

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             |               | Medicaid        |  |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|--|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |  |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |  |

**Office Visit, Initial, New Patient**

|   |       |          |          |          |          |          |          |          |          |
|---|-------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>LEVEL 1:</b> Problem focused history & examination with straightforward medical decision for a new patient (or not seen in last 3 years) approx. <b>10 minutes</b> | 99201 | \$26.31  | \$44.97  | \$27.37  | \$47.15  | \$28.45  | \$50.05  | \$29.02  | \$50.24  |
| <b>LEVEL 2:</b> Expanded problem focused history & examination with straightforward medical decision approx. <b>20 minutes</b>  | 99202 | \$49.83  | \$76.24  | \$51.79  | \$79.78  | \$53.82  | \$84.39  | \$54.93  | \$84.95  |
| <b>LEVEL 3:</b> Detailed history & examination requiring low complexity medical decision approx. <b>30 minutes</b>  | 99203 | \$76.43  | \$110.59 | \$79.62  | \$115.83 | \$82.56  | \$122.09 | \$83.81  | \$122.75 |
| <b>LEVEL 4:</b> Comprehensive history & exam ination requiring moderately complex medical decision approx. <b>45 minutes</b>  | 99204 | \$130.40 | \$168.07 | \$135.77 | \$175.71 | \$140.81 | \$184.43 | \$143.40 | \$186.65 |
| <b>LEVEL 5:</b> Comprehensive history & exam ination requiring highly complex medical decision approx. <b>60 minutes</b>  | 99205 | \$167.41 | \$207.90 | \$174.10 | \$217.02 | \$180.58 | \$227.45 | \$184.07 | \$230.52 |

**Office Visit, Established Patient**

|   |       |               |               |               |               |               |               |          |          |
|---|-------|---------------|---------------|---------------|---------------|---------------|---------------|----------|----------|
| <b>LEVEL 1:</b> Eval/management, may not require presence of MD - problems usually minimal          | 99211 | \$8.99        | \$20.96       | \$9.31        | \$22.00       | \$9.66        | \$23.52       | \$9.88   | \$23.49  |
| <b>LEVEL 2:</b> Problem focused history and examination with straightforward medical decision       | 99212 | \$24.90       | \$44.97       | \$25.88       | \$47.15       | \$26.82       | \$50.05       | \$27.42  | \$50.24  |
| <b>LEVEL 3:</b> Expanded problem focused history & examination with low complexity medical decision | 99213 | \$50.51       | \$74.45       | \$52.44       | \$77.82       | \$54.43       | \$82.15       | \$55.61  | \$82.43  |
| <b>LEVEL 4:</b> Detailed history & exam- ination requiring moderately complex medical decision      | 99214 | \$77.84       | \$109.18      | \$80.78       | \$113.99      | \$83.87       | \$120.15      | \$85.70  | \$120.92 |
| <b>LEVEL 5:</b> Comprehensive history & examination requiring highly complex medical decision       | 99215 | \$109.68      | \$145.95      | \$113.81      | \$152.25      | \$118.19      | \$160.17      | \$120.73 | \$161.97 |
| Problem focused history & examination with straightforward medical decision                         | 99241 | Not in Part B | \$36.16  | \$52.97  |
| Expanded problem focused history & examination with straightforward medical decision                | 99242 | Not in Part B | \$75.74  | \$99.36  |
| Detailed history & examination requiring low complexity medical decision                            | 99243 | Not in Part B | \$105.39 | \$135.41 |
| Comprehensive history & examination requiring moderately complex medical decision                   | 99244 | Not in Part B | \$166.51 | \$199.34 |
| Comprehensive history & examination requiring highly complex medical decision                       | 99245 | Not in Part B | \$206.75 | \$243.58 |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure   | CPT Code | Medicare ®  |                 |             |                 |             |                 |             |               | Medicaid        |         |
|--|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|---------|
|  |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |         |
|  |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |         |
| <b>Initial Inpatient Consultations</b>   |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Initial inpatient consultation (focused)   | 99251    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$52.72         | \$52.72 |
| Initial inpatient consultation (expanded)  | 99252    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$81.28         | N/A     |
| Initial inpatient consultation (detailed)  | 99253    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$123.87        | N/A     |
| Initial inpatient consultation (comprehensive-moderate)  | 99254    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$178.53        | N/A     |
| Initial inpatient consultation (comprehensive - high)  | 99255    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$222.49        | N/A     |
| <b>Initial Hospital Care</b>   |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Initial hospital care, per day, for the evaluation and management of a patient which requires detailed H&P - Low | 99221    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$110.87        | N/A     |
| ...comprehensive H&P - Moderate  | 99222    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$150.49        | N/A     |
| ...comprehensive H&P - High  | 99223    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$221.30        | N/A     |
| <b>Subsequent Hospital Care</b>  |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Subsequent care - Focused - Low  | 99231    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$42.61         | N/A     |
| ... care - Expanded - Moderate complexity  | 99232    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$78.40         | N/A     |
| ... care - Detailed - High complexity  | 99233    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$113.05        | N/A     |
| <b>Hospital Discharge Services</b>   |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Discharge day management 30 minutes or less  | 99238    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$79.53         | N/A     |
| Discharge day management more than 30 minutes  | 99239    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   |               | \$117.34        | N/A     |
| <b>Emergency Department Services</b>   |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Emergency department visit - focused   | 99281    |             | \$20.72         |             | \$21.44         |             | \$22.11         |             | \$22.70       | N/A             |         |
| ... expanded - low   | 99282    |             | \$40.74         |             | \$42.22         |             | \$43.84         |             | \$44.66       | N/A             |         |
| ...expanded - medium   | 99283    |             | \$61.10         |             | \$63.27         |             | \$65.15         |             | \$66.54       | N/A             |         |
| ... detailed - high  | 99284    |             | \$116.27        |             | \$120.55        |             | \$123.93        |             | \$127.02      | N/A             |         |
| ... comprehensive - high   | 99285    |             | \$170.44        |             | \$176.51        |             | \$181.47        |             | \$186.24      | N/A             |         |
| <b>Screening and Diagnosis</b>   |          |             |                 |             |                 |             |                 |             |               |                 |         |
| Fecal Occult Blood Test; 1-3 simultaneous determinations   | 82270    | \$4.48      | \$4.48          | \$4.48      | \$4.48          | \$4.48      | \$4.48          | \$4.48      | \$4.48        | \$4.48          |         |
| QW Blood, occult, fecal hemoglobin immunoassay   | 82274    | \$21.86     | \$21.86         | \$21.86     | \$21.86         | \$21.86     | \$21.86         | \$21.86     | \$21.86       | \$21.86         |         |
| <b>Screening Sigmoidoscopy</b>   | G0104    | \$66.60     | \$146.35        | \$69.89     | \$157.60        | \$73.07     | \$168.85        |             | \$44.66       | \$100.56        |         |
| ^^ Facility Fee for Scrng Sig - CBSA 21  | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$101.36    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 12580   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$108.64    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 13644   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$107.13    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 19060   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$101.57    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 25180   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$104.73    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 41540   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$103.86    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 47894   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$111.40    | N/A Scr       | N/A Scr         |         |
| ^^ Facility Fee for Scrng Sig - CBSA 48864   | G0104    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$111.55    | N/A Scr       | N/A Scr         |         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**Screening and Diagnosis (cont.)**

|   |       |          |          |          |          |          |          |          |         |          |
|---|-------|----------|----------|----------|----------|----------|----------|----------|---------|----------|
| <b>Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing</b>                    | 45330 | \$66.60  | \$146.35 | \$69.89  | \$157.60 | \$73.07  | \$168.85 |          | \$44.66 | \$100.56 |
| ^^ Facility Fee for Flex Sig - CBSA 21  | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$101.36 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 12580   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$108.64 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 13644   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$107.13 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 19060   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$101.57 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 25180   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$104.73 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 41540   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$103.86 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 47894   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$111.40 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig - CBSA 48864   | 45330 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$111.55 | N/A Scr | N/A Scr  |
| <b>Sigmoidoscopy, flexible; with biopsy, single or multiple</b>   | 45331 | \$79.41  | \$179.77 | \$83.40  | \$189.77 | \$87.09  | \$203.26 |          | \$53.69 | \$130.91 |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 21  | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$221.66 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 12580   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$237.58 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 13644   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$240.26 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 19060   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$222.12 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 25180   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$229.03 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 41540   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$227.12 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 47894   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$243.62 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/bx -CBSA 48864   | 45331 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$243.95 | N/A Scr | N/A Scr  |
| <b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</b> | 45333 | \$114.62 | \$326.96 | \$120.35 | \$345.41 | \$125.17 | \$370.95 |          | \$78.38 | \$214.21 |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 21   | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$221.66 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 12580  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$237.58 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 13644  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$240.26 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 19060  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$222.12 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 25180  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$229.03 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 41540  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$227.12 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 47894  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$243.62 | N/A Scr | N/A Scr  |
| ^^ Facility Fee for Flex Sig w/rem -CBSA 48864  | 45333 | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | \$243.95 | N/A Scr | N/A Scr  |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**Screening and Diagnosis (cont.)**

