Colorectal Cancer		Reimbursement Rate*						
			Medicare@					Medicaid^
Procedure	CPT Code	Region 99		Region 1		DC Metro		All
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland
Office Visit								
Initial, New Patient								
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**	**$26.32**	**$43.58**	**$27.38**	**$45.68**	**$28.46**	**$48.44**	**$29.14** Not in Facility
LEVEL 2: Expanded problem focused history & examination with straightforward medical decision approx. 20 minutes	**99202**	**$49.86**	**$74.16**	**$51.81**	**$77.58**	**$53.84**	**$81.98**	**$51.50** Not in Facility
LEVEL 3: Detailed history & examination requiring low complexity medical decision approx. 30 minutes	**99203**	**$76.11**	**$107.47**	**$79.28**	**$112.51**	**$82.18**	**$118.48**	**$76.48** Not in Facility
LEVEL 4: Comprehensive history & examination requiring moderately complex medical decision approx. 45 minutes	**99204**	**$129.04**	**$163.92**	**$134.34**	**$171.30**	**$139.24**	**$179.61**	**$111.67** Not in Facility
LEVEL 5: Comprehensive history & examination requiring highly complex medical decision approx. 60 minutes	**99205**	**$165.36**	**$203.41**	**$171.93**	**$212.26**	**$178.21**	**$222.25**	**$139.92** Not in Facility
Established Patient								
LEVEL 1: Eval/management, may not require presence of MD - problems usually minimal	**99211**	**$9.35**	**$20.27**	**$9.69**	**$21.26**	**$10.07**	**$22.71**	**$17.40** Not in Facility
LEVEL 2: Problem focused history and examination with straightforward medical decision	**99212**	**$25.61**	**$43.58**	**$26.64**	**$45.68**	**$27.65**	**$48.44**	**$30.70** Not in Facility
LEVEL 3: Expanded problem focused history & examination with low complexity medical decision	**99213**	**$50.53**	**$72.02**	**$52.46**	**$75.24**	**$54.45**	**$79.33**	**$47.70**
LEVEL 4: Detailed history & examination requiring moderately complex medical decision	**99214**	**$77.52**	**$106.41**	**$80.44**	**$111.06**	**$83.50**	**$116.94**	**$72.25** Not in Facility
LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	**99215**	**$109.02**	**$142.84**	**$113.11**	**$148.96**	**$117.42**	**$156.57**	**$97.57** Not in Facility

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Office Consultation for a New or Established Patient: **These codes are no longer used. Codes 99201 - 99215 should be reported depending on complexity and if client is new or established. Codes continue to appear on Medicaid sheet.**								
Problem focused history & examination with straightforward medical decision	**99241**							**$38.06**
								Not in Facility
Expanded problem focused history & examination with straightforward medical decision	**99242**							**$70.07**
								Not in Facility
Detailed history & examination requiring low complexity medical decision	**99243**							**$94.66**
								Not in Facility
Comprehensive history & examination requiring moderately complex medical decision	**99244**							**$138.57**
								Not in Facility
Comprehensive history & examination requiring highly complex medical decision	**99245**							**$171.82**
								Not in Facility
Services requested after office hours in addition to basic service	**99050**							**$0.00**
Services requested between 10:00 PM and 8:00 AM at a 24 hour facility in addition to basic service	**99053**							**$0.00**
Office services provided on an emergency basis in the office, disruptive of other sched. serv.	**99058**							**$10.00**
Initial Inpatient Consultations								
Initial inpatient consultation (focused)	**99251**							**$34.94**
Initial inpatient consultation (expanded)	**99252**							**$56.16**
Initial inpatient consultation (detailed)	**99253**							**$83.09**
Initial inpatient consultation (comprehensive-moderate)	**99254**							**$119.65**

Colorectal Cancer		Reimbursement Rate*						
			Medicare@					Medicaid^
Procedure	CPT Code	Region 99		Region 1		DC Metro		All
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland
Inpatient consultations (continued)								
Initial inpatient consultation (comprehensive - high)	**99255**							**$149.30**
Initial Hospital Care								
Initial hospital care, per day, for the evaluation and management of a patient which requires detailed H&P - Low	**99221**	**$99.95**		**$104.00**		**$107.69**		**$64.72**
…comprehensive H&P - Moderate	**99222**	**$135.25**		**$140.59**		**$145.69**		**$90.86**
…comprehensive H&P - High	**99223**	**$198.59**		**$206.21**		**$213.81**		**$132.53**
Subsequent Hospital Care								
Subsequent care - Focused - Low	**99231**	**$38.75**		**$40.19**		**$41.70**		**$27.21**
… care - Expanded - Moderate complexity	**99232**	**$70.95**		**$73.53**		**$76.36**		**$48.64**
… care - Detailed - High complexity	**99233**	**$101.74**		**$105.46**		**$109.46**		**$69.44**
Hospital Discharge Services								
Discharge day management 30 minutes or less	**99238**	**$71.06**		**$73.76**		**$76.94**		**$50.76**
Discharge day management more than 30 minutes	**99239**	**$105.01**		**$109.02**		**$113.66**		**$72.78**
Emergency Department Services								
Emergency department visit - focused	**99281**	**$20.72**		**$21.44**		**$22.11**		**$19.85**
… expanded - low	**99282**	**$40.74**		**$42.22**		**$43.84**		**$37.32**
…expanded - medium	**99283**	**$61.10**		**$63.27**		**$65.15**		**$60.34**
… detailed - high	**99284**	**$116.27**		**$120.55**		**$123.93**		**$111.25**
.. comprehensive - high	**99285**	**$170.44**		**$176.51**		**$181.47**		**$166.06**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Screening and Diagnosis								
Fecal Occult Blood Test; 1-3 simultaneous determinations	**82270**	**$4.61**	**$4.61**	**$4.61**	**$4.61**	**$4.61**	**$4.61**	**3.47**
Blood, occult, fecal hemoglobin immunoassay	**82274**	**$22.53**	**$22.53**	**$22.53**	**$22.53**	**$22.53**	**$22.53**	**$16.25**
Screening Sigmoidoscopy	**G0104**	**$65.57**	**$146.95**	**$68.80**	**$155.06**	**$71.88**	**$166.07**	
Facility Fee for Screening Sigmoidoscopy	**G0104**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**Reimburse using 45330 rates**
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing	**45330**	**$65.57**	**$146.95**	**$68.80**	**$155.06**	**$71.88**	**$166.07**	**$44.66 in-fac**
^^Facility Fee for Sigmoidoscopy, flexible; diagnostic, with or without collection…	**45330**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$89.58**
Sigmoidoscopy, flexible; with biopsy, single or multiple	**45331**	**$78.74**	**$175.97**	**$82.69**	**$185.74**	**$86.31**	**$198.86**	**$53.68 in-fac**
^^Facility Fee for sigmoidoscopy, flexible; with biopsy, single or multiple	**45331**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$259.17**
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	**45333**	**$113.97**	**$312.66**	**$119.66**	**$330.25**	**$124.41**	**$354.39**	**$78.38 in-fac**
^^Facility Fee for sigmoidoscopy, flexible; with removal of tumor(s)…by hot biopsy forceps or bipolar cautery	**45333**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$326.34**
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding, any method	**45334**	**$169.40**	**$169.40**	**$177.53**	**$177.53**	**$184.65**	**$184.65**	**$117.88**
^^Facility Fee for sigmoidoscopy, flexible;	**45334**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$326.34**
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques	**45338**	**$146.18**	**$337.48**	**$153.29**	**$356.05**	**$159.40**	**$380.82**	**$101.39 in-fac**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Screening and Diagnosis, (continued)								
^^Facility Fee for sigmoidoscopy, flexible; with removal of tumor(s)...by snare technique	**45338**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$326.34**
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**	**$192.52**	**$356.69**	**$201.91**	**$375.91**	**$209.68**	**$399.71**	**$134.52 in-fac**
^^ Facility Fee for 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**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$326.34**
Screening Colonoscopy for individual at high risk	**G0105**	**$224.31**	**$412.78**	**$235.36**	**$435.12**	**$244.16**	**$462.31**	
^^Facility Fee for Screening Colonoscopy	**G0105**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**Reimburse using 45378 rates**
Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	**G0121**	**$224.31**	**$412.78**	**$235.36**	**$435.12**	**$244.16**	**$462.31**	**$155.38 in-fac**
-53 Modifier	**G0121-53**	**$65.57**	**$146.95**	**$68.80**	**$155.06**	**$71.88**	**$166.07**	
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression &	**45378**	**$224.31**	**$412.78**	**$235.36**	**$435.12**	**$244.16**	**$462.31**	**$155.38 in-fac**
^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; diagnostic…	**45378**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$437.08**
Discontinued procedure (see last page - modifier explanations)	**45378-53**	**$65.57**	**$146.95**	**$68.80**	**$155.06**	**$71.88**	**$166.07**	
Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple &	**45380**	**$268.31**	**$492.72**	**$281.31**	**$519.16**	**$292.00**	**$551.75**	**$186.45 in-fac**
^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with biopsy…	**45380**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$437.08**
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method &	**45382**	**$341.70**	**$643.61**	**$358.12**	**$678.12**	**$371.72**	**$721.18**	**$237.58 in-fac**
^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	**45382**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$437.08**

