

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

All Cancers by CPT Code	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	
ANES SURG	Anesthesia for colonoscopy	00810	See Anesthesia section on the CRC & General Worksheet for explanations								
	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
SKIN	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	
Dress	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	
SKIN	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; 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	

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SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	17260	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	17261	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	17262	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	17263	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	17264	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	17266	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	17270	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	17271	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	17272	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	17273	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

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SKIN	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	17274	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
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	17276	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
SKIN	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
SKIN	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
SKIN	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
SKIN	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
SKIN	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
SKIN	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
SKIN	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

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SKIN	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
SKIN	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
SKIN	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
SKIN	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
OTHR	Introduction of needle or intracatheter, vein	36000	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B		\$6.85	\$19.98
LAB	Venipuncture - routine	36415		\$3.00		\$3.00		\$3.00		\$2.19	\$2.19
PROS	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)	38562	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	\$476.77	\$476.77
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair	40810	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$90.57	\$134.61
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple repair	40812	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$140.96	\$189.49
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex repair	40814	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$218.78	\$262.33
ORAL	Biopsy of Tongue, anterior 2/3	41100	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$80.22	\$119.29
ORAL	Biopsy of Tongue, posterior 1/3	41105	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	\$115.97
ORAL	Biopsy of Floor of Mouth	41108	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$64.95	\$97.80
ORAL	Excision of lesion of tongue, without closure	41110	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$94.30	\$140.58
ORAL	Excision of lesion of tongue, with closure, anterior 2/3	41112	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$180.00	\$224.91
ORAL	Excision of lesion or tumor, dentoalveolar structures without repair	41825	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$97.01	\$138.41
ORAL	Excision of lesion or tumor, dentoalveolar structures without repair	41826	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$142.13	\$178.76
ORAL	Biopsy of palate or uvula	42100	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$78.79	\$105.77
ORAL	Excision of lesion of palate or uvula, with-out closure	42104	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$97.47	\$136.78
SURG	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
SURG	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

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SURG	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	N/A Dx/Tx	\$1,120.40	\$1,120.40
SURG	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	N/A Dx/Tx	\$1,146.56	\$1,146.56
SURG	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	N/A Dx/Tx	\$801.27	\$201.27
COL	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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
SURG	Low anterior resection and colorectal anastomosis	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	N/A Dx/Tx	\$1,105.02	\$1,105.02
SURG	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	N/A Dx/Tx	\$1,264.90	\$1,264.90
SURG	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	N/A Dx/Tx	\$440.21	\$440.21
SURG	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	N/A Dx/Tx	\$452.11	\$452.11
SIG	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing	45330	\$66.60	\$146.35	\$69.89	\$157.60	\$73.07	\$168.85		\$44.66	\$100.56
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	Sigmoidoscopy, flexible; with biopsy, single or multiple	45331	\$79.41	\$179.77	\$83.40	\$189.77	\$87.09	\$203.26		\$53.69	\$130.91
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	45333	\$114.62	\$326.96	\$120.35	\$345.41	\$125.17	\$370.95		\$78.38	\$214.21
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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

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		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	In-Facility ®	Not In-Facility	
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding, any method	45334	\$169.33	\$169.33	\$177.46	\$177.46	\$184.57	\$184.57		\$117.88	\$117.88
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques	45338	\$146.12	\$349.66	\$153.23	\$368.96	\$159.33	\$394.92		\$101.39	\$234.80
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	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	45339	\$192.79	\$370.97	\$202.19	\$391.05	\$210.00	\$416.25		\$134.52	\$227.11
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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

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COL	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	
COL	-53 Modifier	45378	\$66.60	\$149.35	\$69.89	\$157.60	\$73.07	\$168.85			
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	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	
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method &	45382	\$340.14	\$653.54	\$356.47	\$688.65	\$369.93	\$732.69	\$237.58	\$473.56	
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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

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			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											
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	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 &	45383	\$346.92	\$605.04	\$363.77	\$637.35	\$377.01	\$675.77		\$240.90	\$421.08
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery &	45384	\$279.15	\$498.54	\$292.74	\$525.26	\$303.47	\$557.40		\$194.71	\$349.45
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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

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		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	In-Facility ®®	Not In-Facility	
COL	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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
PROS	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time.	52214	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	\$152.39	\$617.21
PROS	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (1st stage)	52601	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	\$601.27	\$601.27
PROS	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	52601	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	\$440.21	\$440.21
PROS	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (2nd stage)	52601-58	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	**	**
PROS	Transurethral resection, of residual obstructive tissue after 90 days postoperative. 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)	52630	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	\$336.54	\$336.54
PROS	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete	52647	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	\$486.67	\$2,023.59
PROS	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	52648	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	\$519.58	\$2,054.47
PROS	Transurethral drainage of prostatic abscess	52700	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	\$317.32	\$317.32
PROS	Transurethral destruction of prostate tissue; by microwave thermotherapy	53850	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	\$429.56	\$2,401.12
PROS	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	53852	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	\$467.35	\$2,297.67
PROS	Biopsy, prostate; needle or punch, single or multiple, any approach	55700	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	\$100.26	\$184.71