|  |              |                 |                 |                 |                 |                 |                 |          |                 |                 |
|--|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------|-----------------|-----------------|
| <b>Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding, any method</b>   | <b>45334</b> | <b>\$169.33</b> | <b>\$169.33</b> | <b>\$177.46</b> | <b>\$177.46</b> | <b>\$184.57</b> | <b>\$184.57</b> |          | <b>\$117.88</b> | <b>\$117.88</b> |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 21   | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$377.37 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 12580  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$404.47 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 13644  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$409.03 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 19060  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$378.15 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 25180  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$389.92 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 41540  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$386.66 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 47894  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$414.75 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Diag) -CBSA 48864  | 45334        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$415.51 | N/A Scr         | N/A Scr         |
| <b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques</b>   | <b>45338</b> | <b>\$146.12</b> | <b>\$349.66</b> | <b>\$153.23</b> | <b>\$368.96</b> | <b>\$159.33</b> | <b>\$394.92</b> |          | <b>\$101.39</b> | <b>\$234.80</b> |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 21  | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$377.37 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 12580   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$404.47 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 13644   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$409.03 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 19060   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$378.15 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 25180   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$389.92 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 41540   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$386.66 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 47894   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$414.75 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (Snare) -CBSA 48864   | 45338        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$415.51 | N/A Scr         | N/A Scr         |
| <b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique</b> | <b>45339</b> | <b>\$192.79</b> | <b>\$370.97</b> | <b>\$202.19</b> | <b>\$391.05</b> | <b>\$210.00</b> | <b>\$416.25</b> |          | <b>\$134.52</b> | <b>\$227.11</b> |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 21   | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$377.37 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 12580  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$404.47 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 13644  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$409.03 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 19060  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$378.15 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 25180  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$389.92 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 41540  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$386.66 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 47894  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$414.75 | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for Flex Sig (NA) -CBSA 48864  | 45339        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$415.51 | N/A Scr         | N/A Scr         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|---|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|   |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|   |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| <b>Screening and Diagnosis (cont.)</b>  |          |             |                 |             |                 |             |                 |             |               |                 |
| Screening Colonoscopy for individual at high risk   | G0105    | \$224.21    | \$421.05        | \$235.25    | \$443.89        | \$244.05    | \$471.90        |             | \$155.38      | \$298.64        |
| -53 Modifier  | G0105    | \$66.60     | \$149.35        | \$69.89     | \$157.60        | \$73.07     | \$168.85        |             |               |                 |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 21  | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$322.65    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 12580   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$345.80    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 13644   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$349.70    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 19060   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$323.30    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 25180   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$333.36    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 41540   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$330.58    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 47894   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$354.59    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ScrngCol(HR)-CBSA 48864   | G0105    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$355.07    | N/A Scr       | N/A Scr         |
| Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk   | G0121    | \$224.21    | \$421.05        | \$235.25    | \$443.89        | \$244.05    | \$471.90        |             | \$155.38      | \$298.64        |
| -53 Modifier  | G0121-53 | \$66.60     | \$149.35        | \$69.89     | \$157.60        | \$73.07     | \$168.85        |             |               |                 |
| Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression & | 45378    | \$224.21    | \$421.05        | \$235.25    | \$443.89        | \$244.05    | \$471.90        |             | \$155.38      | \$298.64        |
| -53 Modifier  | 45378-53 | \$66.60     | \$149.35        | \$69.89     | \$157.60        | \$73.07     | \$168.85        |             |               |                 |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 21   | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$364.59    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 12580  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$390.77    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 13644  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$395.17    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 19060  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$365.34    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 25180  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$376.71    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 41540  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$373.57    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 47894  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$400.70    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 48864  | 45378    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$401.25    | N/A Scr       | N/A Scr         |
| Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple &   | 45380    | \$267.49    | \$501.66        | \$280.44    | \$528.64        | \$291.00    | \$562.11        |             | \$186.45      | \$356.70        |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 21   | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$364.59    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 12580  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$390.77    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 13644  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$395.17    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Dx)-CBSA 19060  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$365.34    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 25180  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$376.71    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 41540  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$373.57    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 47894  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$400.70    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(Bx)-CBSA 48864  | 45380    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$401.25    | N/A Scr       | N/A Scr         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure   | CPT Code     | Medicare ®      |                 |                 |                 |                 |                 |             | Medicaid        |                 |
|--|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|-----------------|-----------------|
|  |              | Region 99       |                 | Region 1        |                 | DC Metro        |                 | CBSA        | All of MD       |                 |
|  |              | In-Facility     | Not In-Facility | In-Facility     | Not In-Facility | In-Facility     | Not In-Facility | In-Facility | In-Facility ®   | Not In-Facility |
| <b>Screening and Diagnosis (cont.)</b>   |              |                 |                 |                 |                 |                 |                 |             |                 |                 |
| <b>Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method &amp;</b>  | <b>45382</b> | <b>\$340.14</b> | <b>\$653.54</b> | <b>\$356.47</b> | <b>\$688.65</b> | <b>\$369.93</b> | <b>\$732.69</b> |             | <b>\$237.58</b> | <b>\$473.56</b> |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 21  | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$364.59    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 12580   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$390.77    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 13644   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$395.17    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 19060   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$365.34    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 25180   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$376.71    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 41540   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$373.57    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 47894   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$400.70    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(CB)-CBSA 48864   | 45382        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$401.25    | N/A Scr         | N/A Scr         |
| <b>Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique &amp;</b> | <b>45383</b> | <b>\$346.92</b> | <b>\$605.04</b> | <b>\$363.77</b> | <b>\$637.35</b> | <b>\$377.01</b> | <b>\$675.77</b> |             | <b>\$240.90</b> | <b>\$421.08</b> |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 21   | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$364.59    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 12580  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$390.77    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 13644  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$395.17    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 19060  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$365.34    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 25180  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$376.71    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 41540  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$373.57    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 47894  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$400.70    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(abl)-CBSA 48864  | 45383        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$401.25    | N/A Scr         | N/A Scr         |
| <b>Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery &amp;</b>   | <b>45384</b> | <b>\$279.15</b> | <b>\$498.54</b> | <b>\$292.74</b> | <b>\$525.26</b> | <b>\$303.47</b> | <b>\$557.40</b> |             | <b>\$194.71</b> | <b>\$349.45</b> |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 21   | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$364.59    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 12580  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$390.77    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 13644  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$395.17    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 19060  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$365.34    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 25180  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$376.71    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 41540  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$373.57    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 47894  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$400.70    | N/A Scr         | N/A Scr         |
| ^^ Facility Fee for ColFlexprox(rem)-CBSA 48864  | 45384        | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | \$401.25    | N/A Scr         | N/A Scr         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|---|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|   |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|   |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| <b>Screening and Diagnosis (cont.)</b>  |          |             |                 |             |                 |             |                 |             |               |                 |
| Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique & | 45385    | \$317.28    | \$564.13        | \$332.60    | \$594.23        | \$345.05    | \$630.77        |             | \$221.04      | \$400.29        |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 21   | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$364.59    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 12580  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$390.77    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 13644  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$395.17    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 19060  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$365.34    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 25180  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$376.71    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 41540  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$373.57    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 47894  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$400.70    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee ColFlexprx(Snare)-CBSA 48864  | 45385    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$401.25    | N/A Scr       | N/A Scr         |
| Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (exploratory)           | 44388    | \$172.33    | \$382.91        | \$180.82    | \$404.02        | \$187.65    | \$431.39        |             | \$119.18      | \$245.99        |
| ^^ Facility Fee for Col thru Stoma-CBSA 21  | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$364.59    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 12580   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$390.77    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 13644   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$395.17    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 19060   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$365.34    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 25180   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$376.71    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 41540   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$373.57    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 47894   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$400.70    | N/A Scr       | N/A Scr         |
| ^^ Facility Fee for Col thru Stoma-CBSA 48864   | 44388    | N/A         | N/A             | N/A         | N/A             | N/A         | N/A             | \$401.25    | N/A Scr       | N/A Scr         |
| Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic no contrast  | 74261    | \$297.16    | N/A             | \$311.98    | N/A             | \$334.01    | N/A             |             | \$234.05      | \$234.05        |
| -26 Modifier  | 74261-26 | \$117.57    | N/A             | \$121.63    | N/A             | \$126.14    | N/A             |             | \$83.06       | \$83.06         |
| -TC Modifier  | 74261-TC | \$179.59    | N/A             | \$190.35    | N/A             | \$207.87    | N/A             |             | \$151.01      | \$151.01        |
| Computed tomographic (CT) colonography with contrast material   | 74262    | \$429.79    | N/A             | \$452.56    | N/A             | \$487.10    | N/A             |             | \$320.87      | \$320.87        |
| -26 Modifier  | 74262-26 | \$122.03    | N/A             | \$126.32    | N/A             | \$130.88    | N/A             |             | \$91.16       | \$91.16         |
| -TC Modifier  | 74262-TC | \$307.75    | N/A             | \$326.24    | N/A             | \$356.22    | N/A             |             | \$229.71      | \$229.71        |
| Screening Barium Enema (alternate-flex sig)   | G0106    | \$232.59    | \$232.59        | \$245.24    | \$245.24        | \$265.12    | \$265.12        |             | \$94.11       | \$94.11         |
| -26 Modifier  | G0106-26 | \$47.74     | \$47.74         | \$49.26     | \$49.26         | \$57.16     | \$57.16         |             | \$25.19       | \$25.19         |
| -TC Modifier  | G0106-TC | \$184.86    | \$184.86        | \$195.98    | \$195.98        | \$213.96    | \$213.96        |             | \$68.92       | \$68.92         |
| Screening Barium Enema (alternate-col)  | G0120    | \$232.59    | \$232.59        | \$245.24    | \$245.24        | \$265.12    | \$265.12        |             | \$94.11       | \$94.11         |
| -26 Modifier  | G0120-26 | \$47.74     | \$47.74         | \$49.26     | \$49.26         | \$57.16     | \$57.16         |             | \$25.19       | \$25.19         |
| -TC Modifier  | G0120-TC | \$184.86    | \$184.86        | \$195.98    | \$195.98        | \$213.96    | \$213.96        |             | \$68.92       | \$68.92         |
| Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB                               | 74240    | \$120.49    | \$120.49        | \$126.93    | \$126.93        | \$136.60    | \$136.60        |             | \$79.85       | \$79.85         |
| -26 Modifier  | 74240-26 | \$34.23     | \$34.23         | \$35.46     | \$35.46         | \$36.76     | \$36.76         |             | \$25.19       | \$25.19         |
| -TC Modifier  | 74240-TC | \$86.26     | \$86.26         | \$91.48     | \$91.48         | \$99.84     | \$99.84         |             | \$54.66       | \$54.66         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**Screening and Diagnosis (cont.)**

|  |          |          |          |          |          |          |          |  |          |          |
|--|----------|----------|----------|----------|----------|----------|----------|--|----------|----------|
| Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB         | 74241    | \$126.14 | \$126.14 | \$132.87 | \$132.87 | \$143.14 | \$143.14 |  | \$84.01  | \$84.01  |
| -26 Modifier   | 74241-26 | \$33.54  | \$33.54  | \$34.67  | \$34.67  | \$35.97  | \$35.97  |  | \$24.88  | \$24.88  |
| -TC Modifier   | 74241-TC | \$92.60  | \$92.60  | \$98.20  | \$98.20  | \$107.17 | \$107.17 |  | \$59.13  | \$59.13  |
| Radiologic examination, gastrointestinal tract, upper; with small bowel, includes multiple serial film | 74245    | \$171.71 | \$171.71 | \$180.94 | \$180.94 | \$194.97 | \$213.40 |  | \$126.21 | \$126.21 |
| -26 Modifier   | 74245-26 | \$44.60  | \$44.60  | \$46.17  | \$46.17  | \$47.85  | \$48.28  |  | \$32.92  | \$32.92  |
| -TC Modifier   | 74245-TC | \$127.11 | \$127.11 | \$134.77 | \$134.77 | \$147.12 | \$165.12 |  | \$93.29  | \$93.29  |
| Radiologic examination, small bowel, includes multiple serial films;                                   | 74250    | \$108.71 | \$108.71 | \$114.73 | \$114.73 | \$123.88 | \$123.88 |  | \$72.75  | \$72.75  |
| -26 Modifier   | 74250-26 | \$23.16  | \$23.16  | \$24.00  | \$24.00  | \$24.86  | \$24.86  |  | 16.89    | 16.89    |
| -TC Modifier   | 74250-TC | \$85.55  | \$85.55  | \$90.73  | \$90.73  | \$99.02  | \$99.02  |  | 55.86    | 55.86    |
| Barium Enema, radiologic examination, colon; with or without KUB                                       | 74270    | \$160.99 | \$160.99 | \$169.86 | \$169.86 | \$183.47 | \$183.47 |  | \$94.11  | \$94.11  |
| -26 Modifier   | 74270-26 | \$38.88  | \$38.88  | \$35.08  | \$35.08  | \$36.35  | \$36.35  |  | \$25.19  | \$25.19  |
| -TC Modifier   | 74270-TC | \$127.11 | \$127.11 | \$134.77 | \$134.77 | \$147.12 | \$147.12 |  | \$68.92  | \$68.92  |
| Barium Enema, air contrast with specific high density barium, with or without glucagon                 | 74280    | \$175.51 | \$175.51 | \$184.85 | \$184.85 | \$199.05 | \$199.05 |  | \$140.97 | \$140.97 |
| -26 Modifier   | 74280-26 | \$48.41  | \$48.41  | \$50.08  | \$50.08  | \$51.93  | \$51.93  |  | \$35.48  | \$35.48  |
| -TC Modifier   | 74280-TC | \$127.11 | \$127.11 | \$134.77 | \$134.77 | \$147.12 | \$147.12 |  | \$105.49 | \$105.49 |