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**	**$346.72**	**$592.97**	**$363.55**	**$624.55**	**$376.76**	**$661.79**	**$240.90** **in-fac**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare[@] Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Screening and Diagnosis, (continued)								
^^ [&&]Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...	**45383**	**See County specific CBSA sheet**		**See County specific CBSA sheet**		**See County specific CBSA sheet**		**$437.08**
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**	**$279.63**	**$488.53**	**$293.23**	**$514.66**	**$304.00**	**$545.81**	**$194.72 in-fac**
^^ [&&]Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with removal of tumors(s)…by hot biopsy forceps or bipolar cautery	**45384**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$437.08**
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique [&]	**45385**	**$318.12**	**$554.15**	**$333.49**	**$583.66**	**$346.01**	**$619.22**	**$221.04 in-fac**
^^ [&&] Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s)...by snare technique	**45385**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$437.08**
Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (exploratory)	**44388**	**$171.70**	**$370.39**	**$180.15**	**$390.75**	**$186.91**	**$416.89**	**$119.18 in-fac**
^^Facility Fee for colonoscopy through stoma….	**44388**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$326.34**
Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic no contrast	**74261**	**$314.90**		**$330.78**		**$354.54**		**$234.05**
-26 Modifier	**74261-26**	**$116.56**		**$120.56**		**$124.97**		**$83.06**
-TC Modifier	**74261-TC**	**$198.34**		**$210.22**		**$229.57**		**$150.99**
Computed tomographic (CT) colonography with contrast material	**74262**	**$434.90**		**$457.98**		**$493.02**		**$320.87**
-26 Modifier	**74262-26**	**$123.85**		**$128.24**		**$132.98**		**$91.16**
-TC Modifier	**74262-TC**	**$311.05**		**$329.74**		**$360.04**		**$229.71**
Screening Barium Enema (alternate-flex	**G0106**	**$226.70**	**$226.70**	**$239.00**	**$239.00**	**$258.31**	**$258.31**	**
-26 Modifier	**G0106-26**	**$48.11**	**$48.11**	**$49.65**	**$49.65**	**$51.59**	**$51.59**	**
-TC Modifier	**G0106-TC**	**$178.59**	**$178.59**	**$189.35**	**$189.35**	**$206.72**	**$206.72**	**
Screening Barium Enema (alternate-col)	**G0120**	**$226.70**	**$226.70**	**$239.00**	**$239.00**	**$258.31**	**$258.31**	
-26 Modifier	**G0120-26**	**$48.11**	**$48.11**	**$49.65**	**$49.65**	**$51.59**	**$51.59**	**
-TC Modifier	**G0120-TC**	**$178.59**	**$178.59**	**$189.35**	**$189.35**	**$206.72**	**$206.72**	**

Colorectal Cancer		Reimbursement Rate*						
	CPT Code	Medicare@						Medicaid^
Procedure		Region 99		Region 1		DC Metro		All Maryland
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	74240	$120.19	$120.19	$126.62	$126.62	$136.25	$136.25	$79.85
-26 Modifier	74240-26	$34.60	$34.60	$35.84	$35.84	$37.19	$37.19	$25.19
-TC Modifier	74240-TC	$85.59	$85.59	$90.77	$90.77	$99.07	$99.07	$54.66
Screening and Diagnosis, (continued)								
Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	74241	$122.67	$122.67	$129.19	$129.19	$139.13	$139.13	$84.01
-26 Modifier	74241-26	$33.91	$33.91	$35.06	$35.06	$36.39	$36.39	$24.88
-TC Modifier	74241-TC	$88.76	$88.76	$94.13	$94.13	$102.74	$102.74	$59.13
Radiologic examination, gastrointestinal tract, upper; with small bowel, includes multiple serial film	74245	$187.63	$187.63	$197.82	$197.82	$213.40	$213.40	$126.21
-26 Modifier	74245-26	$44.97	$44.97	$46.56	$46.56	$48.28	$48.28	$32.92
-TC Modifier	74245-TC	$142.66	$142.66	$151.26	$151.26	$165.12	$165.12	$93.29
Radiologic examination, small bowel, includes multiple serial films;	74250	$112.28	$112.28	$118.51	$118.51	$128.01	$128.01	$72.75
-26 Modifier	74250-26	$23.52	$23.52	$24.38	$24.38	$25.28	$25.28	16.89
-TC Modifier	74250-TC	$88.76	$88.76	$94.13	$94.13	$102.74	$102.74	55.86
Barium Enema, radiologic examination, colon; with or without KUB	74270	$123.01	$123.01	$129.60	$129.60	$139.51	$139.51	$94.11
-26 Modifier	74270-26	$34.25	$34.25	$35.47	$35.47	$36.78	$36.78	$25.19
-TC Modifier	74270-TC	$88.76	$88.76	$94.13	$94.13	$102.74	$102.74	$68.92
Barium Enema, air contrast with specific high density barium, with or without	74280	$196.02	$196.02	$206.59	$206.59	$222.78	$222.78	$140.97
-26 Modifier	74280-26	$48.78	$48.78	$50.48	$50.48	$52.36	$52.36	$35.48
-TC Modifier	74280-TC	$147.24	$147.24	$156.12	$156.12	$170.42	$170.42	$105.49
Usual Charges That Might Be Associated With Colonoscopy Work-Up								
Supplies and Materials provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	99070		**		**		**	9.99
Surgical Tray	A4550	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	B.I.
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		$44.46		$46.81		$27.93