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All Cancers by CPT Code	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		
PROS	Facility fee for biopsy, prostate; needle or punch, single or multiple, any approach	55700	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	N/A Dx/Tx	\$401.65	N/A
PROS	Biopsy, prostate; incisional, any approach	55705	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	N/A Dx/Tx	\$199.14	\$199.14
PROS	Facility fee for Biopsy, prostate; incisional, any approach	55705	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	N/A Dx/Tx	\$401.65	N/A
PROS	Prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	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	N/A Dx/Tx	\$346.54	\$346.54
PROS	Facility fee for prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	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	N/A Dx/Tx	\$326.34	N/A
PROS	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	55725	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	N/A Dx/Tx	\$425.71	\$425.71
PROS	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	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	N/A Dx/Tx	\$791.93	\$791.93
PROS	Prostatectomy, perineal radical	55810	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	N/A Dx/Tx	\$961.17	\$961.17
PROS	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	55812	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	N/A Dx/Tx	\$1,169.76	\$1,169.76
PROS	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55815	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	N/A Dx/Tx	\$1,291.84	\$1,291.84
PROS	Prostatectomy, including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	55821	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	N/A Dx/Tx	\$637.56	\$637.56
PROS	Prostatectomy, retropubic, subtotal	55831	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	N/A Dx/Tx	\$690.80	\$690.80
PROS	Prostatectomy, retropubic, radical, with or without nerve sparing	55840	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	N/A Dx/Tx	\$979.19	\$979.19
PROS	Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy	55842	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	N/A Dx/Tx	\$1,048.75	\$1,048.75
PROS	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)	55845	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	N/A Dx/Tx	\$1,198.70	\$1,198.70
PROS	Exposure of prostate, any approach, for insertion of radioactive substance; For application of interstitial radioelement see 77776 through 77778	55860	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	N/A Dx/Tx	\$641.00	\$641.00
PROS	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s), limited pelvic lymphadenectomy	55862	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	N/A Dx/Tx	\$811.86	\$811.86
PROS	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55865	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	N/A Dx/Tx	\$973.87	\$973.87

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All Cancers by CPT Code		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
PROS	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	55875	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	\$559.10	\$559.10
ORAL	Computerized axial tomography, maxillofacial area; without contrast material	70450	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	\$177.00	\$177.00
ORAL	-26 Modifier	70450	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	\$30.90	\$30.90
ORAL	-TC Modifier	70450	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	\$146.10	\$146.10
ORAL	Computerized axial tomography, soft tissue neck; without contrast material	70486	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	\$190.63	\$190.63
ORAL	-26 Modifier	70486	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	\$40.91	\$40.91
ORAL	-TC Modifier	70486	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	\$149.72	\$149.72
ORAL	Computerized axial tomography, soft tissue neck; without contrast material(s)	70490	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	\$196.06	\$196.06
ORAL	-26 Modifier	70490	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	\$46.64	\$46.64
ORAL	-TC Modifier	70490	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	\$149.42	\$149.42
ORAL	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	70540	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	\$316.79	\$316.79
ORAL	-26 Modifier	70540	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	\$48.63	\$48.63
ORAL	-TC Modifier	70540	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	\$268.16	\$268.16
CXR	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	
CXR	-26 Modifier	71020	\$10.72	\$10.72	\$11.08	\$11.08	\$11.50	\$11.50	\$7.73	\$7.73	
CXR	-TC Modifier	71020	\$21.11	\$21.11	\$22.43	\$22.43	\$24.43	\$24.43	\$17.80	\$17.80	
CXR	Chest X-ray, with fluoroscopy	71034	\$90.44	\$90.44	\$95.27	\$95.27	\$102.78	\$102.78	\$69.45	\$69.45	
CXR	-26 Modifier	71034	\$22.14	\$22.14	\$22.83	\$22.83	\$23.73	\$23.73	\$17.48	\$17.48	
CXR	-TC Modifier	71034	\$68.30	\$68.30	\$72.44	\$72.44	\$79.05	\$79.05	\$51.97	\$51.97	
CT	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	N/A Dx/Tx	\$189.14	\$189.14
CT	-26 Modifier	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	N/A Dx/Tx	\$39.49	\$39.49
CT	-TC Modifier	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	N/A Dx/Tx	\$149.65	\$149.65
CT	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	N/A Dx/Tx	\$258.55	\$258.55
CT	-26 Modifier	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	N/A Dx/Tx	\$42.07	\$42.07
CT	-TC Modifier	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	N/A Dx/Tx	\$216.48	\$216.48
MRI	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	N/A Dx/Tx	\$320.73	\$320.73
MRI	-26 Modifier	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	N/A Dx/Tx	\$52.63	\$52.63
MRI	-TC Modifier	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	N/A Dx/Tx	\$268.10	\$268.10
MRI	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	N/A Dx/Tx	\$372.64	\$372.64
MRI	-26 Modifier	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	N/A Dx/Tx	\$62.68	\$62.68
MRI	-TC Modifier	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	N/A Dx/Tx	\$309.96	\$309.96
CT	CAT scan, abdomen; with contrast material(s)	74160	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	\$262.90	\$262.90
CT	-26 Modifier	74160	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	\$46.35	\$46.35
CT	-TC Modifier	74160	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	\$216.55	\$216.55
CT	CT scan (with and without contrast-abdomen)	74170	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	\$304.68	\$304.68
CT	-26 Modifier	74170	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	\$50.67	\$50.67
CT	-TC Modifier	74170	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	\$254.01	\$254.01