**Usual Charges That Might Be Associated With Colonoscopy Work-Up**

|   |       |               |               |               |               |               |               |  |         |         |
|---|-------|---------------|---------------|---------------|---------------|---------------|---------------|--|---------|---------|
| Surgical Tray   | A4550 | Not Covered   |  | B.I.    | B.I.    |
| Dressing change (for other than burns) under anesthesia (other than local)  | 15852 | \$47.31       | \$47.31       | \$49.60       | \$49.60       | \$51.16       | \$51.16       |  | \$33.93 | \$33.93 |
| Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report   | 93000 | \$18.84       | \$18.84       | \$19.82       | \$19.82       | \$21.10       | \$21.10       |  | \$17.58 | \$17.58 |
| tracing only, without interpretation and report   | 93005 | \$10.55       | \$10.55       | \$11.23       | \$11.23       | \$12.20       | \$12.20       |  | \$11.28 | \$11.28 |
| Interpretation and report only  | 93010 | \$8.30        | \$8.30        | \$8.59        | \$8.59        | \$8.90        | \$8.90        |  | \$6.30  | \$6.30  |
| Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory   | 99000 | Not in Part B |  | \$0.00  | \$0.00  |
| Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)                   | 99001 | Not in Part B |  | \$0.00  | \$0.00  |
| Moderate sedation by same physician providing services, requires presence of independent observer to assist in monitoring client older than 5 years first 30 minutes. | 99144 | \$40.17       | Not in Part B | \$44.46       | Not in Part B | \$46.81       | Not in Part B |  | \$27.93 | \$27.93 |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|---|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|   |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|   |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| <b>Work-Up: Laboratory, Pathology and Radiology</b>   |          |             |                 |             |                 |             |                 |             |               |                 |
| Urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy     | 81000    | \$4.35      | \$4.35          | \$4.35      | \$4.35          | \$4.35      | \$4.35          | \$4.35      | \$3.38        | \$3.38          |
| Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, automated, with microscopy        | 81001    | \$4.35      | \$4.35          | \$4.35      | \$4.35          | \$4.35      | \$4.35          | \$4.35      | \$3.38        | \$3.38          |
| Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents, non-automated, without microscopy | 81002    | \$3.52      | \$3.52          | \$3.52      | \$3.52          | \$3.52      | \$3.52          | \$3.52      | \$2.72        | \$2.72          |
| Urinalysis; qualitative or semiquantitative, except immunoassays  | 81005    | \$2.98      | \$2.98          | \$2.98      | \$2.98          | \$2.98      | \$2.98          | \$2.98      | \$2.31        | \$2.31          |
| <b>QW</b> Urinalysis... bacteriuria screen, except by culture or dipstick   | 81007    | \$3.53      | \$3.53          | \$3.53      | \$3.53          | \$3.53      | \$3.53          | \$3.53      | \$2.74        | \$2.74          |
| Urinalysis... microscopic only  | 81015    | \$3.96      | \$3.96          | \$3.96      | \$3.96          | \$3.96      | \$3.96          | \$3.96      | \$2.94        | \$2.94          |
| Urinalysis... two or three glass test   | 81020    | \$5.07      | \$5.07          | \$5.07      | \$5.07          | \$5.07      | \$5.07          | \$5.07      | \$3.92        | \$3.92          |
| Urine pregnancy test, by visual color comparison methods  | 81025    | \$8.70      | \$8.70          | \$8.70      | \$8.70          | \$8.70      | \$8.70          | \$8.70      | \$6.73        | \$6.73          |
| Volume measurement (urine) for timed collection, each   | 81050    | \$4.00      | \$4.00          | \$4.00      | \$4.00          | \$4.00      | \$4.00          | \$4.00      | \$2.97        | \$2.97          |
| Unlisted urinalysis procedure   | 81099    |             |                 |             |                 |             |                 |             | BR+           | BR+             |
| Venipuncture - routine  | 36415    |             | \$3.00          |             | \$3.00          |             | \$3.00          |             | \$2.19        | \$2.19          |
| Carcinoembryonic Antigen (CEA)  | 82378    | \$26.08     | \$26.08         | \$26.08     | \$26.08         | \$26.08     | \$26.08         | \$26.08     | \$20.19       | \$20.19         |
| Blood Count; blood smear, micro exam with manual diff WBC count   | 85007    | \$4.73      | \$4.73          | \$4.73      | \$4.73          | \$4.73      | \$4.73          | \$4.73      | \$3.52        | \$3.52          |
| <b>QW</b> Renal Function Panel - includes albumin, calcium, bicarbonate, chloride, creatinine, glucose, phosphate, potassium, sodium, urea nitrogen (BUN)   | 80069    | \$11.94     | \$11.94         | \$11.94     | \$11.94         | \$11.94     | \$11.94         | \$11.94     | \$9.25        | \$9.25          |
| Hepatic Function Panel - includes albumin, bilirubin (total), bilirubin (direct), alanine amino transferase (SGPT), aspartate amino transferase (SGOT) alkaline phosphatase, protein (total)                                  | 80076    | \$11.23     | \$11.23         | \$11.23     | \$11.23         | \$11.23     | \$11.23         | \$11.23     | \$8.70        | \$8.70          |
| <b>QW</b> Electrolyte Panel - includes bicarbonate, chloride, potassium, sodium   | 80051    | \$9.64      | \$9.64          | \$9.64      | \$9.64          | \$9.64      | \$9.64          | \$9.64      | \$7.47        | \$7.47          |
| Thromboplastin (PTT) time, partial, plasma or whole blood   | 85730    | \$6.65      | \$6.65          | \$6.65      | \$6.65          | \$6.65      | \$6.65          | \$6.65      | \$5.15        | \$5.15          |
| Prothrombin (PT), specific clotting factor II   | 85210    | \$5.65      | \$5.65          | \$5.65      | \$5.65          | \$5.65      | \$5.65          | \$5.65      | \$4.19        | \$4.19          |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**Work-Up: Laboratory, Pathology and Radiology (cont.)**

|   |          |           |           |           |           |           |           |  |          |          |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|--|----------|----------|
| Pathology review; comprehensive, for a complex diagnostic problem, with review of patients history and medical records  | 80502    | \$63.95   | \$66.41   | \$66.14   | \$68.75   | \$68.50   | \$71.35   |  | \$46.91  | \$46.91  |
| Surgical Pathology , gross examination only &&&   | 88300    | \$15.04   | \$15.04   | \$15.93   | \$15.93   | \$17.07   | \$17.07   |  | \$17.72  | \$17.72  |
| -26 Modifier  | 88300-26 | \$4.50    | \$4.50    | \$4.70    | \$4.70    | \$4.87    | \$4.87    |  | \$3.15   | \$3.15   |
| -TC Modifier  | 88300-TC | \$10.55   | \$10.55   | \$11.23   | \$11.23   | \$12.20   | \$12.20   |  | \$14.57  | \$14.57  |
| Surgical Pathology Review Level II, surgical pathology, gross & microscopic examination &&&   | 88302    | \$31.91   | \$31.91   | \$33.73   | \$33.73   | \$36.39   | \$36.39   |  | \$38.49  | \$38.49  |
| -26 Modifier  | 88302-26 | \$6.92    | \$6.92    | \$7.19    | \$7.19    | \$7.47    | \$7.47    |  | \$4.87   | \$4.87   |
| TC Modifier   | 88302-TC | \$24.99   | \$24.99   | \$26.54   | \$26.54   | \$28.92   | \$28.92   |  | \$33.62  | \$33.62  |
| Surgical Pathology Review Level III, surgical pathology, gross and microscopic examination &&&  | 88304    | \$63.90   | \$63.90   | \$48.44   | \$48.44   | \$52.23   | \$52.23   |  | \$47.59  | \$47.59  |
| -26 Modifier  | 88304-26 | \$11.42   | \$11.42   | \$11.83   | \$11.83   | \$12.31   | \$12.31   |  | \$7.72   | \$7.72   |
| -TC Modifier  | 88304-TC | \$34.49   | \$34.49   | \$36.61   | \$36.61   | \$39.92   | \$39.92   |  | \$39.87  | \$39.87  |
| Surgical Pathology Review-Level IV, gross and microscopic examination, colon, colorectal polyp biopsy &&&   | 88305    | \$71.90   | \$71.90   | \$75.17   | \$75.17   | \$80.12   | \$80.12   |  | \$79.23  | \$79.23  |
| -26 Modifier  | 88305-26 | \$37.40   | \$37.40   | \$38.56   | \$38.56   | \$40.20   | \$40.20   |  | \$27.19  | \$27.19  |
| -TC Modifier  | 88305-TC | \$34.49   | \$34.49   | \$36.61   | \$36.61   | \$39.92   | \$39.92   |  | \$52.04  | \$52.04  |
| Surgical Pathology Review-Level V, gross and microscopic examination, colon, segmental resection other than for tumor &&&   | 88307    | \$306.39  | \$306.39  | \$322.60  | \$322.60  | \$348.06  | \$348.06  |  | \$155.70 | \$155.70 |
| -26 Modifier  | 88307-26 | \$83.50   | \$83.50   | \$86.31   | \$86.31   | \$90.08   | \$90.08   |  | \$58.42  | \$58.42  |
| -TC Modifier  | 88307-TC | \$222.89  | \$222.89  | \$236.29  | \$236.29  | \$257.98  | \$257.98  |  | \$97.28  | \$97.28  |
| Surgical Pathology Review-Level VI, gross and microscopic examination, colon, segmental resection for tumor or total resection &&&  | 88309    | \$462.71  | \$462.71  | \$486.78  | \$486.78  | \$523.98  | \$523.98  |  | \$230.80 | \$230.80 |
| -26 Modifier  | 88309-26 | \$147.59  | \$147.59  | \$152.63  | \$152.63  | \$159.26  | \$159.26  |  | \$98.69  | \$98.69  |
| -TC Modifier  | 88309-TC | \$315.11  | \$315.11  | \$334.15  | \$334.15  | \$364.73  | \$364.73  |  | \$132.11 | \$132.11 |
| Pathology: Special stains (list separately in addition to code for surgical pathology examination); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each | 88312    | \$100.59  | \$100.59  | \$105.91  | \$105.91  | \$114.20  | \$114.20  |  | \$73.88  | \$73.88  |
| -26 Modifier  | 88312-26 | \$27.01   | \$27.01   | \$27.86   | \$27.86   | \$29.03   | \$29.03   |  | \$20.26  | \$20.26  |
| -TC Modifier  | 88312-TC | \$73.58   | \$73.58   | \$78.04   | \$78.04   | \$85.16   | \$85.16   |  | \$53.62  | \$53.62  |
| CAT scan, abdomen; with contrast material(s)  | 74160    | N/A Dx/Tx |  | \$262.90 | \$262.90 |
| -26 Modifier  | 74160-26 | N/A Dx/Tx |  | \$46.35  | \$46.35  |
| -TC Modifier  | 74160-TC | N/A Dx/Tx |  | \$216.55 | \$216.55 |
| CT scan (with and without contrast-abdomen)   | 74170    | N/A Dx/Tx |  | \$304.68 | \$304.68 |
| -26 Modifier  | 74170-26 | N/A Dx/Tx |  | \$50.67  | \$50.67  |
| -TC Modifier  | 74170-TC | N/A Dx/Tx |  | \$254.01 | \$254.01 |