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Usual Charges That Might Be Associated With Colonoscopy Work-Up (cont.)								
Work-Up: Laboratory, Pathology and Radiology								
Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	**99000**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**$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 Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**Not Covered**	**$0.00**
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**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$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**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$4.48**	**$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**	**$3.62**	**$3.62**	**$3.62**	**$3.62**	**$3.62**	**$3.62**	**$2.72**
Urinalysis; qualitative or semiquantitative, except immunoassays	**81005**	**$3.07**	**$3.07**	**$3.07**	**$3.07**	**$3.07**	**$3.07**	**$2.31**
Urinalysis… bacteriuria screen, except by culture or dipstick	**81007**	**$3.63**	**$3.63**	**$3.63**	**$3.63**	**$3.63**	**$3.63**	**$2.74**
Urinalysis… microscopic only	**81015**	**$4.08**	**$4.08**	**$4.08**	**$4.08**	**$4.31**	**$4.31**	**$2.94**
Urinalysis… two or three glass test	**81020**	**$5.22**	**$5.22**	**$5.22**	**$5.22**	**$5.22**	**$5.22**	**$3.92**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Work-Up (continued)								
Urine pregnancy test, by visual color comparison methods	**81025**	**$8.96**	**$8.96**	**$8.96**	**$8.96**	**$8.96**	**$8.96**	**$6.73**
Volume measurement (urine) for timed collection, each	**81050**	**$4.12**	**$4.12**	**$4.12**	**$4.12**	**$4.25**	**$4.25**	**$2.97**
Unlisted urinalysis procedure	**81099**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**BR+**
Venipuncture - routine	**36415**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**$2.19**
Carcinoembryonic Antigen (CEA)	**82378**	**$26.87**	**$26.87**	**$26.87**	**$26.87**	**$26.87**	**$26.87**	**$20.19**
Blood Count; blood smear, micro exam with manual diff WBC count	**85007**	**$4.87**	**$4.87**	**$4.87**	**$4.87**	**$4.87**	**$4.87**	**$3.52**
Renal Function Panel - includes albumin, calcium, bicarbonate, chloride, creatinine, glucose, phosphate, potassium, sodium, urea nitrogen (BUN)	**80069**	**$12.30**	**$12.30**	**$12.30**	**$12.30**	**$12.30**	**$12.30**	**$9.25**
Hepatic Function Panel - includes albumin, bilirubin (total), bilirubin (direct), alanine amino transferase (SGPT), aspartate amino transferase (SGOT) alkaline phosphatase, protein (total)	**80076**	**$11.57**	**$11.57**	**$11.57**	**$11.57**	**$11.57**	**$11.57**	**$8.70**
Electrolyte Panel - includes bicarbonate, chloride, potassium, sodium	**80051**	**$9.94**	**$9.94**	**$9.94**	**$9.94**	**$9.94**	**$9.94**	**$7.47**
Thromboplastin (PTT) time, partial, plasma or whole blood	**85730**	**$6.85**	**$6.85**	**$6.85**	**$6.85**	**$8.50**	**$8.50**	**$5.15**
Prothrombin (PT), specific clotting factor II	**85210**	**$5.82**	**$5.82**	**$5.82**	**$5.82**	**$9.90**	**$9.90**	**$4.19**
Pathology review; comprehensive, for a complex diagnostic problem, with review of patients history and medical records	**80502**	**$62.21**	**$63.97**	**$64.30**	**$66.17**	**$66.49**	**$68.53**	**$46.91**
Surgical Pathology , gross examination only &&&	**88300**	**$29.14**	**$29.14**	**$30.88**	**$30.88**	**$33.39**	**$33.39**	**$17.72**
-26 Modifier	**88300-26**	**$4.50**	**$4.50**	**$4.70**	**$4.70**	**$4.87**	**$4.87**	**$3.15**
-TC Modifier	**88300-TC**	**$24.64**	**$24.64**	**$26.17**	**$26.17**	**$28.52**	**$28.52**	**$14.57**
Surgical Pathology Review Level II, surgical pathology, gross and microscop-ic examination &&&	**88302**	**$57.64**	**$57.64**	**$61.00**	**$61.00**	**$66.17**	**$66.17**	**$38.49**
-26 Modifier	**88302-26**	**$6.57**	**$6.57**	**$6.82**	**$6.82**	**$7.07**	**$7.07**	**$4.87**
TC Modifier	**88302-TC**	**$51.07**	**$51.07**	**$54.18**	**$54.18**	**$59.10**	**$59.10**	**$33.62**
Surgical Pathology Review Level III, surgical pathology, gross and microscopic examination &&&	**88304**	**$63.90**	**$63.90**	**$67.51**	**$67.51**	**$73.05**	**$73.05**	**$47.59**
-26 Modifier	**88304-26**	**$11.08**	**$11.08**	**$11.46**	**$11.46**	**$11.91**	**$11.91**	**$7.72**
-TC Modifier	**88304-TC**	**$52.83**	**$52.83**	**$56.05**	**$56.05**	**$61.14**	**$61.14**	**$39.87**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Work-Up (continued)								
Surgical Pathology Review-Level IV, gross and microscopic examination, colon, colorectal polyp biopsy &&&	**88305**	**$108.92**	**$108.92**	**$114.41**	**$114.41**	**$122.97**	**$122.97**	**$79.23**
-26 Modifier	**88305-26**	**$36.71**	**$36.71**	**$37.83**	**$37.83**	**$39.40**	**$39.40**	**$27.19**
-TC Modifier	**88305-TC**	**$72.20**	**$72.20**	**$76.58**	**$76.58**	**$83.57**	**$83.57**	**$52.04**
Surgical Pathology Review-Level V, gross and microscopic examination, colon, segmental resection other than for tumor &&&	**88307**	**$241.35**	**$241.35**	**$253.66**	**$253.66**	**$272.77**	**$272.77**	**$155.70**
-26 Modifier	**88307-26**	**$80.37**	**$80.37**	**$82.99**	**$82.99**	**$86.45**	**$86.45**	**$58.42**
-TC Modifier	**88307-TC**	**$160.98**	**$160.98**	**$170.68**	**$170.68**	**$186.33**	**$186.33**	**$97.28**
Surgical Pathology Review-Level VI, gross and microscopic examination, colon, segmental resection for tumor or total resection &&&	**88309**	**$365.32**	**$365.32**	**$383.56**	**$383.56**	**$411.26**	**$411.26**	**$230.80**
-26 Modifier	**88309-26**	**$141.32**	**$141.32**	**$145.97**	**$145.97**	**$151.98**	**$151.98**	**$98.69**
-TC Modifier	**88309-TC**	**$224.01**	**$224.01**	**$237.59**	**$237.59**	**$259.27**	**$259.27**	**$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**	**$96.41**	**$96.41**	**$101.47**	**$101.47**	**$109.35**	**$109.35**	**$73.88**
-26 Modifier	**88312-26**	**$26.32**	**$26.32**	**$27.13**	**$27.13**	**$28.23**	**$28.23**	**$20.26**
-TC Modifier	**88312-TC**	**$70.09**	**$70.09**	**$74.34**	**$74.34**	**$81.12**	**$81.12**	**$53.62**
CAT scan, abdomen; with contrast material(s)	**74160**	**$326.46**	**$326.46**	**$344.53**	**$344.53**	**$372.60**	**$372.60**	**$262.90**
-26 Modifier	**74160-26**	**$62.96**	**$62.96**	**$65.19**	**$65.19**	**$67.61**	**$67.61**	**$46.35**
-TC Modifier	**74160-TC**	**$263.50**	**$263.50**	**$279.33**	**$279.33**	**$304.99**	**$304.99**	**$216.55**
CT scan (with and without contrast-abdomen)	**74170**	**$415.47**	**$415.47**	**$438.72**	**$438.72**	**$475.08**	**$475.08**	**$304.68**
-26 Modifier	**74170-26**	**$69.54**	**$69.54**	**$72.01**	**$72.01**	**$74.68**	**$74.68**	**$50.67**
-TC Modifier	**74170-TC**	**$345.93**	**$345.93**	**$366.71**	**$366.71**	**$400.41**	**$400.41**	**$254.01**
Pelvic CT scan; computerized axial tomography without contrast material	**72192**	**$234.69**	**$234.69**	**$247.43**	**$247.43**	**$267.13**	**$267.13**	**$189.14**
-26 Modifier	**72192-26**	**$53.63**	**$53.63**	**$55.46**	**$55.46**	**$57.56**	**$57.56**	**$39.49**
-TC Modifier	**72192-TC**	**$181.06**	**$181.06**	**$191.96**	**$191.96**	**$209.57**	**$209.57**	**$149.65**

Colorectal Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Work-Up (continued)								
CAT scan, pelvis; with contrast material(s)	**72193**	**$285.69**	**$285.69**	**$301.47**	**$301.47**	**$325.86**	**$325.86**	**$258.55**
-26 Modifier	**72193-26**	**$57.77**	**$57.77**	**$59.85**	**$59.85**	**$62.05**	**$62.05**	**$42.07**
-TC Modifier	**72193-TC**	**$227.91**	**$227.91**	**$241.62**	**$241.62**	**$263.80**	**$263.80**	**$216.48**
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	**72195**	**$423.14**	**$423.14**	**$446.87**	**$446.87**	**$483.70**	**$483.70**	**$320.73**
-26 Modifier	**72195-26**	**$72.98**	**$72.98**	**$75.68**	**$75.68**	**$78.40**	**$78.40**	**$52.63**
-TC Modifier	**72195-TC**	**$350.16**	**$350.16**	**$371.19**	**$371.19**	**$405.30**	**$405.30**	**$268.10**
Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	**72196**	**$537.06**	**$537.06**	**$567.20**	**$567.20**	**$614.45**	**$614.45**	**$372.64**
-26 Modifier	**72196-26**	**$86.14**	**$86.14**	**$89.22**	**$89.22**	**$92.53**	**$92.53**	**$62.68**
-TC Modifier	**72196-TC**	**$450.91**	**$450.91**	**$477.98**	**$477.98**	**$521.92**	**$521.92**	**$309.96**
Endorectal ultrasound; echography, transrectal	**76872**	**$134.28**	**$134.28**	**$141.55**	**$141.55**	**$152.56**	**$152.56**	**$100.35**
-26 Modifier	**76872-26**	**$34.60**	**$34.60**	**$35.84**	**$35.84**	**$37.19**	**$37.19**	**$25.47**
-TC Modifier	**76872-TC**	**$99.68**	**$99.68**	**$105.71**	**$105.71**	**$115.38**	**$115.38**	**$73.88**
Radiologic examination, chest, two views, frontal and lateral;	**71020**	**$31.85**	**$31.85**	**$33.53**	**$33.53**	**$35.95**	**$35.95**	**$25.53**
-26 Modifier	**71020-26**	**$10.72**	**$10.72**	**$11.09**	**$11.09**	**$11.50**	**$11.50**	**$7.73**
-TC Modifier	**71020-TC**	**$21.12**	**$21.12**	**$22.44**	**$22.44**	**$24.44**	**$24.44**	**$17.80**
Chest X-ray, with fluoroscopy	**71034**	**$91.54**	**$91.54**	**$96.43**	**$96.43**	**$104.05**	**$104.05**	**$69.45**
-26 Modifier	**71034-26**	**$22.86**	**$22.86**	**$23.58**	**$23.58**	**$24.56**	**$24.56**	**$17.48**
-TC Modifier	**71034-TC**	**$68.68**	**$68.68**	**$72.85**	**$72.85**	**$79.49**	**$79.49**	**$51.97**
Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	**93000**	**$19.56**	**$19.56**	**$20.58**	**$20.58**	**$21.93**	**$21.93**	**$17.58**
tracing only, without interpretation and report	**93005**	**$10.90**	**$10.90**	**$11.61**	**$11.61**	**$12.62**	**$12.62**	**$11.28**
interpretation and report only	**93010**	**$8.65**	**$8.65**	**$8.97**	**$8.97**	**$9.31**	**$9.31**	**$6.30**