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All Cancers by CPT Code	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	
RAD	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
RAD	-26 Modifier	74240	\$34.23	\$34.23	\$35.46	\$35.46	\$36.76	\$36.76		\$25.19	\$25.19
RAD	-TC Modifier	74240	\$86.26	\$86.26	\$91.48	\$91.48	\$99.84	\$99.84		\$54.66	\$54.66
RAD	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
RAD	-26 Modifier	74241	\$33.54	\$33.54	\$34.67	\$34.67	\$35.97	\$35.97		\$24.88	\$24.88
RAD	-TC Modifier	74241	\$92.60	\$92.60	\$98.20	\$98.20	\$107.17	\$107.17		\$59.13	\$59.13
RAD	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
RAD	-26 Modifier	74245	\$44.60	\$44.60	\$46.17	\$46.17	\$47.85	\$48.28		\$32.92	\$32.92
RAD	-TC Modifier	74245	\$127.11	\$127.11	\$134.77	\$134.77	\$147.12	\$165.12		\$93.29	\$93.29
RAD	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
RAD	-26 Modifier	74250	\$23.16	\$23.16	\$24.00	\$24.00	\$24.86	\$24.86		16.89	16.89
RAD	-TC Modifier	74250	\$85.55	\$85.55	\$90.73	\$90.73	\$99.02	\$99.02		55.86	55.86
CT	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
CT	-26 Modifier	74261	\$117.57	N/A	\$121.63	N/A	\$126.14	N/A		\$83.06	\$83.06
CT	-TC Modifier	74261	\$179.59	N/A	\$190.35	N/A	\$207.87	N/A		\$151.01	\$151.01
CT	Computed tomographic (CT) colonography with contrast material	74262	\$429.79	N/A	\$452.56	N/A	\$487.10	N/A		\$320.87	\$320.87
CT	-26 Modifier	74262	\$122.03	N/A	\$126.32	N/A	\$130.88	N/A		\$91.16	\$91.16
CT	-TC Modifier	74262	\$307.75	N/A	\$326.24	N/A	\$356.22	N/A		\$229.71	\$229.71
BE	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
BE	-26 Modifier	74270	\$38.88	\$38.88	\$35.08	\$35.08	\$36.35	\$36.35		\$25.19	\$25.19
BE	-TC Modifier	74270	\$127.11	\$127.11	\$134.77	\$134.77	\$147.12	\$147.12		\$68.92	\$68.92
BE	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
BE	-26 Modifier	74280	\$48.41	\$48.41	\$50.08	\$50.08	\$51.93	\$51.93		\$35.48	\$35.48
BE	-TC Modifier	74280	\$127.11	\$127.11	\$134.77	\$134.77	\$147.12	\$147.12		\$105.49	\$105.49
PROS	Echography, scrotum and contents	76870	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	\$87.34	\$87.34
PROS	-26 Modifier	76870	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	\$23.18	\$23.18
PROS	-TC Modifier	76870	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	\$64.16	\$64.16
ULTRA	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	N/A Dx/Tx	\$100.35	\$100.35
ULTRA	-26 Modifier	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	N/A Dx/Tx	\$25.47	\$25.47
ULTRA	-TC Modifier	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	N/A Dx/Tx	\$74.88	\$73.88
PROS	Ultrasound prostate examination: Transrectal, global	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	N/A Dx/Tx	\$100.35	\$100.35
PROS	-26 Modifier	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	N/A Dx/Tx	\$25.47	\$25.47
PROS	-TC Modifier	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	N/A Dx/Tx	\$74.88	\$74.88
PROS	Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	76873	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	\$131.14	\$131.14
PROS	-26 Modifier	76873	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	56.35	56.35
PROS	-TC Modifier	76873	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	74.79	74.79