**Work-Up: Laboratory, Pathology and Radiology (cont.)**

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer  | CPT Code | Medicare ®  |                 |             |                 |             |                 | Medicaid    |               |                 |
|--|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|  |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|  |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| Procedure  |          |             |                 |             |                 |             |                 |             |               |                 |
| Pelvic CT scan; computerized axial tomography without contrast material  | 72192    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$189.14      | \$189.14        |
| -26 Modifier   | 72192-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$39.49       | \$39.49         |
| -TC Modifier   | 72192-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$149.65      | \$149.65        |
| CAT scan, pelvis; with contrast material(s)  | 72193    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$258.55      | \$258.55        |
| -26 Modifier   | 72193-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$42.07       | \$42.07         |
| -TC Modifier   | 72193-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$216.48      | \$216.48        |
| Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)  | 72195    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$320.73      | \$320.73        |
| -26 Modifier   | 72195-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$52.63       | \$52.63         |
| -TC Modifier   | 72195-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$268.10      | \$268.10        |
| Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)   | 72196    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$372.64      | \$372.64        |
| -26 Modifier   | 72196-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$62.68       | \$62.68         |
| -TC Modifier   | 72196-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$309.96      | \$309.96        |
| Endorectal ultrasound; echography, transrectal   | 76872    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$100.35      | \$100.35        |
| -26 Modifier   | 76872-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$25.47       | \$25.47         |
| -TC Modifier   | 76872-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$74.88       | \$73.88         |
| Radiologic examination, chest, two views, frontal and lateral;   | 71020    | \$31.83     | \$31.83         | \$33.51     | \$33.51         | \$35.93     | \$35.93         |             | \$25.53       | \$25.53         |
| -26 Modifier   | 71020-26 | \$10.72     | \$10.72         | \$11.08     | \$11.08         | \$11.50     | \$11.50         |             | \$7.73        | \$7.73          |
| -TC Modifier   | 71020-TC | \$21.11     | \$21.11         | \$22.43     | \$22.43         | \$24.43     | \$24.43         |             | \$17.80       | \$17.80         |
| Chest X-ray, with fluoroscopy  | 71034    | \$90.44     | \$90.44         | \$95.27     | \$95.27         | \$102.78    | \$102.78        |             | \$69.45       | \$69.45         |
| -26 Modifier   | 71034-26 | \$22.14     | \$22.14         | \$22.83     | \$22.83         | \$23.73     | \$23.73         |             | \$17.48       | \$17.48         |
| -TC Modifier   | 71034-TC | \$68.30     | \$68.30         | \$72.44     | \$72.44         | \$79.05     | \$79.05         |             | \$51.97       | \$51.97         |
| <b>Surgery</b>   |          |             |                 |             |                 |             |                 |             |               |                 |
| Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled. | 01999    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | REPORT        | REPORT          |
| Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) (Use 44139 in conjunction with codes 44140-44147)                     | 44139    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$86.21       | \$86.21         |
| Colectomy, partial; with anastomosis   | 44140    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$919.35      | \$919.35        |
| Colectomy, partial, with resection, with colostomy or ileostomy and creation of mucofistula  | 44144    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$1,120.40    | \$1,120.40      |
| Colectomy, partial, with coloproctostomy (low pelvic anastomosis)  | 44145    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$1,146.56    | \$1,146.56      |
| Diverting colostomy or skin level cecostomy  | 44320    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$801.27      | \$201.27        |
| Low anterior resection and colorectal  | 44626    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$1,105.02    | \$1,105.02      |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code | Medicare ®  |                 |             |                 |             |                 | Medicaid    |               |                 |
|---|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|   |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|   |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| <b>Surgery (cont.)</b>  |          |             |                 |             |                 |             |                 |             |               |                 |
| Proctectomy; complete, combined abdominoperineal, with colostomy        | 45110    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$1,264.90    | \$1,264.90      |
| Excision of rectal tumor, transanal approach                            | 45171    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$440.21      | \$440.21        |
| Destruction of rectal tumor, any method                                 | 45190    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$452.11      | \$452.11        |
| <b>OTHER</b>  |          |             |                 |             |                 |             |                 |             |               |                 |
| Therapeutic radiology treatment planning, simple                        | 77261    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$53.07       | \$53.07         |
| Therapeutic radiology treatment planning, intermediate                  | 77262    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$80.16       | \$80.16         |
| Therapeutic radiology treatment planning, complex                       | 77263    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$119.19      | \$119.19        |
| Therapeutic radiology simulation-aided field setting; simple            | 77280    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$144.87      | \$144.87        |
| -26 Modifier  | 77280-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$25.45       | \$25.45         |
| -TC Modifier  | 77280-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$119.42      | \$119.42        |
| Therapeutic radiology simulation-aided field setting; intermediate      | 77285    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$243.33      | \$243.33        |
| -26 Modifier  | 77285-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$37.47       | \$37.47         |
| -TC Modifier  | 77285-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$205.86      | \$205.86        |
| Therapeutic radiology simulation-aided field setting; complex           | 77290    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$355.05      | \$355.05        |
| -26 Modifier  | 77290-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$55.78       | \$55.78         |
| -TC Modifier  | 77290-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$299.27      | \$299.27        |
| Therapeutic radiology simulation-aided field setting; three-dimensional | 77295    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$602.65      | \$602.65        |
| -26 Modifier  | 77295-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$139.03      | \$139.03        |
| -TC Modifier  | 77295-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$463.62      | \$463.62        |
| Basic radiation dosimetry   | 77300    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$61.26       | \$61.26         |
| -26 Modifier  | 77300-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$23.24       | \$23.24         |
| -TC Modifier  | 77300-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$38.02       | \$38.02         |
| Teletherapy, isodose plan (hand or computer calculated); simple         | 77305    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$69.11       | \$69.11         |
| -26 Modifier  | 77305-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$26.50       | \$26.50         |
| -TC Modifier  | 77305-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$42.61       | \$42.61         |
| Teletherapy, isodose plan (hand or computer calculated); intermediate   | 77310    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$93.06       | \$93.06         |
| -26 Modifier  | 77310-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$39.02       | \$39.02         |
| -TC Modifier  | 77310-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$54.04       | \$54.04         |
| Teletherapy, isodose plan (hand or computer calculated); complex        | 77315    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$127.91      | \$127.91        |
| -26 Modifier  | 77315-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$58.07       | \$58.07         |
| -TC Modifier  | 77315-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$69.84       | \$69.84         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code | Medicare ®  |                 |             |                 |             |                 | Medicaid    |               |                 |
|---|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|   |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|   |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |
| <b>OTHER (cont.)</b>  |          |             |                 |             |                 |             |                 |             |               |                 |
| Special dosimetry, only when prescribed by treating physician   | 77331    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$48.86       | \$48.86         |
| -26 Modifier  | 77331-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$32.46       | \$32.46         |
| -TC Modifier  | 77331-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$16.40       | \$16.40         |
| Treatment devices, design and construction; simple  | 77332    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$64.47       | \$64.47         |
| -26 Modifier  | 77332-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$20.24       | \$20.24         |
| -TC Modifier  | 77332-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$44.23       | \$44.23         |
| Treatment devices, design and construction; intermediate  | 77333    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$63.07       | \$63.07         |
| -26 Modifier  | 77333-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$29.14       | \$29.14         |
| -TC Modifier  | 77333-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$33.93       | \$33.93         |
| Treatment devices, design and construction; complex   | 77334    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$137.36      | \$137.36        |
| -26 Modifier  | 77334-26 | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$46.17       | \$46.17         |
| -TC Modifier  | 77334-TC | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$91.19       | \$91.19         |
| Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | 77336    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$56.74       | \$56.74         |
| Special medical radiation physics consultation  | 77370    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$106.68      | \$106.68        |
| Radiation treatment delivery, superficial and/or ortho voltage  | 77401    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$27.64       | \$27.64         |
| Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 6-10 MeV  | 77403    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$85.58       | \$85.58         |
| Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 6-10 MeV  | 77408    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$111.76      | \$111.76        |
| Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenial ports, wedges, rotational beam, compensators, special particle beam; up to 6-10 MeV  | 77413    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$140.64      | \$140.64        |
| Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenial ports, wedges, rotational beam, compensators, special particle beam; up to 11-19 MeV   | 77414    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$153.45      | \$153.45        |
| Therapeutic radiology port film(s)  | 77417    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       |             | \$16.05       | \$16.05         |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**OTHER (cont.)**

|   |       |               |               |               |               |               |               |               |          |          |
|---|-------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------|----------|
| Radiation treatment management, five treatments   | 77427 | N/A Dx/Tx     | \$133.02 | \$133.02 |
| Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic  | 96401 | N/A Dx/Tx     | \$50.32  | \$50.32  |
| Chemotherapy administration, intra-arterial, push technique   | 96420 | N/A Dx/Tx     | \$87.47  | \$87.47  |
| Chemotherapy administration, intravenous, push technique  | 96409 | N/A Dx/Tx     | \$92.78  | \$92.78  |
| Chemotherapy administration, intravenous, infusion technique, each additional substance/drug (use in conjunction with code 96409, 96413)  | 96411 | N/A Dx/Tx     | \$52.92  | \$52.92  |
| Chemotherapy administration, intravenous, infusion technique, up to 1 hour, single or initial substance/drug  | 96413 | N/A Dx/Tx     | \$125.73 | \$125.73 |
| Chemotherapy administration, intravenous infusion technique; each additional hour (use in conjunction with code 96413)  | 96415 | N/A Dx/Tx     | \$27.91  | \$27.91  |
| Chemotherapy administration into peritoneal cavity, via indwelling port or catheter   | 96446 | N/A Dx/Tx     | \$17.71  | \$150.17 |
| Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents  | 96542 | N/A Dx/Tx     | \$36.63  | \$136.18 |
| Refilling and maintenance of portable pump  | 96521 | N/A Dx/Tx     | \$109.80 | \$109.80 |
| Refilling and maintenance of implantable pump or reservoir  | 96522 | N/A Dx/Tx     | \$87.45  | \$87.45  |
| Introduction of needle or intracatheter, vein   | 36000 | Not in Part B | \$6.85   | \$19.98  |
| IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician, up to one hour   | 96365 | N/A Dx/Tx     | \$57.37  | \$57.37  |
| IV infusion for therapy/diagnosis, each additional hour [Report in conjunction with 96365, 96367] (Report for add. Hours of sequential infusion) (Report for infusion intervals greater than 30 minutes beyond 1 hour increments) | 96366 | N/A Dx/Tx     | \$18.15  | \$18.15  |
| Therapeutic, prophylactic and diagnostic injection (specify material injected); subcutaneous or intramuscular   | 96372 | N/A Dx/Tx     | \$15.83  | \$15.83  |
| Therapeutic, prophylactic and diagnostic injection (specify material injected); intravenous   | 96374 | N/A Dx/Tx     | \$44.95  | \$44.95  |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             | Medicaid      |                 |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |

**PHARMACY (NOTE: Consistent with the Maryland Medical Assistance Program, CCPC recommends reimbursement at 5% less than the Medicare rate, or contact CCPC)**