Colorectal Cancer Surgery	Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All
	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**	**$122.17**	**$122.17**	**$128.50**	**$128.50**	**$132.02**	**$132.02**	**$86.21**
	Colectomy, partial; with anastomosis	**44140**	**$1,354.23**	**$1,354.23**	**$1,426.34**	**$1,426.34**	**$1,472.34**	**$1,472.34**	**$919.35**
	Colectomy, partial, with resection, with colostomy or ileostomy and creation of mucofistula	**44144**	**$1,784.69**	**$1,784.69**	**$1,879.86**	**$1,879.86**	**$1,939.73**	**$1,939.73**	**$1,120.40**
	Colectomy, partial, with coloproctostomy (low pelvic anastomosis)	**44145**	**$1,677.42**	**$1,677.42**	**$1,765.35**	**$1,765.35**	**$1,821.27**	**$1,821.27**	**$1,146.56**
	Diverting colostomy or skin level cecostomy	**44320**	**$1,214.68**	**$1,214.68**	**$1,279.39**	**$1,279.39**	**$1,322.10**	**$1,322.10**	**$801.27**
	Low anterior resection and colorectal anastomosis	**44626**	**$1,621.89**	**$1,621.89**	**$1,707.75**	**$1,707.75**	**$1,759.79**	**$1,759.79**	**$1,105.02**
	Proctectomy; complete, combined abdominoperineal, with colostomy	**45110**	**$1,874.75**	**$1,874.75**	**$1,972.13**	**$1,972.13**	**$2,040.62**	**$2,040.62**	**$1,264.90**
	Excision of rectal tumor, transanal approach	**45171**	**$619.73**	**$619.73**	**$652.74**	**$652.74**	**$683.14**	**$683.14**	**$440.21**
	^^ Facility Fee for excision of rectal tumor, transanal approach	**45171**	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		**$440.21**
	Destruction of rectal tumor, any method	**45190**	**$697.61**	**$697.61**	**$733.71**	**$733.71**	**$763.69**	**$763.69**	**$452.11**

Colorectal Cancer

Other

Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Therapeutic radiology treatment planning, simple	77261	$72.33	$72.33	$75.10	$75.10	$77.94	$77.94	$53.07
Therapeutic radiology treatment planning, intermediate	77262	$108.60	$108.60	$112.89	$112.89	$116.92	$116.92	$80.16
Therapeutic radiology treatment planning, complex	77263	$160.82	$160.82	$167.11	$167.11	$173.09	$173.09	$119.19
Therapeutic radiology simulation-aided field setting; simple	77280	$193.47	$193.47	$204.22	$204.22	$221.04	$221.04	$144.87
-26 Modifier	77280-26	$34.96	$34.96	$36.16	$36.16	$37.57	$37.57	$25.45
-TC Modifier	77280-TC	$158.51	$158.51	$168.06	$168.06	$183.47	$183.47	$119.42
Therapeutic radiology simulation-aided field setting; intermediate	77285	$341.82	$341.82	$361.03	$361.03	$391.30	$391.30	$243.33
-26 Modifier	77285-26	$52.61	$52.61	$54.44	$54.44	$56.54	$56.54	$37.47
-TC Modifier	77285-TC	$289.21	$289.21	$306.59	$306.59	$334.76	$334.76	$205.86
Therapeutic radiology simulation-aided field setting; complex	77290	$553.45	$553.45	$584.67	$584.67	$634.14	$634.14	$355.05
-26 Modifier	77290-26	$77.88	$77.88	$80.56	$80.56	$83.67	$83.67	$55.78
-TC Modifier	77290-TC	$475.57	$475.57	$504.12	$504.12	$550.47	$550.47	$299.27
Therapeutic radiology simulation-aided field setting; three-dimensional	77295	$513.33	$513.33	$538.69	$538.69	$575.24	$575.24	$602.65
-26 Modifier	77295-26	$228.75	$228.75	$236.84	$236.84	$245.85	$245.85	$139.03
-TC Modifier	77295-TC	$284.58	$284.58	$301.85	$301.85	$329.39	$329.39	$463.62
Basic radiation dosimetry	77300	$69.53	$69.53	$72.98	$72.98	$77.91	$77.91	$61.26
-26 Modifier	77300-26	$31.15	$31.15	$32.24	$32.24	$33.49	$33.49	$23.24
-TC Modifier	77300-TC	$38.38	$38.38	$40.74	$40.74	$44.42	$44.42	$38.02
Teletherapy, isodose plan (hand or computer calculated); simple	77305	$63.83	$63.83	$66.81	$66.81	$70.98	$70.98	$69.11
-26 Modifier	77305-26	$34.96	$34.96	$36.16	$36.16	$37.57	$37.57	$26.50
-TC Modifier	77305-TC	$28.87	$28.87	$30.66	$30.66	$33.41	$33.41	$42.61
Teletherapy, isodose plan (hand or computer calculated); intermediate	77310	$90.99	$90.99	$95.18	$95.18	$100.96	$100.96	$93.06
-26 Modifier	77310-26	$52.61	$52.61	$54.44	$54.44	$56.54	$56.54	$39.02
-TC Modifier	77310-TC	$38.38	$38.38	$40.74	$40.74	$44.42	$44.42	$54.04
Teletherapy, isodose plan (hand or computer calculated); complex	77315	$140.92	$140.92	$147.43	$147.43	$156.64	$156.64	$127.91
-26 Modifier	77315-26	$77.88	$77.88	$80.56	$80.56	$83.67	$83.67	$58.07
-TC Modifier	77315-TC	$63.04	$63.04	$66.87	$66.87	$72.97	$72.97	$69.84
Special dosimetry, only when prescribed by treating physician	77331	$63.32	$63.32	$66.07	$66.07	$69.69	$69.69	$48.86
-26 Modifier	77331-26	$43.61	$43.61	$45.12	$45.12	$46.87	$46.87	$32.46
-TC Modifier	77331-TC	$19.71	$19.71	$20.95	$20.95	$22.81	$22.81	$16.40
Treatment devices, design and construction; simple	77332	$79.46	$79.46	$83.62	$83.62	$89.73	$89.73	$64.47
-26 Modifier	77332-26	$26.99	$26.99	$27.95	$27.95	$29.00	$29.00	$20.24
-TC Modifier	77332-TC	$52.47	$52.47	$55.67	$55.67	$60.73	$60.73	$44.23