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			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	In-Facility [®]	Not In-Facility
OTHR	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	N/A Dx/Tx	\$53.07	\$53.07
OTHR	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	N/A Dx/Tx	\$80.16	\$80.16
OTHR	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	N/A Dx/Tx	\$119.19	\$119.19
OTHR	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	N/A Dx/Tx	\$144.87	\$144.87
OTHR	-26 Modifier	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	N/A Dx/Tx	\$25.45	\$25.45
OTHR	-TC Modifier	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	N/A Dx/Tx	\$119.42	\$119.42
OTHR	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	N/A Dx/Tx	\$243.33	\$243.33
OTHR	-26 Modifier	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	N/A Dx/Tx	\$37.47	\$37.47
OTHR	-TC Modifier	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	N/A Dx/Tx	\$205.86	\$205.86
OTHR	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	N/A Dx/Tx	\$355.05	\$355.05
OTHR	-26 Modifier	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	N/A Dx/Tx	\$55.78	\$55.78
OTHR	-TC Modifier	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	N/A Dx/Tx	\$299.27	\$299.27
OTHR	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	N/A Dx/Tx	\$602.65	\$602.65
OTHR	-26 Modifier	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	N/A Dx/Tx	\$139.03	\$139.03
OTHR	-TC Modifier	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	N/A Dx/Tx	\$463.62	\$463.62
OTHR	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	N/A Dx/Tx	\$61.26	\$61.26
OTHR	-26 Modifier	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	N/A Dx/Tx	\$23.24	\$23.24
OTHR	-TC Modifier	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	N/A Dx/Tx	\$38.02	\$38.02
OTHR	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	N/A Dx/Tx	\$69.11	\$69.11
OTHR	-26 Modifier	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	N/A Dx/Tx	\$26.50	\$26.50
OTHR	-TC Modifier	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	N/A Dx/Tx	\$42.61	\$42.61
OTHR	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	N/A Dx/Tx	\$93.06	\$93.06
OTHR	-26 Modifier	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	N/A Dx/Tx	\$39.02	\$39.02
OTHR	-TC Modifier	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	N/A Dx/Tx	\$54.04	\$54.04
OTHR	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	N/A Dx/Tx	\$127.91	\$127.91
OTHR	-26 Modifier	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	N/A Dx/Tx	\$58.07	\$58.07
OTHR	-TC Modifier	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	N/A Dx/Tx	\$69.84	\$69.84
OTHR	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	N/A Dx/Tx	\$48.86	\$48.86
OTHR	-26 Modifier	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	N/A Dx/Tx	\$32.46	\$32.46
OTHR	-TC Modifier	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	N/A Dx/Tx	\$16.40	\$16.40
OTHR	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	N/A Dx/Tx	\$64.47	\$64.47
OTHR	-26 Modifier	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	N/A Dx/Tx	\$20.24	\$20.24
OTHR	-TC Modifier	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	N/A Dx/Tx	\$44.23	\$44.23
OTHR	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	N/A Dx/Tx	\$63.07	\$63.07
OTHR	-26 Modifier	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	N/A Dx/Tx	\$29.14	\$29.14
OTHR	-TC Modifier	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	N/A Dx/Tx	\$33.93	\$33.93

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Procedure											
OTHR	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
OTHR	-26 Modifier	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		\$46.17	\$46.17
OTHR	-TC Modifier	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		\$91.19	\$91.19
OTHR	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
OTHR	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
OTHR	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
OTHR	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
OTHR	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
OTHR	Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenital 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
OTHR	Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenital 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
OTHR	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
OTHR	Radiation treatment management, five treatments	77427	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$133.02	\$133.02
PROS	Interstitial radiation source application;	77776	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	\$289.72	\$289.72
PROS	-26 Modifier	77776	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	\$167.26	\$167.26
PROS	-TC Modifier	77776	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	\$122.46	\$122.46
PROS	Interstitial radiation source application;	77777	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	\$436.11	\$436.11
PROS	-26 Modifier	77777	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	\$279.50	\$279.50
PROS	-TC Modifier	77777	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	\$156.61	\$156.61
PROS	Interstitial radiation source application; complex	77778	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	\$613.65	\$613.65
PROS	-26 Modifier	77778	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	\$411.74	\$411.74
PROS	-TC Modifier	77778	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	\$201.89	\$201.89
LAB	QW Electrolyte Panel - includes bicarbonate, chloride, potassium, sodium	80051	\$9.64	\$9.64	\$9.64	\$9.64	\$9.64	\$9.64		\$7.47	\$7.47
LAB	QW 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		\$9.25	\$9.25