|   |       | Jan -Mar 2013 | Apr-Jun 2013 | Jan -Mar 2013 | Apr-Jun 2013 | Jan -Mar 2013 | Apr-Jun 2013 |  | Jan -Mar 2013 | Apr-Jun 2013 |
|---|-------|---------------|--------------|---------------|--------------|---------------|--------------|--|---------------|--------------|
| Venipuncture - routine                  | 36415 | \$3.00        | \$3.00       | \$3.00        | \$3.00       | \$3.00        | \$3.00       |  | \$2.85        | \$2.85       |
| Amifostine, 500 mg                      | J0207 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$290.85      | \$305.67     |
| Leucovorin Calcium, per 50mg            | J0640 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$2.57        | \$4.85       |
| Prochlorperazine, up to 10 mg           | J0780 | \$1.40        | \$4.55       | \$1.40        | \$4.55       | \$1.40        | \$4.55       |  | \$1.33        | \$4.32       |
| Epoetin Alpha, (non-ESRD use), 1,000u   | J0885 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$9.74        | \$9.87       |
| Testosterone Cypionate, up to 100 mg    | J1070 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$4.82        | \$4.53       |
| Dexamethasone sodium phos, 1 mg         | J1100 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$0.10        | \$0.90       |
| Diphenhydramine HCl, up to 50 mg        | J1200 | \$0.84        | \$0.79       | \$0.84        | \$0.79       | \$0.84        | \$0.79       |  | \$0.80        | \$0.75       |
| Dolasetron X10 Enzemet 10 mg            | J1260 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$7.16        | \$4.45       |
| Filgrastim (G-CSF), 300 mcg             | J1440 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$261.91      | \$263.39     |
| Filgrastim (G-CSF), 480 mcg             | J1441 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$414.12      | \$417.91     |
| Heparin Sodium, per 1,000 units         | J1644 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$0.19        | \$0.20       |
| Iron Dextran injection, 50 mg           | J1750 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$11.37       | \$11.54      |
| Lorazepam, 2 mg                         | J2060 | \$0.81        | \$0.76       | \$0.81        | \$0.76       | \$0.81        | \$0.76       |  | \$0.77        | \$0.72       |
| Meperidine Hydrochloride, per 100 mg    | J2175 | \$2.07        | \$2.06       | \$2.07        | \$2.06       | \$2.07        | \$2.06       |  | \$1.97        | \$1.96       |
| Oprelvekin (Neumega), 5 mg (Inj)        | J2355 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$249.74      | \$243.96     |
| Sargramostim (GM-CSF), 50 mcg           | J2820 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$28.21       | \$25.56      |
| Fentanyl Citrate, up to 0.1mg           | J3010 | \$0.47        | \$0.59       | \$0.47        | \$0.59       | \$0.47        | \$0.59       |  | \$0.45        | \$0.56       |
| Diazepam, up to 5 mg                    | J3360 | \$3.34        | \$3.08       | \$3.34        | \$3.08       | \$3.34        | \$3.08       |  | \$3.17        | \$2.93       |
| Vitamin k injection 1 mg                | J3430 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$1.36        | \$1.46       |
| Normal saline 500 cc                    | J7040 | \$0.53        | \$0.54       | \$0.53        | \$0.54       | \$0.53        | \$0.54       |  | \$0.50        | \$0.51       |
| 5% Dextrose/normal saline, 500 ml       | J7042 | \$0.49        | \$0.47       | \$0.49        | \$0.47       | \$0.49        | \$0.47       |  | \$0.47        | \$0.45       |
| Normal saline 250 cc                    | J7050 | \$0.27        | \$0.27       | \$0.27        | \$0.27       | \$0.27        | \$0.27       |  | \$0.26        | \$0.26       |
| 5% Dextrose/Water (500 ml)              | J7060 | \$1.03        | \$1.05       | \$1.03        | \$1.05       | \$1.03        | \$1.05       |  | \$0.98        | \$1.00       |
| Doxorubicin HCl, 10 mg                  | J9000 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$3.24        | \$4.02       |
| Aldesleukin, per single use vial        | J9015 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$1,184.63    | \$1,184.63   |
| Bleomycin Sulfate, 15 units             | J9040 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$20.32       | \$20.74      |
| Carboplatin, 50 mg                      | J9045 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$3.13        | \$3.27       |
| Cisplatin, 10 mg                        | J9060 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$2.01        | \$1.94       |
| Cyclophosphamide, lyophilized, 100 mg   | J9070 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$22.20       | \$33.65      |
| Cytarabine, 100 mg                      | J9100 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$0.91        | \$0.90       |
| Docetaxel, 1 mg                         | J9171 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$6.05        | \$5.84       |
| Etoposide, 10 mg                        | J9181 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$0.70        | \$0.72       |
| Fludarabine Phosphate, 50 mg.           | J9185 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$82.33       | \$79.55      |
| Fluorouracil, 500 mg                    | J9190 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$1.73        | \$2.00       |
| Floxuridine, 500mg                      | J9200 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$62.05       | \$54.78      |
| Gemcitabine HCl, 200 mg                 | J9201 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$10.32       | \$7.64       |
| Goserelin Acetate Implant, per 3.6 mg   | J9202 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$169.47      | \$183.53     |
| Irinotecan 20 mg                        | J9206 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$4.47        | \$3.23       |
| Ifosfamide, 1gm                         | J9208 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$27.70       | \$28.34      |
| Mesna, 200 mg                           | J9209 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$3.42        | \$2.82       |
| Interferon, Alpha-2B, Recombinant,1m un | J9214 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$18.33       | \$16.52      |
| Methotrexate Sodium, 50 mg.             | J9260 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$1.85        | \$1.85       |
| Paclitaxel, 30 mg                       | J9265 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$5.13        | \$4.73       |
| Mitomycin, 5 mg                         | J9280 | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    | N/A Dx/Tx     | N/A Dx/Tx    |  | \$22.84       | \$21.14      |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure  | CPT Code     | Medicare ®    |                 |               |                 |               |                 |             |               | Medicaid        |  |
|---------------------------------|--------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|-------------|---------------|-----------------|--|
|                                 |              | Region 99     |                 | Region 1      |                 | DC Metro      |                 | CBSA        | All of MD     |                 |  |
|                                 |              | In-Facility   | Not In-Facility | In-Facility   | Not In-Facility | In-Facility   | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |  |
| <b>PHARMACY (cont.)</b>         |              | Jan -Mar 2013 | Apr-Jun 2013    | Jan -Mar 2013 | Apr-Jun 2013    | Jan -Mar 2013 | Apr-Jun 2013    |             | Jan -Mar 2013 | Apr-Jun 2013    |  |
| Mitoxantrone HCl, per 5 mg      | <b>J9293</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$35.04       | \$35.45         |  |
| Rituxan (Rituximab), 100 mg     | <b>J9310</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$627.74      | \$644.04        |  |
| Topotecan, 0.1 mg               | <b>J9351</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$3.01        | \$2.23          |  |
| Herceptin (Trastuzumab), 10 mg  | <b>J9355</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$72.71       | \$74.62         |  |
| Vinblastine Sulfate, 1 mg       | <b>J9360</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$1.11        | \$1.27          |  |
| Vinorelbine Tartrate, per 10 mg | <b>J9390</b> | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       | N/A Dx/Tx     | N/A Dx/Tx       |             | \$10.51       | \$9.34          |  |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             |               | Medicaid        |  |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|--|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |  |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |  |

**Anesthesia (CPT Code - 00810)**

- In accordance with the Medicare Claims Processing Manual anesthesia time is defined as the period during which an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia practitioner is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care.
- Actual anesthesia time in minutes is reported on the claim or invoice. After January 1994 the Medicare administrative contractor (A/B MAC) computes time units dividing reported anesthesia time by 15 minutes. Round the time to one decimal place.
- For this purpose, anesthesia practitioner means a physician who performs the anesthesia service alone, a CRNA who is not medically directed, or a CRNA or AA, who is medically directed. The physician who medically directs the CRNA or AA would ordinarily report the same time as the CRNA or AA reports for the CRNA service.
- Monitored Anesthesia Care: Medicare B pays for reasonable and medically necessary monitored anesthesia care services on the same basis as other anesthesia services. Anesthesiologists use modifier QS to report monitored anesthesia care cases. Monitored anesthesia care involves the intra-operative monitoring by a physician or qualified individual under the medical direction of a physician or of the patient's vital physiological signs in anticipation of the need for administration of general anesthesia or of the development of adverse physiological patient reaction to the surgical procedure. It also includes the performance of a pre-anesthetic examination and evaluation, prescription of the anesthesia care required, administration of any necessary oral or parenteral medications and provision of indicated postoperative anesthesia care.
- Medicare reimburses for anesthesia using a formula based on Uniform Relative Value Unit (RVU) (also referred to as 'base unit') for the procedure, time unit, conversion factor, and if special procedure. RVUs for anesthesia procedures are set by Medicare. Anesthesiologists submit the length of time of procedure: Medicare converts the time to units, then applies the formula. Anesthesiologists are reimbursed at **100% of the calculated amount (no modifier or modifier QS)**. However, if using a CRNA supervised by an anesthesiologist, the anesthesiologist receives **50% (modifier QK or QY)**, and the CRNA receives **50% (modifier QX)**. **If using a CRNA without medical direction by a physician the reimbursement is 80% of the calculated amount (modifier QZ)**.
- The Medicaid Program does not reimburse anesthesia in the same way as Medicare. Medicaid reimbursement is calculated per one-minute increments instead of per 15-minute increments used in the Medicare formula. The formula for Medicaid anesthesia reimbursement is:  

$$[\text{Time Units (minutes)} + (\text{Base Units} \times 15)] \times \text{Fee for the CPT code} \times \text{Modifier Percent} = \text{Payment or reimbursement amount.}$$
 Call CRFP Unit for more information on other procedures.
- All anesthesia procedure codes 00100 – 01999 require modifiers. The appropriate anesthesia modifier identifies who rendered the service and imply what percent of the total amount should be reimbursed (e.g., 100% or 50%). If an appropriate modifier for anesthesia services is not reported, the service will be denied.
- CCPC recommends using the Medicare formula explained below for anesthesiology for screening procedures.

**Formula: (Time Units + Base Units) x Conversion Factor = Allowance. Time Units are the procedure minutes divided by 15.**

**Add Base Units [known as Uniform Relative Value Units (RVUs) for the CPT Code 00810 the Base Unit =5 ]. Multiply by Local/Region specific Conversion Factor**

**Conversion Factor is the \$ amount for that CPT code (e.g., for 00810 it is \$22.21 for Region 99; see example below)**

**Examples of Reimbursement for 00810 using Formula Application:**

|   | CPT Code     | Region 99            |                 | Region 1       |                 | DC Metro       |                 | Medicaid MD (ALL)    |                 |
|---|--------------|----------------------|-----------------|----------------|-----------------|----------------|-----------------|----------------------|-----------------|
|   |              | In-Facility          | Not In-Facility | In-Facility    | Not In-Facility | In-Facility    | Not In-Facility | In-Facility          | Not In-Facility |
| Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum. CPT Code 00810 the Base Unit =5 | <b>00810</b> | <b>\$22.21</b>       |                 | <b>\$23.10</b> |                 | <b>\$23.68</b> |                 | <b>N/A Screening</b> |                 |
| 15 Minutes = 1 Unit + 5 Base Units=   | 6            | 6 X \$22.21=\$133.26 |                 | \$138.60       |                 | \$142.08       |                 |                      |                 |
| 60 Minutes = 4 Units + 5 Base Units=  | 9            | \$199.89             |                 | \$207.90       |                 | \$213.12       |                 |                      |                 |
| 2 hours and 10 minutes (130 Minutes) = 8.7 Unit + 5 Base Units=   | 13.7         | \$304.28             |                 | \$316.47       |                 | \$324.42       |                 |                      |                 |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare <sup>@</sup> |                 |             |                 |             |                 |             |                           | Medicaid        |  |
|--------------------------------|----------|-----------------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------------------|-----------------|--|
|                                |          | Region 99             |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD                 |                 |  |
|                                |          | In-Facility           | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility <sup>@@</sup> | Not In-Facility |  |

**ADDITIONAL NOTES:**

1. \* Providers may be eligible for additional reimbursement for both physician fees and/or hospital or Ambulatory Surgical Center (ASC) facility fees.
2. \*\* Reimbursement Amount Not Available.
3. @ Maryland Medicare reimbursements are dependent on geographic location. Maryland has three payment areas for physician services:
  - a. **Region 1** includes: Anne Arundel Co, Baltimore City, Baltimore Co , Carroll Co, Harford Co, and Howard Co.
  - b. **Region 99** includes: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico and Worcester
  - c. **DC Metro** includes: Prince George's and Montgomery.
4. @@ If billed a Facility Fee: If MHSCRC, pay MHSCRC fee; if non-HSCRC, call CRFP Unit to obtain the Medicaid Facility Fee rate if not on this sheet
5. **Medicare/Medicaid Service Reimbursement Notes:**
  - a. **Pharmacy rate:** A manufacturer's ASP must be calculated by the manufacturer every calendar quarter and submitted to CMS within 30 days of the close of the quarter. This document contains the Medicare/Medicaid reimbursement rates for the periods January - March 2013 and April - June 2013.
  - b. ^^ **In-facility rate:** when the service is performed in a inpatient hospital, outpatient hospital, inpatient psychiatric facility, comprehensive inpatient rehabilitation facility, comprehensive outpatient rehabilitation facility (CORF), ambulatory surgical center (ASC), skilled nursing facility (SNF), and/or a community mental health center.  
  