Colorectal Cancer

Other

Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Treatment devices, design and construction; intermediate	77333	$55.60	$55.60	$57.93	$57.93	$60.87	$60.87	$63.07
-26 Modifier	77333-26	$41.88	$41.88	$43.33	$43.33	$44.99	$44.99	$29.14
-TC Modifier	77333-TC	$13.72	$13.72	$14.60	$14.60	$15.88	$15.88	$33.93
Treatment devices, design and construction; complex	77334	$152.49	$152.49	$160.07	$160.07	$171.36	$171.36	$137.36
-26 Modifier	77334-26	$61.61	$61.61	$63.69	$63.69	$66.18	$66.18	$46.17
-TC Modifier	77334-TC	$90.87	$90.87	$96.37	$96.37	$105.18	$105.18	$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	$48.25	$48.25	$51.19	$51.19	$55.84	$55.84	$56.74
Special medical radiation physics consultation	77370	$117.25	$117.25	$124.49	$124.49	$135.69	$135.69	$106.68
Radiation treatment delivery, superficial and/or ortho voltage	77401	$22.88	$22.88	$24.31	$24.31	$26.48	$26.48	$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	$138.43	$138.43	$146.78	$146.78	$160.23	$160.23	$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	$189.52	$189.52	$200.92	$200.92	$219.36	$219.36	$111.76
Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgential ports, wedges, rotational beam, compensators, special particle beam; up to 6-10 MeV	77413	$249.40	$249.40	$264.40	$264.40	$288.68	$288.68	$140.64
Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgential ports, wedges, rotational beam, compensators, special particle beam; up to 11-19 MeV	77414	$280.05	$280.05	$296.88	$296.88	$324.15	$324.15	$153.45
Therapeutic radiology port film(s)	77417	$14.78	$14.78	$15.72	$15.72	$17.10	$17.10	$16.05
Radiation treatment management, five treatments	77427	$180.00	$180.00	$187.14	$187.14	$194.32	$194.32	$133.02
Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	96401	$75.51	$75.51	$79.93	$79.93	$86.51	$86.51	$50.32

Colorectal Cancer

Other

Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Chemotherapy administration, intra-arterial, push technique	**96420**	**$110.70**	**$110.70**	**$117.51**	**$117.51**	**$127.40**	**$127.40**	**$87.47**
Chemotherapy administration, intravenous, push technique	**96409**	**$114.57**	**$114.57**	**$121.34**	**$121.34**	**$131.60**	**$131.60**	**$92.78**
Chemotherapy administration, intravenous, infusion technique, each additional substance/drug (use in conjunction with code 96409, 96413)	**96411**	**$64.26**	**$64.26**	**$67.97**	**$67.97**	**$73.54**	**$73.54**	**$52.92**
Chemotherapy administration, intravenous, infusion technique, up to 1 hour, single or initial substance/drug	**96413**	**$143.07**	**$143.07**	**$151.49**	**$151.49**	**$164.43**	**$164.43**	**$125.73**
Chemotherapy administration, intravenous infusion technique; each additional hour (use in conjunction with code 96413)	**96415**	**$31.53**	**$31.53**	**$33.19**	**$33.19**	**$35.71**	**$35.71**	**$27.91**
Chemotherapy administration into peritoneal cavity, via indwelling port or catheter	**96446**	**$21.43**	**$198.63**	**$22.53**	**$210.34**	**$23.24**	**$228.35**	**$17.71 (F)** **$150.17 (N-F)**
Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	**96542**	**$42.65**	**$126.50**	**$44.29**	**$133.16**	**$46.26**	**$143.31**	**$36.63 (F)** **$136.18 (N-F)**

Colorectal Cancer

Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All
Refilling and maintenance of portable pump	**96521**	**$141.37**	**$141.37**	**$149.79**	**$149.79**	**$162.74**	**$162.74**	**$109.80**
Refilling and maintenance of implantable pump or reservoir	**96522**	**$114.59**	**$114.59**	**$121.41**	**$121.41**	**$131.75**	**$131.75**	**$87.45**
Introduction of needle or intracatheter, vein	**36000**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**$6.85 (in-fac) $19.98 (N-F)**
IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician, up to one hour	**96365**	**$74.82**	**$74.82**	**$79.14**	**$79.14**	**$85.72**	**$85.72**	**$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**	**$22.03**	**$22.03**	**$23.13**	**$23.13**	**$24.75**	**$24.75**	**$18.15**
Therapeutic, prophylactic and diagnostic injection (specify material injected); subcutaneous or intramuscular	**96372**	**$24.86**	**$24.86**	**$26.14**	**$26.14**	**$28.07**	**$28.07**	**$15.83**
Therapeutic, prophylactic and diagnostic injection (specify material injected); intravenous	**96374**	**$57.58**	**$57.58**	**$60.92**	**$60.92**	**$65.89**	**$65.89**	**$44.95**
Dressing change (for other than burns) under anesthesia (other than local)	**15852**	**$47.68**	**$47.68**	**$50.00**	**$50.00**	**$51.59**	**$51.59**	**$33.93**

Colorectal Cancer

		Reimbursement Rates*			
			Medicare@		Medicaid^
		Region 99	Region 1	DC Metro	
Pharmacy					
Venipuncture - routine	**36415**	**$3.00**	**$3.00**	**$3.00**	**$2.19**
10 cc Sterile Water, Saline & or dextrose/flush, 10 ml	**A4216**	**	**	**	`
Amifostine, 500 mg	**J0207**	**$318.58**	**$318.58**	**$318.58**	
Leucovorin Calcium, per 50mg	**J0640**	**$1.53**	**$1.53**	**$1.53**	**CCSC recommends reimbursement at 5% less than the Medicare rate, consistent with the Maryland Medical Assistance Program, or contact CCSC**
Prochlorperazine, up to 10 mg	**J0780**	**$2.12**	**$2.12**	**$2.12**	
Epoetin Alpha, (non-ESRD use), 1,000 units	**J0885**	**$9.62**	**$9.62**	**$9.62**	
Testosterone Cypionate, up to 100 mg	**J1070**	**$4.16**	**$4.16**	**$4.16**	
Dexamethasone sodium phos, 1 mg	**J1100**	**$0.11**	**$0.11**	**$0.11**	
Diphenhydramine HCl, up to 50 mg	**J1200**	**$0.67**	**$0.67**	**$0.67**	
Dolasetron X10 Enzemet 10 mg	**J1260**	**$5.07**	**$5.07**	**$5.07**	
Filgrastim (G-CSF), 300 mcg	**J1440**	**$257.49**	**$257.49**	**$257.49**	
Filgrastim (G-CSF), 480 mcg	**J1441**	**$408.13**	**$408.13**	**$408.13**	
Heparin Sodium, per 1,000 units	**J1644**	**$0.27**	**$0.27**	**$0.27**	
Iron Dextran injection, 50 mg	**J1750**	**$12.05**	**$12.05**	**$12.05**	
Lorazepam, 2 mg	**J2060**	**$0.67**	**$0.67**	**$0.67**	
Meperidine Hydrochloride, per 100 mg	**J2175**	**$1.99**	**$1.99**	**$1.99**	
Oprelvekin (Neumega), 5 mg (Inj)	**J2355**	**$244.32**	**$244.32**	**$244.32**	
Sargramostim (GM-CSF), 50 mcg	**J2820**	**$24.76**	**$24.76**	**$24.76**	
Fentanyl Citrate, up to 0.1mg	**J3010**	**$0.35**	**$0.35**	**$0.35**	
Diazepam, up to 5 mg	**J3360**	**$0.91**	**$0.91**	**$0.91**	
Vitamin k injection 1 mg	**J3430**	**$1.43**	**$1.43**	**$1.43**	
Normal saline 500 cc	**J7040**	**$0.57**	**$0.57**	**$0.57**	
5% Dextrose/normal saline, 500 ml	**J7042**	**$0.36**	**$0.36**	**$0.36**	
Normal saline 250 cc	**J7050**	**$0.29**	**$0.29**	**$0.29**	
Sterile saline or water, up to 5 ml	**J7051**	**N/A**	**N/A**	**N/A**	
5% Dextrose/Water (500 ml)	**J7060**	**$1.07**	**$1.07**	**$1.07**	
Doxorubicin HCl, 10 mg	**J9000**	**$3.88**	**$3.88**	**$3.88**	
Aldesleukin, per single use vial	**J9015**	**$1,054.34**	**$1,054.34**	**$1,054.34**	
Bleomycin Sulfate, 15 units	**J9040**	**$25.58**	**$25.58**	**$25.58**	
Carboplatin, 50 mg	**J9045**	**$4.21**	**$4.21**	**$4.21**	
Cisplatin, 10 mg	**J9060**	**$1.78**	**$1.78**	**$1.78**	
Cyclophosphamide, lyophilized, 100 mg	**J9070**	**$14.91**	**$14.91**	**$14.91**	
Cytarabine, 100 mg	**J9100**	**$0.94**	**$0.94**	**$0.94**	
Docetaxel, 1 mg	**J9171**	**$13.96**	**$13.96**	**$13.96**	
Etoposide, 10 mg	**J9181**	**$0.76**	**$0.76**	**$0.76**	
Fludarabine Phosphate, 50 mg.	**J9185**	**$95.24**	**$95.24**	**$95.24**	
Fluorouracil, 500 mg	**J9190**	**$1.43**	**$1.43**	**$1.43**	

