 101 CMR 317.01(4), and 101 CMR 318.01(4), the following coding changes are effective January 1, 2018. The following lists specify those codes that have been added and codes that have been deleted, with crosswalks to new codes that replace corresponding deleted codes. Rates for entirely new codes with relative value units (RVUs) are calculated using the current EOHHS conversion factor and rate methodology. Rates for new codes with one-to-one crosswalks to deleted codes are set at the current payment rate of the deleted codes. For codes with multiple crosswalks, rates for the 2018 additions are calculated according to the rate methodology used in setting physician rates. All other codes in this bulletin that require pricing are reimbursed by individual consideration (I.C.). Rates listed in this administrative bulletin are applicable until revised rates are issued by the Executive Office of Health and Human Services. Deleted codes are not available for use for dates of service after December 31, 2017.

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

<b>Added Code</b>	<b>Description</b>
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, not otherwise specified
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum, endoscopic retrograde cholangiopancreatography (ERCP)
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, not otherwise specified
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum, screening colonoscopy
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vacular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)



Added Code	Description
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
31253	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31257	Nasal/sinus endoscopy, surgical; with maxillary antrostomy, total (anterior and posterior), including sphenoidotomy
31259	Nasal/sinus endoscopy, surgical; with maxillary antrostomy, total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (e.g., balloon dilation)
32994	Cryoablation
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33928	Removal and replacement of total replacement heart system (artificial heart)
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation, for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

<b>Added Code</b>	<b>Description</b>
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting when performed, unilateral, for rupture including aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, per vessel treated (List separately in addition to code for primary procedure)
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, initial vessel treated
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting when performed, each additional vessel treated (List separately in addition to code for primary procedure)
34712	Transcatheter delivery of enhanced fixation devices(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
34714	Open femoral artery exposure with creation of conduit for the delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein accessory saphenous vein)

<b>Added Code</b>	<b>Description</b>
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent extremity truncal veins (eg, great saphenous vein accessory saphenous vein) same leg
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (Liste separately in addition to code for primary procedure)
38222	Bone marrow; biopsy(s) and aspiration(s)
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagectomy (ie, laparoscopic transhiatal esophagectomy)
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastronomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastronomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)

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

<b>Deleted Code</b>	<b>Description</b>
00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
01180	Anesthesia for obturator neurectomy; extrapelvic
01190	Anesthesia for obturator neurectomy; intrapelvic
01682	Anesthesia for shoulder cast application, removal or repair; shoulder spica
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed
29583	Application of multi-layer compression system; upper arm and forearm

<b>Deleted Code</b>	<b>Description</b>
31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis
36120	Introduction of needle or intracatheter; retrograde brachial artery
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular
69820	Fenestration semicircular canal
69840	Revision fenestration operation

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

<b>Deleted Codes</b>	<b>Replacement Codes</b>
15732	15733
34800	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34802	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34803	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34804	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34805	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34806	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708
34825	34709, 34710, 34711
34826	34709, 34710, 34711

### 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>
15730	\$1,215.36	\$711.45	-	-	-
15733	\$960.54	\$832.01	-	-	-

<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>
19294	-	-	\$125.31	-	-
20939	-	-	\$51.74	-	-
31241	-	-	\$341.46	-	-
31253	-	-	\$382.73	-	-
31257	-	-	\$340.74	-	-
31259	-	-	\$361.22	-	-
31298	\$3,094.09	\$195.34	-	-	-
32994	\$4,929.56	\$372.61	-	-	-
33927	-	-	\$1,950.91	-	-
33928	-	-	I.C.	-	-
33929	-	-	I.C.	-	-
34701	-	-	\$944.80	-	-
34702	-	-	\$1,410.10	-	-
34703	-	-	\$1,064.45	-	-
34704	-	-	\$1,768.67	-	-
34705	-	-	\$1,172.28	-	-
34706	-	-	\$1,763.23	-	-
34707	-	-	\$880.59	-	-
34708	-	-	\$1,415.69	-	-
34709	-	-	\$247.28	-	-
34710	-	-	\$616.06	-	-
34711	-	-	\$228.29	-	-
34712	-	-	\$529.00	-	-
34713	-	-	\$98.89	-	-
34714	-	-	\$207.61	-	-
34715	-	-	\$231.67	-	-
34716	-	-	\$288.29	-	-
36465	\$1,269.43	\$91.38	-	-	-
36466	\$1,324.78	\$116.20	-	-	-
36482	\$1,688.76	\$135.47	-	-	-
36483	\$110.59	\$67.61	-	-	-
38222	\$133.21	\$59.69	-	-	-
38573	-	-	\$895.83	-	-
43286	-	-	\$2,424.55	-	-
43287	-	-	\$2,767.73	-	-
43288	-	-	\$2,887.14	-	-
55874	\$2,974.76	\$128.04	-	-	-
58575	-	-	\$1,429.20	-	-
64912	-	-	\$601.23	-	-
64913	-	-	\$120.37	-	-