 If procedure is performed in an ASC (nonMHSCRC regulated) then the facility fee is reimbursed at the Medicare rate for one of the eight (8) Core-Based Statistical Areas (CBSA) listed below. You may verify or search for other ASC amounts by going to the Novitas (<https://www.novitas-solutions.com/ql-fees.html>) and looking on the reimbursement sheet for Part B Fees, ASC Fees.  
  
 In the chart above, most CPT code amounts for In-facility and Not In-facility rates are for **physician fees** and NOT for the facility fee rates. If billed a Facility Fee: If MHSCRC regulated facility, pay MHSCRC fee; if non-MHSCRC, call CRFP Unit to obtain the Medicaid Facility Fee rate if not on this sheet  
  
**Maryland Health Services Cost Review Commission (MHSCRC)** authority sets the hospital rates for all payers. However, federal law, which takes precedence, governed the methods by which Medicare and Medicaid paid hospitals. After negotiation with Medicare, MHSCRC obtained, effective July 1, 1977, a waiver of federal law that required Medicare and Medicaid to begin paying hospitals on the basis of MHSCRC-approved rates for all MHSCRC regulated facilities. If procedures performed in an MHSCRC-regulated clinic or hospital then the rates will be set by MHSCRC.  
  
**CBSA-21 (Caroline, Dorchester, Garrett, Kent, St. Mary's, Talbot, and Worcester Counties)**  
**CBSA-12580 (Anne Arundel, Baltimore City, Baltimore Co, Carroll, Harford, Howard, and Queen Anne's Counties)**  
**CBSA-13644 (Frederic County)**  
**CBSA-19060 (Allegany County)**  
**CBSA-25180 (Washington County)**  
**CBSA-41540 (Somerset and Wicomico Counties)**  
**CBSA-47894 (Calvert, Charles, Montgomery, and Prince George's Counties)**  
**CBSA-48864 (Cecil County)**
  - c. **Not In-facility rate** is the rate to use when the service is performed in a physician's office, the patient's home, an institution, or facility other than those places of service listed in item 5.b., above. Physician offices are not reimbursable as facilities; if procedure performed in a physician office, then use the Not In-Facility rate for the CPT code.
  - d. **Screening Services** are reimbursed at no more than the Medicare rate, as specified in the attached reimbursement schedule, when the service(s) is not regulated by the MHSCRC.

**ADDITIONAL NOTES:**

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             |               | Medicaid        |  |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|--|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |  |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |  |

- e. **N/A Scr**--means that the rate for the category is not applicable because the service is a Screening Service. Screening Services are paid at Medicare rates
- f. **Diagnostic and/or Treatment Services** are reimbursed at the Medicaid rate fee when the service is not regulated by the MHSCRC.
- g. **N/A Dx/Tx**--means that the rate for the category is not applicable because the CPT code and service are Diagnostic and/or Treatment services and therefore paid at Medicaid rates; Medicare rates are not applicable. If the program cannot get a provider to accept Medicaid rates, the program may negotiate a rate up to the Medicare rate (Health Officer Memo #01-35). To find the Medicare rate for that CPT code, please contact the CRFP Unit at DHMH.
- h. **B.I.**--"By Invoice" means the physician will submit an invoice of supplies and materials (e.g., drugs, trays, etc.) over and above those usually provided with an office visit. (Invoice needed if >\$10 for Medicaid.)
- i. **B.R.**-- "By Report" means the physician sends in a report with their claim. It is reviewed by Medical Assistance who then assigns a reimbursement rate for the procedure.
- j. **& - Reimbursement for Providers when Multiple Biopsies Taken During Colonoscopy:** A provider may submit more than one colonoscopy CPTcode when billing for one procedure if multiple biopsies/removal techniques were used (for example 45383 and 45384 if both snare and hot biopsy forceps were used to obtain biopsies or remove lesions). If more than one CPT code is billed for different techniques used during the same colonoscopy procedure, local CRF programs may reimburse as 100% for the allowable Medicare reimbursement for the CPT code reimbursed at the highest amount, then 50% of the allowable Medicare reimbursement amount for the second technique's CPT Code, and 25% of the allowable Medicare reimbursement amount for the third technique, etc.
- k. **&& - Reimbursement for Facility Fees billed using multiple Colonoscopy CPTs:** A facility may submit more than one colonoscopy code if multiple techniques were used (for example **45383, 45384, and 45385** if ablation, snare and hot biopsy forceps were used to obtain or remove lesions). Local CRF programs may reimburse the facility fee as **100%** for the allowable Medicare facility fee, then reduce by **50%** of the allowable Medicare facility fee for each subsequent technique. For example, CPT code **45383, 45384, and 45385** in **Frederick County (CBSA 13644)** would be reimbursable as **\$395.17 (CPT Code 45383)** for the first technique (may be the highest amount) and then the allowable amounts would be reduced by **50%** for each additional technique; e.g., **\$395.17 plus an additional \$197.59 (CPT Code 45384:)** and then an **additional \$197.59 (CPT Code 45385)**. The total would be **\$790.35** for the three designated codes. The specific CBSA amounts for individual counties and Baltimore City are included in the sheet above.
- l. **&&& - Reimbursement for a Laboratory when Multiple Biopsies Taken During Colonoscopy:** A laboratory and pathologist may submit for reimbursement for processing and reading each individual specimen (that is, each individual vial sent for analysis). For example, a laboratory can bill for CPT code 88305--once for each individual specimen vial processed. Local CRF programs may reimburse the lab and pathologist at the Medicare rate for **each** of the specimens processed.

**6. COMMON CPT MODIFIERS**

|           |   |
|-----------|---|
| <b>23</b> | Unusual anesthesia <b>Note:</b> When using modifier 23, appropriate documentation must be submitted with the claim.   |
| <b>26</b> | Professional Component - A procedure can be split into its "professional" and "technical" components and each can be billed separately as noted (see TC, below). The sum of the two components (professional and technical) equals the rate if billed with one code. When the professional component is reported separately, the service will be identified by adding the modifier 26 to the usual CPT procedure code number. This modifier must be reported in the first modifier field. |
| <b>47</b> | Anesthesia by surgeon ( <b>not used by the Medicaid program</b> ).  |
| <b>51</b> | When multiple procedures (other than evaluation and management services) are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending the modifier "51" to the additional procedure or service code(s).   |
| <b>53</b> | A discontinued procedure due to extenuating circumstances or those that threaten the well being of the patient. Not to be used to report elective cancellation.   |

**2013 Colorectal and General Reimbursement Rates\* (Effective January 01, 2013)**

| Colorectal Cancer<br>Procedure | CPT Code | Medicare ®  |                 |             |                 |             |                 |             |               | Medicaid        |  |
|--------------------------------|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|---------------|-----------------|--|
|                                |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | CBSA        | All of MD     |                 |  |
|                                |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | In-Facility ® | Not In-Facility |  |

**ADDITIONAL NOTES (cont.)**

|           |   |
|-----------|---|
| <b>59</b> | Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury (or area in injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Modifier 59 should only be used if there is no other more descriptive modifier available and the use of modifier 59 best explains the circumstances. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. |
| <b>73</b> | A discontinued out-patient hospital/ASC procedure <b>prior</b> to administration of anesthesia due to extenuating circumstances as with -53.  |
| <b>74</b> | A discontinued out-patient hospital/ASC procedure <b>after</b> the administration of anesthesia due to extenuating circumstances as with modifier -53.  |
| <b>80</b> | Assistant surgeon. Maximum payment is <b>20%</b> of the listed fee for the primary procedure. The minimum allowance is <b>\$25.00</b> . Assistant must be a physician. This may not be used to report physician assistant or nurse practitioner assistant surgical services.  |
| <b>C</b>  | The payment for the technical component is capped at the OPPS amount.   |
| <b>AA</b> | Anesthesia services performed personally by anesthesiologist (100%)   |
| <b>AD</b> | Medical supervision by a physician: more than four concurrent anesthesia procedures. <b>(Not used by the Medicaid program)</b>  |
| <b>ET</b> | Emergency Services.   |
| <b>PI</b> | PET Tumor Initial Treatment Strategy.   |
| <b>PS</b> | PET Tumor Subsequent Treatment Strategy.  |
| <b>PT</b> | Colorectal Screening Test that was converted to Diagnostic Test or other procedure during the procedure (e.g., when a biopsy was taken)   |
| <b>QK</b> | Medically directed by a physician: two, three, or four concurrent procedures (50%)  |
| <b>QS</b> | Monitored anesthesia care (MAC) service. QS is for informational purposes only and will not change payment. (100%)  |
| <b>QW</b> | CLIA Waived Test  |
| <b>QY</b> | Anesthesiologist medically directs one CRNA (50%)   |
| <b>QX</b> | CRNA service: with medical direction by a physician (50%)   |
| <b>QZ</b> | CRNA service: without medical direction by a physician (80%)  |
| <b>TC</b> | Technical Component - A procedure can be split into its "professional" and "technical" components and each can be billed separately as noted (see -26, Professional Component, above). The sum of the two components (professional and technical) equals the rate if billed with one code. When the technical component is reported separately, the service will be identified by adding the modifier TC to the usual CPT procedure code number.  |

**2013 Oral Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Oral Cancer Procedures   | CPT CODE     | Medicare®            |                      |                      |                      |                      |                      | Medicaid        |                 |
|--|--------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------|-----------------|
|  |              | Region 99            |                      | Region 1             |                      | DC Metro             |                      | All of MD       |                 |
|  |              | In-Facility          | Not In-Fac.          | In-Facility          | Not In-Fac.          | In-Facility          | Not In-Fac.          | In-Facility @@  | Not In-Fac.     |
| Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair      | <b>40810</b> | N/A Dx/Tx            | <b>\$90.57</b>  | <b>\$134.61</b> |
| Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple repair  | <b>40812</b> | N/A Dx/Tx            | <b>\$140.96</b> | <b>\$189.49</b> |
| Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex repair | <b>40814</b> | N/A Dx/Tx            | <b>\$218.78</b> | <b>\$262.33</b> |
| Biopsy of Tongue, anterior 2/3   | <b>41100</b> | N/A Dx/Tx            | <b>\$80.22</b>  | <b>\$119.29</b> |
| Biopsy of Tongue, posterior 1/3  | <b>41105</b> | N/A Dx/Tx            | <b>\$80.16</b>  | <b>\$115.97</b> |
| Biopsy of Floor of Mouth   | <b>41108</b> | N/A Dx/Tx            | <b>\$64.95</b>  | <b>\$97.80</b>  |
| Excision of lesion of tongue, without closure                                    | <b>41110</b> | N/A Dx/Tx            | <b>\$94.30</b>  | <b>\$140.58</b> |
| Excision of lesion of tongue, with closure, anterior 2/3                         | <b>41112</b> | N/A Dx/Tx            | <b>\$180.00</b> | <b>\$224.91</b> |
| Excision of lesion or tumor, dentoalveolar structures without repair             | <b>41825</b> | N/A Dx/Tx            | <b>\$97.01</b>  | <b>\$138.41</b> |
| Excision of lesion or tumor, dentoalveolar structures without repair             | <b>41826</b> | N/A Dx/Tx            | <b>\$142.13</b> | <b>\$178.76</b> |
| Biopsy of palate or uvula  | <b>42100</b> | N/A Dx/Tx            | <b>\$78.79</b>  | <b>\$105.77</b> |
| Excision of lesion of palate or uvula, without closure                           | <b>42104</b> | N/A Dx/Tx            | <b>\$97.47</b>  | <b>\$136.78</b> |
| <b>Examinations</b>  |              |                      |                      |                      |                      |                      |                      |                 |                 |
| Periodic Oral Examination  | <b>D0120</b> | <b>B.R.</b>          | <b>B.R.</b>          | <b>B.R.</b>          | <b>B.R.</b>          | <b>B.R.</b>          | <b>B.R.</b>          | <b>\$29.08</b>  | <b>\$29.08</b>  |
| X-Ray Panoramic Maxilla/Mandible film  | <b>D0330</b> | <b>Not Available</b> | <b>\$42.00</b>  | <b>\$42.00</b>  |
| Limited oral evaluation - problem focused  | <b>D0140</b> | <b>Not Available</b> | <b>\$43.20</b>  | <b>\$43.20</b>  |