Floxuridine, 500mg	**J9200**	**$62.01**	**$62.01**	**$62.01**
Gemcitabine HCl, 200 mg	**J9201**	**$51.19**	**$51.19**	**$51.19**
Goserelin Acetate Implant, per 3.6 mg	**J9202**	**$176.68**	**$176.68**	**$176.68**
Irinotecan 20 mg	**J9206**	**$4.67**	**$4.67**	**$4.67**
Ifosfamide, 1gm	**J9208**	**$32.04**	**$32.04**	**$32.04**
Mesna, 200 mg	**J9209**	**$4.19**	**$4.19**	**$4.19**
Interferon, Alpha-2B, Recombinant, 1 million units	**J9214**	**$17.76**	**$17.76**	**$17.76**
Methotrexate Sodium, 50 mg.	**J9260**	**$1.55**	**$1.55**	**$1.55**
Paclitaxel, 30 mg	**J9265**	**$7.55**	**$7.55**	**$7.55**
Mitomycin, 5 mg	**J9280**	**$17.83**	**$17.83**	**$17.83**
Mitoxantrone HCl, per 5 mg	**J9293**	**$39.57**	**$39.57**	**$39.57**
Rituxan (Rituximab), 100 mg	**J9310**	**$626.92**	**$626.92**	**$626.92**
Topotecan, 0.1 mg	**J9351**	**$7.87**	**$7.87**	**$7.87**
Herceptin (Trastuzumab), 10 mg	**J9355**	**$72.45**	**$72.45**	**$72.45**
Vinblastine Sulfate, 1 mg	**J9360**	**$1.01**	**$1.01**	**$1.01**
Vinorelbine Tartrate, per 10 mg	**J9390**	**$11.59**	**$11.59**	**$11.59**
Levamisole (Ergamisol)	**SO177**	****	****	****
Epirubicin HCl (Ellence), 50 mg (IV)	**J9180 D(deleted code)**			

Colorectal Cancer

Anesthesia***

Diagnosis and Treatment:			
Procedure codes 00100 – 01999 should be used to report the administration of anesthesia. Codes for Medical Assistance: However, you may use CPT code for procedure being performed and add -30 Modifier		Maryland Medicaid uses a different formula to calculate the reimbursement amounts	The formula for Medicaid reimbursement for anesthesia is: time units (this is = to the base units X 15) plus a fee X the amount indicated by the modifier to determine the reimbursement amount.
Screening:			
Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	**00810**		CCSC recommends using Medicare formula explained below for anesthesiology for screening procedures.

Formula: (Time Units + Base Units) x Conversion Factor = Allowance

Divide time of procedure in minutes by 15 to equal number of **Time Units**. Add Base Units (known as Uniform Relative Value Units [RVUs]) (base units (or RVU) for 00810 is 5).
Multiply by Local/Region specific conversion factor (**Region 1 - $22.66, Region 99 - $21.79, Region DC - $23.20)**

Examples of Reimbursement for 00801 using Formula Application

	Region 99		**Region 1**		**DC Metro**	
	In-Facility	**Not In-Facility**	**In-Facility**	**Not In-Facility**	**In-Facility**	**Not In-Facility**
1 Unit (=15 Minutes) + 5 Base Units	**$130.74**	**$130.74**	**$135.96**	**$135.96**	**$139.20**	**$139.20**
4 Units (=1 Hour) + 5 Base Units	**$196.11**	**$196.11**	**$203.94**	**$203.94**	**$208.80**	**$208.80**
8.7 Units (=2 Hours 10 minutes = 130 minutes) + 5 Base Units	**$298.52**	**$298.52**	**$310.44**	**$310.44**	**$317.84**	**$317.84**

NOTES:

* Providers may be eligible for additional reimbursement for both physician fees and/or hospital or Ambulatory Surgical Center facility fees.

@ Maryland Medicare reimburses dependent on location. There are 3 regions for the state and are broken-down below:
Region 1 includes: Anne Arundel, Baltimore, Carroll, Harford, Howard, and Baltimore City.
Region 99 includes: Allegany, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Garrett, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester.
DC Metro includes: Prince George's and Montgomery.
The facility fees are defined within 8 Core-Based Statistical Areas (CBSA). See separate sheets.

@ The Medicare reimbursements given are for:
In-facility (when service performed in a facility setting: inpatient hospital, outpatient hospital, inpatient psychiatric facility, comprehensive inpatient rehabilitation facility, comprehensive outpatient rehabilitation facility, ambulatory surgical center, skilled nursing facility, and community mental health center) and
Not In-facility (when service performed in a physician's office, in the patient's home, facility, or institution other than the places of service listed under "in-facility")
For HSCRC-regulated facilities, reimburse using HSCRC rates.

^ Medicaid reimburses the same whether the procedure is performed "In-facility" or "Not In-facility."

^^ **Facility Fees:** Ambulatory Surgical Center (ASC) Fee. Medicare and Medicaid reimburse facility fees if procedure is performed in an Ambulatory Surgical Center.

If done in an HSCRC-regulated clinic or hospital, the rates will be set by HSCRC. Physician offices are not reimbursable. Note: In Maryland, there are 8 "localities" and designated by "CBSA and a specific number". We have prepared separate sheets with the individual county's CBSA number and reimbursement amounts. You may verify or search for other ASC amounts by going to the Highmark site and looking on the reinbursement sheet for Part B Fees, Ambulatory Surgical Center Fees.

&& 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 12644)** would be reimbursable as **$383.87** (**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., **$383.87 plus an additional $191.94 (CPT Code 45384:) and then an additional $191.94 (CPT Code 45385)**. The total would be $767.75 for the three designated codes.

The specific amounts for individual counties and Baltimore City are included as separate attachments.

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.)

+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.

NF Only relevant for Prostate and Skin Cancer: MA codes to indicate these are for "not-in-facility" amounts.

** Reimbursement Rate was unable to be determined at the present time.

*** 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%; however, if using a CRNA, the anesthesiologist receives 50%, and the CRNA receives 50%.

& **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 for 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.

&&& **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 (e.g., each polyp or biopsy sent for analysis). For example, a laboratory might bill four times for CPT code 88305--once for each of four polyps processed. Local CRF programs may reimburse the lab at the Medicare rate for each of the four specimens.

Modifier:

-26 Modifier: Professional Component

-TC Modifier: Technical Component

A procedure can be split into its "professional" and "technical" components and each can be billed separately as noted; though, a provider cannot bill using both codes. The sum of the two components equals the rate if billed with one code.

-51 Modifier: When multiple procedures, other than E/M 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) or by the use of the separate five digit modifier 09951.

-53 Modifier: 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.

-59 Modifier: Distinct procedural service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day, eg, a separate lesion or different site.

-73 Modifier: A discontinued out-patient/ambulatory surgery procedure prior to administration of anesthesia due to extenuating circumstances as with modifier -53.

-74 Modifier: A discontinued out-patient/ambulatory surgery center procedure after the administration of anesthesia due to extenuating circumstances as with modifier -53.

-80 Modifier: Assistant surgeon. Maximum payment is 20% of the listed fee for the primary procedure. The minimum allowance is $25.00. Assistant must be a physician. This may not be used to report physician assistant or nurse practitioner assistant surgical services.

Oral Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair	**40810**	**$133.87**	**$215.96**	**$140.81**	**$227.81**	**$149.27**	**$244.28**	**$134.61 F**
Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple re-pair	**40812**	**$203.65**	**$297.36**	**$213.94**	**$313.26**	**$225.81**	**$334.28**	**$189.49 F**
Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex re-pair	**40814**	**$316.22**	**$397.60**	**$332.43**	**$418.69**	**$351.29**	**$445.49**	**$262.33 F**
Biopsy of Tongue, anterior 2/3	**41100**	**$113.36**	**$177.12**	**$119.08**	**$186.67**	**$125.27**	**$199.08**	**$119.29 F**
Biopsy of Tongue, posterior 1/3	**41105**	**$116.49**	**$178.84**	**$122.33**	**$188.42**	**$128.68**	**$200.86**	**$115.97 F**
Biopsy of Floor of Mouth	**41108**	**$94.70**	**$155.64**	**$99.46**	**$164.06**	**$105.01**	**$175.56**	**$97.80 F**
Excision of lesion of tongue, without closure	**41110**	**$139.28**	**$225.24**	**$146.46**	**$237.56**	**$154.69**	**$254.18**	**$140.58 F**
Excision of lesion of tongue, with closure, anterior 2/3	**41112**	**$264.12**	**$348.32**	**$277.66**	**$366.90**	**$293.88**	**$391.34**	**$124.91 F**
Excision of lesion or tumor, dentoalveolar structures without repair	**41825**	**$128.52**	**$219.05**	**$135.16**	**$231.13**	**$142.85**	**$247.65**	**$138.41 F**
Excision of lesion or tumor, dentoalveolar structures with simple repair	**41826**	**$217.35**	**$318.81**	**$228.40**	**$335.94**	**$241.51**	**$358.95**	**$178.76 F**
Biopsy of palate or uvula	**42100**	**$114.50**	**$157.13**	**$120.27**	**$165.45**	**$126.84**	**$176.18**	**$105.77 F**
Excision of lesion of palate or uvula, with-out closure	**42104**	**$145.85**	**$225.47**	**$153.28**	**$237.66**	**$161.75**	**$253.91**	**$136.78 F**