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

<b>Added Code</b>	<b>Anesthesia Units</b>
00731	5
00732	5
00811	5
00812	5
00813	5

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

<b>Added Code</b>	<b>Description</b>
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
90756	Influenza virus vaccine, quadrivalent(ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular use
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
95249	Patient provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), and /or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
99483	Assessment and of care planning for a patient with cognitive impairment, requiring an independent historian, in office or other outpatient, home or domiciliary or rest home, with the following required elements: cognition-focused evaluation including a pertinent history and examination; medical decision making of moderate or high complexity; functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; use of standardized

Added Code	Description
	instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); medication reconciliation and review for high-risk medications; evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); evaluation of safety (eg, home), including motor vehicle operations; identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; development, updating or revision, or review of an Advance Care Plan; creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment of follow-up monitoring, including the use of applicable validated ratings scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and /or psychiatric consultation; and continuity of care with a designated member of the care team.
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and /or other treatment goals and are prepared for discharge from active treatment.
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)
J0565	Buprenorphine implant, 74.2 mg
J0604	Injection, leucovorin calcium, per 50 mg
J1428	Injection, eteplirsen, 10 mg
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg

<b>Added Code</b>	<b>Description</b>
J2326	Injection, nusinersen, 0.1 mg
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg
Q2028	Injection, sculptra, 0.5 mg

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

<b>Deleted Code</b>	<b>Description</b>
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
94620	Pulmonary stress test/simple
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)
J1725	Injection, hydroxyprogesterone caproate, 1 mg
J9300	Injection, gemtuzumab ozogamicin, 5 mg

**101 CMR 317.00: Medicine – Crosswalk**

<b>Deleted Codes</b>	<b>Replacement Codes</b>
97762	97763

**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>
90587	-	-	I.C.	-	-
90682	-	-	I.C.	-	-
90750	-	-	I.C.	-	-
90756	-	-	I.C.	-	-
93792	-	-	\$43.23	-	-
93793	-	-	\$9.16	-	-
94617	-	-	\$74.57	\$25.12	\$49.45
94618	-	-	\$26.22	\$17.18	\$9.03

Code	Non-Facility Fee	Facility Fee	Global	Professional Component Fee	Technical Component Fee
95249	-	-	\$44.07	-	-
96573	-	-	\$150.64	-	-
96574	-	-	\$193.15	-	-
97127	-	-	I.C.	-	-
97763	-	-	\$36.87	-	-
99483	\$181.35	\$131.87	-	-	-
99484	\$36.63	\$24.19	-	-	-
99492	\$122.38	\$66.67	-	-	-
99493	\$97.36	\$60.32	-	-	-
99494	\$50.24	\$32.15	-	-	-
J0565	-	-	I.C.	-	-
J0604	-	-	I.C.	-	-
J1428	-	-	I.C.	-	-
J1726	-	-	I.C.	-	-
J2326	-	-	I.C.	-	-
J7210	-	-	I.C.	-	-
J7211	-	-	I.C.	-	-
J7296	-	-	I.C.	-	-
J7345	-	-	I.C.	-	-
Q2028	-	-	I.C.	-	-

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

Added Code	Description
71045	Radiologic examination, chest, single view
71046	Radiologic examination, chest, 2 views
71047	Radiologic examination, chest, 3 views
71048	Radiologic examination, chest, 4 or more views
74018	Radiologic examination, abdomen; 1 view
74019	Radiologic examination, abdomen; 2 views
74021	Radiologic examination, abdomen; 3 or more views

#### 101 CMR 318.00: Radiology – Deleted Codes

Deleted Code	Description
71010	Radiologic examination, chest; single view, frontal
71015	Radiologic examination, chest; stereo, frontal
71020	Radiologic examination, chest, 2 views, frontal and lateral;
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure
71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections
71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy
71030	Radiologic examination, chest, complete, minimum of 4 views;
71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy

<b>Deleted Code</b>	<b>Description</b>
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
74000	Radiologic examination, abdomen; single anteroposterior view
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views
75658	Angiography, brachial, retrograde, radiological supervision and interpretation
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization

**101 CMR 318.00: Radiology – Crosswalk**

<b>Deleted Codes</b>	<b>Replacement Codes</b>
71010, 71015	71045
71020, 71023, 71035	71046
71021, 71022, 71035	71047
71022, 71030, 71034, 71035	71048
74000	74018
74010, 74020	74019
74010, 74020	74021

**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>
71045	-	-	\$15.37	\$6.90	\$8.47
71046	-	-	\$23.75	\$8.22	\$15.54
71047	-	-	\$30.42	\$10.64	\$19.78
71048	-	-	\$32.58	\$12.24	\$20.34
74018	-	-	\$17.83	\$6.73	\$11.10
74019	-	-	\$25.99	\$8.76	\$17.23
74021	-	-	\$30.40	\$10.34	\$20.06