**2013 Oral Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Oral Cancer Procedures | CPT CODE | Medicare®   |             |             |             |             |             | Medicaid       |             |
|------------------------|----------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|-------------|
|                        |          | Region 99   |             | Region 1    |             | DC Metro    |             | All of MD      |             |
|                        |          | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility @@ | Not In-Fac. |

**Tumors/Cysts/Neoplasms**

|  |       |           |           |           |           |           |           |          |          |
|--|-------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|
| Excision benign tumor up to 1.25 CM    | D7410 | N/A Dx/Tx | \$84.00  | \$84.00  |
| Excision benign tumor over 1.25 CM     | D7411 | N/A Dx/Tx | B.R.     | B.R.     |
| Excision malignant tumor up to 1.25 CM | D7440 | N/A Dx/Tx | \$108.00 | \$108.00 |
| Excision malignant tumor over 1.25 CM  | D7441 | N/A Dx/Tx | B.R.     | B.R.     |

**Removal Cysts/Neoplasms**

|   |       |           |           |           |           |           |           |          |          |
|---|-------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|
| Remove odontogenic cyst or tumor up to 1.25 CM    | D7450 | N/A Dx/Tx | \$97.00  | \$97.00  |
| Remove odontogenic cyst or tumor up to 1.25 CM    | D7451 | N/A Dx/Tx | \$125.00 | \$125.00 |
| Remove nonodontogenic cyst or tumor up to 1.25 CM | D7460 | N/A Dx/Tx | \$95.00  | \$95.00  |
| Remove nonodontogenic cyst or tumor up to 1.25 CM | D7461 | N/A Dx/Tx | \$125.00 | \$125.00 |
| Destruction lesion(s) physical/chemical methods   | D7465 | N/A Dx/Tx | B.R.     | B.R.     |

**Other Procedures**

|   |       |           |           |           |           |           |           |         |         |
|---|-------|-----------|-----------|-----------|-----------|-----------|-----------|---------|---------|
| Comprehensive Oral Evaluation                                     | D0150 | N/A Dx/Tx | \$51.50 | \$51.50 |
| Detailed & extensive oral evaluation - problem focused, by report | D0160 | N/A Dx/Tx | \$43.20 | \$43.20 |
| Biopsy Oral Tissue Hard including lab report                      | D7285 | N/A Dx/Tx | \$85.00 | \$85.00 |
| Biopsy Oral Tissue Soft including lab report                      | D7286 | N/A Dx/Tx | \$75.00 | \$75.00 |

**2013 Oral Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Oral Cancer Procedures   | CPT CODE | Medicare®   |             |             |             |             |             | Medicaid       |             |
|--|----------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|-------------|
|  |          | Region 99   |             | Region 1    |             | DC Metro    |             | All of MD      |             |
|  |          | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility @@ | Not In-Fac. |
| <b>Anesthesia</b>  |          |             |             |             |             |             |             |                |             |
| Deep sedation/general anesthesia, 1st 30 minutes   | D9220    | N/A Dx/Tx   | \$76.00        | \$76.00     |
| As in D 9220, additional 15 minutes  | D9221    | N/A Dx/Tx   | \$36.00        | \$36.00     |
| Analgesia, anxiolysis, inhalation of nitrous oxide   | D9230    | N/A Dx/Tx   | \$18.00        | \$18.00     |
| Intravenous (conscious) sedation, first 30 minutes   | D9241    | N/A Dx/Tx   | \$44.00        | \$44.00     |
| Intravenous (conscious) sedation, each additional 15 minutes                                 | D9242    | N/A Dx/Tx   | \$33.00        | \$33.00     |
| Non-intravenous conscious sedation   | D9248    | N/A Dx/Tx   | \$186.91       | \$186.91    |
| Computerized axial tomography, maxillofacial area; without contrast material                 | 70450    | N/A Dx/Tx   | \$177.00       | \$177.00    |
| -26 Modifier   | 70450-26 | N/A Dx/Tx   | \$30.90        | \$30.90     |
| -TC Modifier   | 70450-TC | N/A Dx/Tx   | \$146.10       | \$146.10    |
| Computerized axial tomography, soft tissue neck; without contrast material                   | 70486    | N/A Dx/Tx   | \$190.63       | \$190.63    |
| -26 Modifier   | 70486-26 | N/A Dx/Tx   | \$40.91        | \$40.91     |
| C -TC Modifier   | 70486-TC | N/A Dx/Tx   | \$149.72       | \$149.72    |
| Computerized axial tomography, soft tissue neck; without contrast material(s)                | 70490    | N/A Dx/Tx   | \$196.06       | \$196.06    |
| -26 Modifier   | 70490-26 | N/A Dx/Tx   | \$46.64        | \$46.64     |
| -TC Modifier   | 70490-TC | N/A Dx/Tx   | \$149.42       | \$149.42    |
| Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s) | 70540    | N/A Dx/Tx   | \$316.79       | \$316.79    |
| -26 Modifier   | 70540-26 | N/A Dx/Tx   | \$48.63        | \$48.63     |
| C -TC Modifier   | 70540-TC | N/A Dx/Tx   | \$268.16       | \$268.16    |

**2013 Prostate Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Prostate Cancer Procedures  | CPT Code        | Medicare®     |                |               |                |               |                | Medicaid        |                 |
|---|-----------------|---------------|----------------|---------------|----------------|---------------|----------------|-----------------|-----------------|
|   |                 | Region 99     |                | Region 1      |                | DC Metro      |                | All of MD       |                 |
|   |                 | In-Facility   | Not In-Fac.    | In-Facility   | Not In-Fac.    | In-Facility   | Not In-Fac.    | In-Facility @@  | Not In-Fac.     |
| Prostate specific antigen (PSA); complexed (direct measurement)   | <b>84152</b>    | Not Part B    | Not Part B     | Not Part B    | Not Part B     | Not Part B    | Not Part B     | <b>19.58</b>    | <b>19.58</b>    |
| Prostate specific antigen (PSA); total  | <b>84153</b>    | Not Part B    | Not Part B     | Not Part B    | Not Part B     | Not Part B    | Not Part B     | <b>19.58</b>    | <b>19.58</b>    |
| Prostate specific antigen (PSA); Screening  | <b>G0103</b>    | Not Part B    | Not Part B     | Not Part B    | Not Part B     | Not Part B    | Not Part B     | <b>\$25.29</b>  | <b>\$25.29</b>  |
| Prostate specific antigen (PSA); free   | <b>84154</b>    | Not Part B    | Not Part B     | Not Part B    | Not Part B     | Not Part B    | Not Part B     | <b>19.58</b>    | <b>19.58</b>    |
| Prostate cancer screening Digital rectal exam   | <b>G0102</b>    | <b>\$8.65</b> | <b>\$20.62</b> | <b>\$8.96</b> | <b>\$21.65</b> | <b>\$9.30</b> | <b>\$23.16</b> | <b>\$0.00</b>   | <b>\$0.00</b>   |
| <b>Biopsy, prostate; needle or punch, single or multiple, any approach</b>  | <b>55700</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$100.26</b> | <b>\$184.71</b> |
| Facility fee for biopsy, prostate; needle or punch, single or multiple, any approach  | <b>55700</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$401.65</b> | <b>N/A</b>      |
| <b>Biopsy, prostate; incisional, any approach</b>   | <b>55705</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$199.14</b> | <b>\$199.14</b> |
| Facility fee for Biopsy, prostate; incisional, any approach   | <b>55705</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$401.65</b> | <b>N/A</b>      |
| <b>Prostatotomy, external drainage of prostatic abscess, any approach; simple</b>   | <b>55720</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$346.54</b> | <b>\$346.54</b> |
| Facility fee for prostatotomy, external drainage of prostatic abscess, any approach; simple   | <b>55720</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$326.34</b> | <b>N/A</b>      |
| Prostatotomy, external drainage of prostatic abscess, any approach; complicated   | <b>55725</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$425.71</b> | <b>\$425.71</b> |
| Transurethral electroresection of prostate, including control of postoperative bleeding, complete (1st stage)   | <b>52601</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$601.27</b> | <b>\$601.27</b> |
| <b>Transurethral electroresection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)</b> | <b>52601</b>    | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>\$440.21</b> | <b>\$440.21</b> |
| Transurethral electroresection of prostate, including control of postoperative bleeding, complete (2nd stage)   | <b>52601-58</b> | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | N/A Dx/Tx     | N/A Dx/Tx      | <b>**</b>       | <b>**</b>       |

**2013 Prostate Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Prostate Cancer Procedures  | CPT Code     | Medicare ®  |             |             |             |             |             | Medicaid       |             |
|---|--------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|-------------|
|   |              | Region 99   |             | Region 1    |             | DC Metro    |             | All of MD      |             |
|   |              | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility @@ | Not In-Fac. |
| Transurethral resection, of residual obstructive tissue after 90 days postoperative.<br>Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | <b>52630</b> | N/A Dx/Tx   | \$336.54       | \$336.54    |
| Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time.  | <b>52214</b> | N/A Dx/Tx   | \$152.39       | \$617.21    |
| Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete  | <b>52647</b> | N/A Dx/Tx   | \$486.67       | \$2,023.59  |
| Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete   | <b>52648</b> | N/A Dx/Tx   | \$519.58       | \$2,054.47  |
| Transurethral drainage of prostatic abscess   | <b>52700</b> | N/A Dx/Tx   | \$317.32       | \$317.32    |
| Transurethral destruction of prostate tissue; by microwave thermotherapy  | <b>53850</b> | N/A Dx/Tx   | \$429.56       | \$2,401.12  |
| Transurethral destruction of prostate tissue; by radiofrequency thermotherapy   | <b>53852</b> | N/A Dx/Tx   | \$467.35       | \$2,297.67  |
| Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)   | <b>38562</b> | N/A Dx/Tx   | \$476.77       | \$476.77    |
| Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)   | <b>55801</b> | N/A Dx/Tx   | \$791.93       | \$791.93    |
| Prostatectomy, perineal radical   | <b>55810</b> | N/A Dx/Tx   | \$961.17       | \$961.17    |
| Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)   | <b>55812</b> | N/A Dx/Tx   | \$1,169.76     | \$1,169.76  |
| Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes   | <b>55815</b> | N/A Dx/Tx   | \$1,291.84     | \$1,291.84  |