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LAB	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	\$8.70	\$8.70	
PATH	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	
LAB	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	\$3.38	\$3.38	
LAB	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	\$3.38	\$3.38	
LAB	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	\$2.72	\$2.72	
LAB	Urinalysis; qualitative or semiquantitative, except immunoassays	81005	\$2.98	\$2.98	\$2.98	\$2.98	\$2.98	\$2.98	\$2.31	\$2.31	
LAB QW	Urinalysis... bacteriuria screen, except by culture or dipstick	81007	\$3.53	\$3.53	\$3.53	\$3.53	\$3.53	\$3.53	\$2.74	\$2.74	
LAB	Urinalysis... microscopic only	81015	\$3.96	\$3.96	\$3.96	\$3.96	\$3.96	\$3.96	\$2.94	\$2.94	
LAB	Urinalysis... two or three glass test	81020	\$5.07	\$5.07	\$5.07	\$5.07	\$5.07	\$5.07	\$3.92	\$3.92	
LAB	Urine pregnancy test, by visual color comparison methods	81025	\$8.70	\$8.70	\$8.70	\$8.70	\$8.70	\$8.70	\$6.73	\$6.73	
LAB	Volume measurement (urine) for timed collection, each	81050	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$2.97	\$2.97	
LAB	Unlisted urinalysis procedure	81099							BR+	BR+	
FOBT	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	
FOBT QW	Blood, occult, fecal hemoglobin immunoassay	82274	\$21.86	\$21.86	\$21.86	\$21.86	\$21.86	\$21.86	\$21.86	\$21.86	
LAB	Carcinoembryonic Antigen (CEA)	82378	\$26.08	\$26.08	\$26.08	\$26.08	\$26.08	\$26.08	\$20.19	\$20.19	
PROS	Prostate specific antigen (PSA); complexed (direct measurement)	84152	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	19.58	19.58	
PROS	Prostate specific antigen (PSA); total	84153	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	19.58	19.58	
PROS	Prostate specific antigen (PSA); free	84154	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	19.58	19.58	
LAB	Blood Count; blood smear, micro exam with manual diff WBC count	85007	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$4.73	\$3.52	\$3.52	
LAB	Prothrombin (PT), specific clotting factor II	85210	\$5.65	\$5.65	\$5.65	\$5.65	\$5.65	\$5.65	\$4.19	\$4.19	
LAB	Thromboplastin (PTT) time, partial, plasma or whole blood	85730	\$6.65	\$6.65	\$6.65	\$6.65	\$6.65	\$6.65	\$5.15	\$5.15	
PATH	Surgical Pathology , gross examination only &&&	88300	\$15.04	\$15.04	\$15.93	\$15.93	\$17.07	\$17.07	\$17.72	\$17.72	
PATH	-26 Modifier	88300	\$4.50	\$4.50	\$4.70	\$4.70	\$4.87	\$4.87	\$3.15	\$3.15	

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PATH	-TC Modifier	88300	\$10.55	\$10.55	\$11.23	\$11.23	\$12.20	\$12.20		\$14.57	\$14.57
PATH	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
PATH	-26 Modifier	88302	\$6.92	\$6.92	\$7.19	\$7.19	\$7.47	\$7.47		\$4.87	\$4.87
PATH	TC Modifier	88302	\$24.99	\$24.99	\$26.54	\$26.54	\$28.92	\$28.92		\$33.62	\$33.62
PATH	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
PATH	-26 Modifier	88304	\$11.42	\$11.42	\$11.83	\$11.83	\$12.31	\$12.31		\$7.72	\$7.72
PATH	-TC Modifier	88304	\$34.49	\$34.49	\$36.61	\$36.61	\$39.92	\$39.92		\$39.87	\$39.87
PATH	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
PATH	-26 Modifier	88305	\$37.40	\$37.40	\$38.56	\$38.56	\$40.20	\$40.20		\$27.19	\$27.19
PATH	-TC Modifier	88305	\$34.49	\$34.49	\$36.61	\$36.61	\$39.92	\$39.92		\$52.04	\$52.04
PATH	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
PATH	-26 Modifier	88307	\$83.50	\$83.50	\$86.31	\$86.31	\$90.08	\$90.08		\$58.42	\$58.42
PATH	-TC Modifier	88307	\$222.89	\$222.89	\$236.29	\$236.29	\$257.98	\$257.98		\$97.28	\$97.28
PATH	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
PATH	-26 Modifier	88309	\$147.59	\$147.59	\$152.63	\$152.63	\$159.26	\$159.26		\$98.69	\$98.69
PATH	-TC Modifier	88309	\$315.11	\$315.11	\$334.15	\$334.15	\$364.73	\$364.73		\$132.11	\$132.11
PATH	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
PATH	-26 Modifier	88312	\$27.01	\$27.01	\$27.86	\$27.86	\$29.03	\$29.03		\$20.26	\$20.26
PATH	-TC Modifier	88312	\$73.58	\$73.58	\$78.04	\$78.04	\$85.16	\$85.16		\$53.62	\$53.62
ECG	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
ECG	tracing only, without interpretation and report	93005	\$10.55	\$10.55	\$11.23	\$11.23	\$12.20	\$12.20		\$11.28	\$11.28
ECG	Interpretation and report only	93010	\$8.30	\$8.30	\$8.59	\$8.59	\$8.90	\$8.90		\$6.30	\$6.30
OTHR	IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician, up to one hour	96365	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$57.37	\$57.37
OTHR	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$18.15	\$18.15
OTHR	Therapeutic, prophylactic and diagnostic injection (specify material injected); subcutaneous or intramuscular	96372	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$15.83	\$15.83
OTHR	Therapeutic, prophylactic and diagnostic injection (specify material injected); intravenous	96374	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$44.95	\$44.95