Oral Cancer Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid^ All Maryland
Examinations								
Periodic Oral Examination	**D0120**	BR*	BR*	BR*	BR*	BR*	BR*	**$29.08**
X-Ray Panoramic Maxilla/Mandible film	**D0330**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**Not Available**	**$42.00**
Limited oral evaluation - problem focused	**D0140**							**$43.20**
Tumors/Cysts/Neoplasms								
Excision benign tumor up to 1.25 CM	**D7410**							**$84.00**
Excision benign tumor over 1.25 CM	**D7411**							**B.R.+not on list**
Excision malignant tumor up to 1.25 CM	**D7440**							**$108.00**
Excision malignant tumor over 1.25 CM	**D7441**							**B.R. +**
Removal Cysts/Neoplasms								
Remove odontogenic cyst or tumor up to 1.25 CM	**D7450**							**$97.00**
Remove odontogenic cyst or tumor over 1.25 CM	**D7451**							**$125.00**
Remove nonodontogenic cyst or tumor up to 1.25 CM	**D7460**							**$95.00**
Remove nonodontogenic cyst or tumor over 1.25 CM	**D7461**							**$125.00**
Destruction lesion(s) physical/chemical methods	**D7465**							**B.R. +not on list**

ORAL CANCER

Procedure	CPT Code	Reimbursement Rate*						
		Medicare@						Medicaid^
		Region 99		Region 1		DC Metro		All
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland
Other Procedures								
Comprehensive Oral Evaluation	**D0150**							**$51.50**
Detailed & extensive oral evaluation - problem focused, by report	**D0160**							**$43.20**
Biopsy Oral Tissue Hard including lab report	**D7285**							**$85.00**
Biopsy Oral Tissue Soft including lab report	**D7286**							**$75.00**
Anesthesia								
Deep sedation/general anesthesia, 1st 30 minutes	**D9220**							**$76.00**
As in D 9220, additional 15 minutes	**D9221**							**$36.00**
Analgesia, anxiolysis, inhalation of nitrous oxide	**D9230**							**$18.00**
Intravenous (conscious) sedation, first 30 minutes	**D9241**							**$44.00**
Intravenous (conscious) sedation, each additional 15 minutes	**D9242**							**$33.00**
Non-intravenous conscious sedation	**D9248**							**$186.91**

ORAL CANCER		Reimbursement Rate*						
Procedure	CPT Code	Medicare@						Medicaid^
		Region 99		Region 1		DC Metro		All
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland
Computerized axial tomography, maxillofacial area; without contrast material	**70450**	**$190.16**	**$190.16**	**$200.54**	**$200.54**	**$216.58**	**$216.58**	**$177.00**
-26 Modifier	**70450-26**	**$41.87**	**$41.87**	**$43.30**	**$43.30**	**$44.94**	**$44.94**	**$30.90**
-TC Modifier	**70450-TC**	**$148.30**	**$148.30**	**$157.24**	**$157.24**	**$171.65**	**$171.65**	**$146.10**
Computerized axial tomography, soft tissue neck; without contrast material	**70486**	**$255.08**	**$255.08**	**$268.96**	**$268.96**	**$290.53**	**$290.53**	**$190.63**
-26 Modifier	**70486-26**	**$56.41**	**$56.41**	**$58.33**	**$58.33**	**$60.57**	**$60.57**	**$40.91**
-TC Modifier	**70486-TC**	**$198.67**	**$198.67**	**$210.63**	**$210.63**	**$229.96**	**$229.96**	**$149.72**
Computerized axial tomography, soft tissue neck; without contrast material(s)	**70490**	**$252.12**	**$252.12**	**$265.72**	**$265.72**	**$286.51**	**$286.51**	**$196.06**
-26 Modifier	**70490-26**	**$63.66**	**$63.66**	**$65.91**	**$65.91**	**$68.38**	**$68.38**	**$46.64**
-TC Modifier	**70490-TC**	**$188.46**	**$188.46**	**$199.80**	**$199.80**	**$218.13**	**$218.13**	**$149.42**
Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	**70540**	**$416.92**	**$416.92**	**$440.33**	**$440.33**	**$476.97**	**$476.97**	**$316.79**
	70540-26	**$66.76**	**$66.76**	**$69.15**	**$69.15**	**$71.67**	**$71.67**	**$48.63**
	70540-TC	**$350.16**	**$350.16**	**$371.19**	**$371.19**	**$405.30**	**$405.30**	**$268.16**

Notes:
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.

NCSP ++ Not covered as a separate procedure

Prostate Cancer Procedure	CPT Code	Reimbursement Rate* Medicare©						Medicaid^	
		Region 99		Region 1		DC Metro		All	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland	
Office Visit									
Initial, New Patient									
LEVEL 1: Problem focused history & examination with straightforward medical decision	**99201**	**$26.32**	**$43.58**	**$27.38**	**$45.68**	**$28.46**	**$48.44**	**$29.14**	**NF**
LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	**99202**	**$49.86**	**$74.16**	**$51.81**	**$77.58**	**$53.84**	**$81.98**	**$51.50**	**NF**
LEVEL 3: Detailed history & examination requiring low complexity medical decision	**99203**	**$76.11**	**$107.47**	**$79.28**	**$112.51**	**$82.18**	**$118.48**	**$76.48**	**NF**
LEVEL 4: Comprehensive history & examination requiring moderately complex medical decision	**99204**	**$129.04**	**$163.92**	**$134.34**	**$171.30**	**$139.24**	**$179.61**	**$111.67**	**NF**
LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	**99205**	**$165.36**	**$203.41**	**$171.93**	**$212.26**	**$178.21**	**$222.25**	**$139.92**	**NF**
Established Patient									
LEVEL 1: Problem focused history & examination with straightforward medical decision	**99211**	**$9.35**	**$20.27**	**$9.69**	**$21.26**	**$10.07**	**$22.71**	**$17.40**	**NF**
LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	**99212**	**$25.61**	**$43.58**	**$26.64**	**$45.68**	**$27.65**	**$48.44**	**$30.70**	**NF**
LEVEL 3: Detailed history & examination requiring low complexity medical decision	**99213**	**$50.53**	**$72.02**	**$52.46**	**$75.24**	**$54.45**	**$79.33**	**$47.70**	**NF**
LEVEL 4: Comprehensive history & examination requiring highly complex medical decision	**99214**	**$77.52**	**$106.41**	**$80.44**	**$111.06**	**$83.50**	**$116.94**	**$72.25**	**NF**
LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	**99215**	**$109.02**	**$142.84**	**$113.11**	**$148.96**	**$117.42**	**$156.57**	**$97.57**	**NF**

Procedure	CPT Code	Reimbursement Rate* Medicare@ Region 99		Region 1		DC Metro		Medicaid^ All Maryland
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Office Consultation for a New or Established Patient: **These codes are no longer used. Codes 99201 - 99215 should be reported depending on complexity and if client is new or established. Codes continue to appear on Medicaid sheet.**								
Problem focused history & examination with straightforward medical decision	**99241**							**$38.06 NF**
Expanded problem focused history & examination with straightforward medical decision	**99242**							**$70.07 NF**
Detailed history & examination requiring low complexity medical decision	**99243**							**$94.66 NF**
Comprehensive history & examination requiring moderately complex medical decision	**99244**							**$138.57 NF**
Comprehensive history & examination requiring highly complex medical decision	**99245**							**$171.82 NF**
Services requested after office hours in addition to basic service	**99050**							**$0.00**
Services requested between 10:00 PM and 8:00 AM in addition to basic service	**99052**							**$0.00**
Services requested on Sundays and holidays in addition to basic service	**99054**							**$0.00**
Office services provided on an emergency basis	**99058**							**$10.00**
Prostate specific antigen (PSA); complexed (direct measurement)	**84152**	**$26.06**	**$26.06**	**$26.06**	**$26.06**	**$26.06**	**$26.06**	**19.58**