**2013 Prostate Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Prostate Cancer Procedures  | CPT Code        | Medicare®   |             |             |             |             |             | Medicaid          |                   |
|---|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------|-------------------|
|   |                 | Region 99   |             | Region 1    |             | DC Metro    |             | All of MD         |                   |
|   |                 | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility @@    | Not In-Fac.       |
| Prostatectomy, including control of postoperative bleeding, vasectomy, meotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages  | <b>55821</b>    | N/A Dx/Tx   | <b>\$637.56</b>   | <b>\$637.56</b>   |
| Prostatectomy, retropubic, subtotal   | <b>55831</b>    | N/A Dx/Tx   | <b>\$690.80</b>   | <b>\$690.80</b>   |
| Prostatectomy, retropubic, radical, with or without nerve sparing   | <b>55840</b>    | N/A Dx/Tx   | <b>\$979.19</b>   | <b>\$979.19</b>   |
| Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy  | <b>55842</b>    | N/A Dx/Tx   | <b>\$1,048.75</b> | <b>\$1,048.75</b> |
| Prostatectomy, retropubic, radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (if 55845 is carried out on separate days, use 38770 with modifier '-50 and 55840) | <b>55845</b>    | N/A Dx/Tx   | <b>\$1,198.70</b> | <b>\$1,198.70</b> |
| Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy   | <b>55875</b>    | N/A Dx/Tx   | <b>\$559.10</b>   | <b>\$559.10</b>   |
| Interstitial radiation source application;  | <b>77776</b>    | N/A Dx/Tx   | <b>\$289.72</b>   | <b>\$289.72</b>   |
| -26 Modifier  | <b>77776-26</b> | N/A Dx/Tx   | <b>\$167.26</b>   | <b>\$167.26</b>   |
| -TC Modifier  | <b>77776-TC</b> | N/A Dx/Tx   | <b>\$122.46</b>   | <b>\$122.46</b>   |
| Interstitial radiation source application;  | <b>77777</b>    | N/A Dx/Tx   | <b>\$436.11</b>   | <b>\$436.11</b>   |
| -26 Modifier  | <b>77777-26</b> | N/A Dx/Tx   | <b>\$279.50</b>   | <b>\$279.50</b>   |
| -TC Modifier  | <b>77777-TC</b> | N/A Dx/Tx   | <b>\$156.61</b>   | <b>\$156.61</b>   |
| Interstitial radiation source application; complex  | <b>77778</b>    | N/A Dx/Tx   | <b>\$613.65</b>   | <b>\$613.65</b>   |
| -26 Modifier  | <b>77778-26</b> | N/A Dx/Tx   | <b>\$411.74</b>   | <b>\$411.74</b>   |
| -TC Modifier  | <b>77778-TC</b> | N/A Dx/Tx   | <b>\$201.89</b>   | <b>\$201.89</b>   |
| Exposure of prostate, any approach, for insertion of radioactive substance; For application of interstitial radioelement see 77776 through 77778  | <b>55860</b>    | N/A Dx/Tx   | <b>\$641.00</b>   | <b>\$641.00</b>   |
| Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s), limited pelvic lymphadenectomy   | <b>55862</b>    | N/A Dx/Tx   | <b>\$811.86</b>   | <b>\$811.86</b>   |
| Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvis lymphadenectomy, including external iliac, hypogastric and obturator nodes  | <b>55865</b>    | N/A Dx/Tx   | <b>\$973.87</b>   | <b>\$973.87</b>   |
| Echography, scrotum and contents  | <b>76870</b>    | N/A Dx/Tx   | <b>\$87.34</b>    | <b>\$87.34</b>    |
| -26 Modifier  | <b>76870-26</b> | N/A Dx/Tx   | <b>\$23.18</b>    | <b>\$23.18</b>    |

**2013 Prostate Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Prostate Cancer Procedures   | CPT Code        | Medicare ®  |             |             |             |             |             | Medicaid        |                 |
|--|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|-----------------|
|  |                 | Region 99   |             | Region 1    |             | DC Metro    |             | All of MD       |                 |
|  |                 | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility | Not In-Fac. | In-Facility @@  | Not In-Fac.     |
| -TC Modifier   | <b>76870-TC</b> | N/A Dx/Tx   | <b>\$64.16</b>  | <b>\$64.16</b>  |
| Ultrasound prostate examination: Transrectal, global   | <b>76872</b>    | N/A Dx/Tx   | <b>\$100.35</b> | <b>\$100.35</b> |
| -26 Modifier   | <b>76872-26</b> | N/A Dx/Tx   | <b>\$25.47</b>  | <b>\$25.47</b>  |
| -TC Modifier   | <b>76872-TC</b> | N/A Dx/Tx   | <b>\$74.88</b>  | <b>\$74.88</b>  |
| Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | <b>76873</b>    | N/A Dx/Tx   | <b>\$131.14</b> | <b>\$131.14</b> |
| -26 Modifier   | <b>76873-26</b> | N/A Dx/Tx   | <b>56.35</b>    | <b>56.35</b>    |
| -TC Modifier   | <b>76873-TC</b> | N/A Dx/Tx   | <b>74.79</b>    | <b>74.79</b>    |

2013 Skin Cancer Reimbursement Rates\* (Effective January 01, 2013)

| Skin Cancer Procedures   | CPT Code   | Medicare®   |                 |             |                 |             |                 | Medicaid     |                 |
|--|--|-------------|-----------------|-------------|-----------------|-------------|-----------------|--------------|-----------------|
|  |  | Region 99   |                 | Region 1    |                 | DC Metro    |                 | All of MD    |                 |
|  |  | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility® | Not In-Facility |
| <b>Excision, benign lesion, trunk, arms or legs</b>  |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11400  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$52.59      | \$84.42         |
| lesion diam: 0.6 cm - 1.0cm  | 11401  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$69.02      | \$100.97        |
| lesion diam: 1.1 cm - 2.0cm  | 11402  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$75.86      | \$112.14        |
| lesion diam: 2.1 cm - 3.0cm  | 11403  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$96.31      | \$128.57        |
| lesion diam: 3.1 cm - 4.0cm  | 11404  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$106.70     | \$146.08        |
| lesion diam: over 4.0 cm   | 11406  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$157.20     | \$193.53        |
| <b>Excision, benign lesion,scalp, neck, hands, feet, and genitalia</b>   |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11420  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$57.31      | \$84.29         |
| lesion diam: 0.6 cm - 1.0cm  | 11421  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$76.44      | \$107.46        |
| lesion diam: 1.1 cm - 2.0cm  | 11422  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$91.61      | \$120.13        |
| lesion diam: 2.1 cm - 3.0cm  | 11423  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$106.48     | \$139.97        |
| lesion diam: 3.1 cm - 4.0cm  | 11424  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$123.14     | \$160.36        |
| lesion diam: over 4.0 cm   | 11426  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$185.95     | \$227.18        |
| <b>Excision, benign lesion,face, ears, eyelids, nose, and lips</b>   |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11440  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$69.38      | \$93.88         |
| lesion diam: 0.6 cm - 1.0cm  | 11441  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$89.71      | \$115.75        |
| lesion diam: 1.1 cm - 2.0cm  | 11442  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$99.54      | \$129.93        |
| lesion diam: 2.1 cm - 3.0cm  | 11443  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$122.80     | \$155.97        |
| lesion diam: 3.1 cm - 4.0cm  | 11444  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$156.77     | \$195.84        |
| lesion diam: over 4.0 cm   | 11446  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$219.97     | \$261.53        |
| <b>Excision, malignant lesion, trunk, arms or legs</b>   |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11600  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$76.30      | \$122.33        |
| lesion diam: 0.6 cm - 1.0cm  | 11601  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$97.94      | \$144.97        |
| lesion diam: 1.1 cm - 2.0cm  | 11602  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$106.35     | \$157.82        |
| lesion diam: 2.1 cm - 3.0cm  | 11603  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$125.93     | \$179.29        |
| lesion diam: 3.1 cm - 4.0cm  | 11604  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$138.08     | \$198.10        |
| lesion diam: over 4.0 cm   | 11606  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$204.25     | \$275.94        |
| <b>Excision, malignant lesion,scalp, neck, hands, feet, and genitalia</b>  |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11620  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$76.92      | \$122.99        |
| lesion diam: 0.6 cm - 1.0cm  | 11621  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$99.16      | \$146.15        |
| lesion diam: 1.1 cm - 2.0cm  | 11622  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$113.85     | \$164.71        |
| lesion diam: 2.1 cm - 3.0cm  | 11623  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$139.72     | \$192.53        |
| lesion diam: 3.1 cm - 4.0cm  | 11624  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$159.95     | \$217.91        |
| lesion diam: over 4.0 cm   | 11626  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$204.40     | \$279.01        |
| <b>Excision, malignant lesion,face, ears, eyelids, nose, and lips</b>  |  |             |                 |             |                 |             |                 |              |                 |
| lesion diam: 0.5 cm or <   | 11640  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$82.43      | \$128.57        |
| lesion diam: 0.6 cm - 1.0cm  | 11641  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$108.26     | \$160.41        |
| lesion diam: 1.1 cm - 2.0cm  | 11642  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$127.13     | \$185.37        |
| lesion diam: 2.1 cm - 3.0cm  | 11643  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$158.07     | \$214.22        |
| lesion diam: 3.1 cm - 4.0cm  | 11644  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$198.09     | \$270.80        |
| lesion diam: over 4.0 cm   | 11646  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$28.79      | \$359.25        |
| Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion   | 17000  | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$36.87      | \$51.78         |
| Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion) | 17003 - Add-on code (use 17003 in conjunction with code 17000) | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$3.60       | \$5.47          |

**2013 Skin Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Skin Cancer Procedures   | CPT Code   | Medicare®   |                 |             |                 |             |                 | Medicaid     |                 |
|--|--|-------------|-----------------|-------------|-----------------|-------------|-----------------|--------------|-----------------|
|  |  | Region 99   |                 | Region 1    |                 | DC Metro    |                 | All of MD    |                 |
|  |  | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility® | Not In-Facility |
| Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions. | <b>17004 (Do not report 17004 in conjunction with codes 17000-17003)</b> | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$96.08      | \$123.69        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less  | <b>17260</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$46.64      | \$66.80         |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm   | <b>17261</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$61.75      | \$92.06         |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm   | <b>17262</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$78.81      | \$111.71        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm   | <b>17263</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$86.88      | \$123.02        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm   | <b>17264</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$92.82      | \$132.90        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm   | <b>17266</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$107.11     | \$150.51        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less  | <b>17270</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$66.49      | \$96.31         |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm   | <b>17271</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$74.92      | \$105.29        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm   | <b>17272</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$86.88      | \$120.65        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm   | <b>17273</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$97.64      | \$134.26        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm   | <b>17274</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$119.75     | \$159.66        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm   | <b>17276</b>   | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$144.50     | \$187.86        |

**2013 Skin Cancer Reimbursement Rates\* (Effective January 01, 2013)**

| Skin Cancer Procedures   | CPT Code | Medicare®   |                 |             |                 |             |                 | Medicaid     |                 |
|--|----------|-------------|-----------------|-------------|-----------------|-------------|-----------------|--------------|-----------------|
|  |          | Region 99   |                 | Region 1    |                 | DC Metro    |                 | All of MD    |                 |
|  |          | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility | In-Facility® | Not In-Facility |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less   | 17280    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$60.83      | \$90.27         |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm  | 17281    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$84.49      | \$114.17        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm  | 17282    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$97.65      | \$132.19        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm  | 17283    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$122.48     | \$159.89        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm  | 17284    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$145.81     | \$186.79        |
| Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm  | 17286    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$198.42     | \$247.72        |
| <b>Mohs Micrographic Surgery</b>   |          |             |                 |             |                 |             |                 |              |                 |
| Chemosurgery (Mohs micrographic technique), including removal of all gross tumors, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; first stage, fresh tissue technique, head, neck, hands, feet, genitalia, and other areas (please check with CCSC if nec.) up to 5 specimens | 17311    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$261.89     | \$494.51        |
| Chemosurgery (Mohs micrographic technique), as above; each additional stage, fixed or fresh tissue, up to 5 specimens  | 17312    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$139.49     | \$299.13        |
| Chemosurgery (Mohs micrographic technique), including removal of all gross tumors, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; trunk, arms or legs, fixed or fresh tissue, up to 5 specimens   | 17313    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$235.26     | \$451.81        |
| Chemosurgery (Mohs micrographic technique), as above in 14313; up to 5 specimens, each stage   | 17314    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$128.99     | \$277.05        |
| Chemosurgery (Mohs micrographic technique); each block after the first 5 tissue blocks, any stage (listed separately in addition to code for primary procedure)  | 17315    | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | N/A Dx/Tx   | N/A Dx/Tx       | \$36.82      | \$58.10         |