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OTHR	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	96401	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	\$50.32	\$50.32
OTHR	Chemotherapy administration, intravenous, push technique	96409	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	\$92.78	\$92.78
OTHR	Chemotherapy administration, intravenous, infusion technique, each additional substance/drug (use in conjunction with code 96409, 96413)	96411	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	\$52.92	\$52.92
OTHR	Chemotherapy administration, intravenous, infusion technique, up to 1 hour, single or initial substance/drug	96413	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	\$125.73	\$125.73
OTHR	Chemotherapy administration, intravenous infusion technique; each additional hour (use in conjunction with code 96413)	96415	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	\$27.91	\$27.91
OTHR	Chemotherapy administration, intra-arterial, push technique	96420	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	\$87.47	\$87.47
OTHR	Chemotherapy administration into peritoneal cavity, via indwelling port or catheter	96446	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	\$17.71	\$150.17
OTHR	Refilling and maintenance of portable pump	96521	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	\$109.80	\$109.80
OTHR	Refilling and maintenance of implantable pump or reservoir	96522	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	\$87.45	\$87.45
OTHR	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	96542	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	\$36.63	\$136.18
LAB	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	99000	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$0.00	\$0.00
LAB	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	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$0.00	\$0.00
SED	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	Not in Part B	\$27.93	\$27.93
OV	LEVEL 1: Problem focused history & examination with straightforward medical decision for a new patient (or not seen in last 3 years) approx. 10 minutes	99201	\$26.31	\$44.97	\$27.37	\$47.15	\$28.45	\$50.05	Not in Part B	\$29.02	\$50.24
OV	LEVEL 2: Expanded problem focused history & examination with straightforward medical decision approx. 20 minutes	99202	\$49.83	\$76.24	\$51.79	\$79.78	\$53.82	\$84.39	Not in Part B	\$54.93	\$84.95
OV	LEVEL 3: Detailed history & examination requiring low complexity medical decision approx. 30 minutes	99203	\$76.43	\$110.59	\$79.62	\$115.83	\$82.56	\$122.09	Not in Part B	\$83.81	\$122.75
OV	LEVEL 4: Comprehensive history & exam ination requiring moderately complex medical decision approx. 45 minutes	99204	\$130.40	\$168.07	\$135.77	\$175.71	\$140.81	\$184.43	Not in Part B	\$143.40	\$186.65

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OV	LEVEL 5: Comprehensive history & exam ination requiring highly complex medical decision approx. 60 minutes	99205	\$167.41	\$207.90	\$174.10	\$217.02	\$180.58	\$227.45	\$184.07	\$230.52
OV	LEVEL 1: 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
OV	LEVEL 2: 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
OV	LEVEL 3: 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
OV	LEVEL 4: 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
OV	LEVEL 5: 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
IHC	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	\$110.87	N/A
IHC	...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	\$150.49	N/A
IHC	...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	\$221.30	N/A
SHC	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	\$42.61	N/A
SHC	... 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	\$78.40	N/A
SHC	... 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	\$113.05	N/A
HDS	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	\$79.53	N/A
HDS	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	\$117.34	N/A
OV	Problem focused history & examination with straightforward medical decision	99241	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$36.16	\$52.97
OV	Expanded problem focused history & examination with straightforward medical decision	99242	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$75.74	\$99.36
OV	Detailed history & examination requiring low complexity medical decision	99243	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$105.39	\$135.41
OV	Comprehensive history & examination requiring moderately complex medical decision	99244	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$166.51	\$199.34
OV	Comprehensive history & examination requiring highly complex medical decision	99245	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	\$206.75	\$243.58
IIC	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	\$52.72	\$52.72
IIC	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	\$81.28	N/A
IIC	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	\$123.87	N/A
IIC	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	\$178.53	N/A
IIC	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	\$222.49	N/A
EDS	Emergency department visit - focused	99281	\$20.72		\$21.44		\$22.11		\$22.70	N/A
EDS	... expanded - low	99282	\$40.74		\$42.22		\$43.84		\$44.66	N/A
EDS	...expanded - medium	99283	\$61.10		\$63.27		\$65.15		\$66.54	N/A

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Procedure											
EDS	... detailed - high	99284	\$116.27		\$120.55		\$123.93		\$127.02	N/A	
EDS	.. comprehensive - high	99285	\$170.44		\$176.51		\$181.47		\$186.24	N/A	
SKIN	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; 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	
SKIN	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,	17004 (Do not report 17004 in conjunction with codes 17000-17003)	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	
TRAY	Surgical Tray	A4550	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	B.I.	B.I.	
ORAL	Periodic Oral Examination	D0120	B.R.	B.R.	B.R.	B.R.	B.R.	B.R.	\$29.08	\$29.08	
ORAL	Limited oral evaluation - problem focused	D0140	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$43.20	\$43.20	
ORAL	Comprehensive Oral Evaluation	D0150	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$51.50	\$51.50	
ORAL	Detailed & extensive oral evaluation - problem focused, by report	D0160	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$43.20	\$43.20	
ORAL	X-Ray Panoramic Maxilla/Mandible film	D0330	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$42.00	\$42.00	
ORAL	Biopsy Oral Tissue Hard including lab report	D7285	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$85.00	\$85.00	
ORAL	Biopsy Oral Tissue Soft including lab report	D7286	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$75.00	\$75.00	
ORAL	Excision benign tumor up to 1.25 CM	D7410	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$84.00	\$84.00	
ORAL	Excision benign tumor over 1.25 CM	D7411	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.R.	B.R.	
ORAL	Excision malignant tumor up to 1.25 CM	D7440	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$108.00	\$108.00	
ORAL	Excision malignant tumor over 1.25 CM	D7441	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.R.	B.R.	
ORAL	Remove odontogenic cyst or tumor up to 1.25 CM	D7450	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$97.00	\$97.00	
ORAL	Remove odontogenic cyst or tumor up to 1.25 CM	D7451	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$125.00	\$125.00	
ORAL	Remove nonodontogenic cyst or tumor up to 1.25 CM	D7460	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$95.00	\$95.00	
ORAL	Remove nonodontogenic cyst or tumor up to 1.25 CM	D7461	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$125.00	\$125.00	
ORAL	Destruction lesion(s) physical/chemical methods	D7465	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.R.	B.R.	
ORAL	Deep sedation/general anesthesia, 1st 30 minutes	D9220	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$76.00	\$76.00	
ORAL	As in D 9220, additional 15 minutes	D9221	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$36.00	\$36.00	
ORAL	Analgesia, anxiolysis, inhalation of nitrous oxide	D9230	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$18.00	\$18.00	
ORAL	Intravenous (conscious) sedation, first 30 minutes	D9241	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$44.00	\$44.00	

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ORAL	Intravenous (conscious) sedation, each additional 15 minutes	D9242	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$33.00	\$33.00
ORAL	Non-intravenous conscious sedation	D9248	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx		\$186.91	\$186.91
PROS	Prostate cancer screening Digital rectal exam	G0102	\$8.65	\$20.62	\$8.96	\$21.65	\$9.30	\$23.16		\$0.00	\$0.00
PROS	Prostate specific antigen (PSA); Screening	G0103	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B	Not Part B		\$25.29	\$25.29
SIG	Screening Sigmoidoscopy	G0104	\$66.60	\$146.35	\$69.89	\$157.60	\$73.07	\$168.85		\$44.66	\$100.56
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
SIG	^^ 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
COL	Screening Colonoscopy for individual at high risk	G0105	\$224.21	\$421.05	\$235.25	\$443.89	\$244.05	\$471.90		\$155.38	\$298.64
COL	-53 Modifier	G0105	\$66.60	\$149.35	\$69.89	\$157.60	\$73.07	\$168.85			
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
COL	^^ 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
BE	Screening Barium Enema (alternate-flex sig)	G0106	\$232.59	\$232.59	\$245.24	\$245.24	\$265.12	\$265.12		\$94.11	\$94.11
BE	-26 Modifier	G0106	\$47.74	\$47.74	\$49.26	\$49.26	\$57.16	\$57.16		\$25.19	\$25.19
BE	-TC Modifier	G0106	\$184.86	\$184.86	\$195.98	\$195.98	\$213.96	\$213.96		\$68.92	\$68.92
BE	Screening Barium Enema (alternate-col)	G0120	\$232.59	\$232.59	\$245.24	\$245.24	\$265.12	\$265.12		\$94.11	\$94.11
BE	-26 Modifier	G0120	\$47.74	\$47.74	\$49.26	\$49.26	\$57.16	\$57.16		\$25.19	\$25.19
BE	-TC Modifier	G0120	\$184.86	\$184.86	\$195.98	\$195.98	\$213.96	\$213.96		\$68.92	\$68.92
COL	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
COL	-53 Modifier	G0121	\$66.60	\$149.35	\$69.89	\$157.60	\$73.07	\$168.85			

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

All Cancers by CPT Code	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		Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013		
PHAR	PHARMACY (Note: 2 reimbursement periods)										
PHAR	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	N/A Dx/Tx	\$290.85	\$305.67
PHAR	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	N/A Dx/Tx	\$2.57	\$4.85
PHAR	Prochlorperazine, up to 10 mg	J0780	\$1.40	\$4.55	\$1.40	\$4.55	\$1.40	\$4.55	\$1.33	\$4.32	
PHAR	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	N/A Dx/Tx	\$9.74	\$9.87
PHAR	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	N/A Dx/Tx	\$4.82	\$4.53
PHAR	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	N/A Dx/Tx	\$0.10	\$0.90
PHAR	Diphenhydramine HCl, up to 50 mg	J1200	\$0.84	\$0.79	\$0.84	\$0.79	\$0.84	\$0.79	\$0.80	\$0.75	
PHAR	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	N/A Dx/Tx	\$7.16	\$4.45
PHAR	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	N/A Dx/Tx	\$261.91	\$263.39
PHAR	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	N/A Dx/Tx	\$414.12	\$417.91
PHAR	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	N/A Dx/Tx	\$0.19	\$0.20
PHAR	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	N/A Dx/Tx	\$11.37	\$11.54
PHAR	Lorazepam, 2 mg	J2060	\$0.81	\$0.76	\$0.81	\$0.76	\$0.81	\$0.76	\$0.77	\$0.72	
PHAR	Meperidine Hydrochloride, per 100 mg	J2175	\$2.07	\$2.06	\$2.07	\$2.06	\$2.07	\$2.06	\$1.97	\$1.96	
PHAR	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	N/A Dx/Tx	\$249.74	\$243.96
PHAR	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	N/A Dx/Tx	\$28.21	\$25.56
PHAR	Fentanyl Citrate, up to 0.1mg	J3010	\$0.47	\$0.59	\$0.47	\$0.59	\$0.47	\$0.59	\$0.45	\$0.56	
PHAR	Diazepam, up to 5 mg	J3360	\$3.34	\$3.08	\$3.34	\$3.08	\$3.34	\$3.08	\$3.17	\$2.93	
PHAR	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	N/A Dx/Tx	\$1.36	\$1.46
PHAR	Normal saline 500 cc	J7040	\$0.53	\$0.54	\$0.53	\$0.54	\$0.53	\$0.54	\$0.50	\$0.51	
PHAR	5% Dextrose/normal saline, 500 ml	J7042	\$0.49	\$0.47	\$0.49	\$0.47	\$0.49	\$0.47	\$0.47	\$0.45	
PHAR	Normal saline 250 cc	J7050	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.27	\$0.26	\$0.26	
PHAR	5% Dextrose/Water (500 ml)	J7060	\$1.03	\$1.05	\$1.03	\$1.05	\$1.03	\$1.05	\$0.98	\$1.00	
PHAR	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	N/A Dx/Tx	\$3.24	\$4.02
PHAR	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	N/A Dx/Tx	\$1,184.63	\$1,184.63
PHAR	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	N/A Dx/Tx	\$20.32	\$20.74
PHAR	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	N/A Dx/Tx	\$3.13	\$3.27
PHAR	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	N/A Dx/Tx	\$2.01	\$1.94
PHAR	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	N/A Dx/Tx	\$22.20	\$33.65
PHAR	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	N/A Dx/Tx	\$0.91	\$0.90
PHAR	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	N/A Dx/Tx	\$6.05	\$5.84
PHAR	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	N/A Dx/Tx	\$0.70	\$0.72
PHAR	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	N/A Dx/Tx	\$82.33	\$79.55
PHAR	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	N/A Dx/Tx	\$1.73	\$2.00
PHAR	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	N/A Dx/Tx	\$62.05	\$54.78
PHAR	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	N/A Dx/Tx	\$10.32	\$7.64
PHAR	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	N/A Dx/Tx	\$169.47	\$183.53
PHAR	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	N/A Dx/Tx	\$4.47	\$3.23
PHAR	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	N/A Dx/Tx	\$27.70	\$28.34
PHAR	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	N/A Dx/Tx	\$3.42	\$2.82
PHAR	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	N/A Dx/Tx	\$18.33	\$16.52
PHAR	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	N/A Dx/Tx	\$1.85	\$1.85
PHAR	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	N/A Dx/Tx	\$5.13	\$4.73
PHAR	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	N/A Dx/Tx	\$22.84	\$21.14
PHAR	Mitoxantrone HCl, per 5 mg	J9293	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	\$35.04	\$35.45
PHAR	Rituxan (Rituximab), 100 mg	J9310	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	\$627.74	\$644.04
PHAR	Topotecan, 0.1 mg	J9351	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	\$3.01	\$2.23
PHAR	Herceptin (Trastuzumab), 10 mg	J9355	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	\$72.71	\$74.62

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

All Cancers by CPT Code	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		Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013	Jan -Mar 2013	Apr-Jun 2013
PHAR	PHARMACY (Note: 2 reimbursement periods)										
PHAR	Vinblastine Sulfate, 1 mg	J9360	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	\$1.11	\$1.27
PHAR	Vinorelbine Tartrate, per 10 mg	J9390	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	\$10.51	\$9.34

See **ADDITIONAL NOTES** on the CRC & General Worksheet for explanations and footnotes