Procedure	CPT Code	Reimbursement Rate Medicare @ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC Metro In-Facility	DC Metro Not In-Facility	Medicaid All Maryland
Prostate specific antigen (PSA); total	84153	$26.06	$26.06	$26.06	$26.06	$26.06	$26.06	19.58
Prostate specific antigen (PSA); total	GO 103	$26.06	$26.06	$26.06	$26.06	$26.06	$26.06	
Prostate specific antigen (PSA); free	84154	$26.06	$26.06	$26.06	$26.06	$26.06	$26.06	19.58
Prostate cancer screening Digital rectal exam (DRE)	GO102	$9.00	$19.93	$9.34	$20.92	$9.73	$22.36	
Biopsy, prostate; needle or punch, single or multiple, any approach	55700	$142.61	$229.63	$148.66	$240.88	$154.31	$255.03	$184.71 F
Facility fee for biopsy, prostate; needle or punch, single or multiple, any approach	55700	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$401.65
Biopsy, prostate; incisional, any approach	55705	$274.16	$274.16	$286.04	$286.04	$298.12	$298.12	$199.14
Facility fee for Biopsy, prostate; incisional, any a	55705	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$401.65
Prostatotomy, external drainage of prostatic abscess, any approach;simple	55720	$463.50	$463.50	$483.52	$483.52	$504.30	$504.30	$346.54
Facility fee for prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$326.34
Prostatotomy, external drainage pf prostatic abscess, any approach; complicated	55725	$608.10	$608.10	$634.62	$634.62	$661.99	$661.99	$425.71
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (1st stage)	52601	$862.28	$862.28	$898.95	$898.95	$934.48	$934.48	$601.27
Facility fee for transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete	52601	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$617.40
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (2nd stage)	52601-58	**	**	**	**	**	**	**
Transurethral resection, of residual obstructive tissue after 90 days postoperative	52630	$411.77	$411.77	$429.99	$429.99	$449.32	$449.32	$336.54
Facility fee for transurethral resection, of residual obstructive tissue after 90 days postoperative	52630	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$437.08
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214	$208.13	$659.41	$216.89	$695.21	$225.50	$747.85	$152.39 F
Facility fee for Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214	See County specific CBSA sheet		See County specific CBSA sheet		See County specific CBSA sheet		$437.08

Procedure	Code	Reimbursement Rates Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC/Metro In-Facility	DC/Metro Not In-Facility	Medicaid All Maryland
Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete	52647	$663.96	$1,981.17	$692.58	$2,088.69	$721.43	$2,246.09	$486.67 F $2023.59 NF
Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	52648	$708.55	$2,033.15	$739.09	$2,143.05	$769.49	$2,302.71	$519.57 F $2054.47 NF
Transurethral drainage of prostatic abscess	52700	$454.91	$454.91	$474.72	$474.72	$495.34	$495.34	$317.32
Transurethral destruction of prostate tissue; by microwave thermotherapy	53850	$583.40	$2,225.42	$608.45	$2,348.83	$633.27	$2,533.89	$429.56 F $2401.12 NF
Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	53852	$638.69	$2,146.84	$666.29	$2,264.78	$694.14	$2,439.81	467.35F 2297.67
Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)	38562	$711.72	$711.72	$748.24	$748.24	$777.34	$777.34	$476.77
Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy	55801	$1,118.93	$1,118.93	$1,166.38	$1,166.38	$1,212.64	$1,212.64	$791.93
Prostatectomy, perineal radical	55810	$1,350.03	$1,350.03	$1,407.56	$1,407.56	$1,461.38	$1,461.38	$961.17
Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadectomy)	55812	$1,649.13	$1,649.13	$1,718.42	$1,718.42	$1,784.29	$1,784.29	$1,169.76
Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, inluding external iliac, hypogastric and obturator nodes	55815	$1,807.51	$1,807.51	$1,883.22	$1,883.22	$1,954.86	$1,954.86	$1,291.84
Prostatectomy, including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	55821	$897.02	$897.02	$935.29	$935.29	$972.61	$972.61	$637.56
Prostatectomy, retropubic, subtotal	55831	$969.65	$969.65	$1,010.70	$1,010.70	$1,050.73	$1,050.73	$690.80
Prostatectomy, retropubic, radical, with or without nerve sparing	55840	$1,371.71	$1,371.71	$1,429.64	$1,429.64	$1,485.09	$1,485.09	$979.19
Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy	55842	$1,469.58	$1,469.58	$1,531.58	$1,531.58	$1,590.62	$1,590.62	$1,048.75
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	$1,676.82	$1,676.82	$1,747.29	$1,747.29	$1,813.07	$1,813.07	$1,198.70

Procedure	Code	Reimbursement Rates Medicare@ Region 99 In-Facility	Region 99 Not In-Facility	Region 1 In-Facility	Region 1 Not In-Facility	DC/Metro In-Facility	DC/Metro Not In-Facility	Medicaid All Maryland
Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	55875	$781.66	$781.66	$815.09	$815.09	$848.68	$848.68	$559.10
Interstitial radiation source application;	77776	$427.13	$427.13	$447.54	$447.54	$474.85	$474.85	$289.72
-26 Modifier	77776-26	$237.68	$237.68	$246.47	$246.47	$255.58	$255.58	$167.26
-TC Modifier	77776-TC	$189.45	$189.45	$201.07	$201.07	$219.26	$219.26	$122.46
Interstitial radiation source application;	77777	$579.54	$579.54	$605.78	$605.78	$639.55	$639.55	$436.11
-TC Modifier	77777-26	$381.98	$381.98	$396.13	$396.13	$410.91	$410.91	$279.50
-TC Modifier	77777-TC	$197.55	$197.55	$209.66	$209.66	$228.64	$228.64	$156.61
Interstitial radiation source application; complex	77778	$851.34	$851.34	$888.87	$888.87	$938.42	$938.42	$613.65
	77778-26	$566.47	$566.47	$586.50	$586.50	$608.72	$608.72	$411.76
	77778-TC	$284.87	$284.87	$302.37	$302.37	$329.70	$329.70	$201.89
Exposure of prostate, any approach, for insertion of radioactive substance;	55860	$896.65	$896.65	$934.61	$934.61	$971.87	$971.87	$641.00
For application of interstitial radioelement see 77776 through 77778								
Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s), limited pelvic lymphadenectomy	55862	$1,125.77	$1,125.77	$1,173.31	$1,173.31	$1,219.56	$1,219.56	$811.86
Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvis lymphadenectomy, including external iliac, hypogastric and obturator nodes	55865	$1,368.99	$1,368.99	$1,426.68	$1,426.68	$1,482.21	$1,482.21	$973.87
Echography, scrotum and contents	76870	$130.80	$130.80	$104.96	$104.96	$148.74	$148.74	$87.34
-26 Modifier	76870-26	$31.82	$31.82	$32.98	$32.98	$34.18	$34.18	$23.18
-TC Modifier	76870-TC	$98.98	$98.98	$104.96	$104.96	$114.56	$114.56	$64.16
Ultrasound prostate examination: Transrectal, global	76872	$134.28	$134.28	$141.55	$141.55	$152.56	$152.56	$100.35
-26 Modifier	76872-26	$34.60	$34.60	$35.84	$35.84	$37.19	$37.19	$25.47
-TC Modifier	76872-TC	$99.68	$99.68	$105.71	$105.71	$115.38	$115.38	$74.88
Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	76873	$177.20	$177.20	$185.95	$185.95	$198.67	$198.67	$131.14
	76873-26	$77.52	$77.52	$80.24	$80.24	$83.29	$83.29	56.35
	76873-TC	$99.68	$99.68	$105.71	$105.71	$115.38	$115.38	74.79

Skin Cancers			Reimbursement Rate*						
			Medicare@						Medicaid^
	Procedure	CPT Code	Region 99		Region 1		DC Metro		All
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Maryland
Excision, benign lesion, trunk, arms or legs									
lesion diam:	0.5 cm or <	11400	$80.80	$124.84	$84.93	$131.60	$89.76	$140.73	84.52 NF
lesion diam:	0.6 cm - 1.0cm	11401	$105.72	$151.17	$111.20	$159.37	$117.01	$169.61	$100.97 NF
lesion diam:	1.1 cm - 2.0cm	11402	$116.09	$168.23	$122.15	$177.41	$128.29	$188.64	$112.14 NF
lesion diam:	2.1 cm - 3.0cm	11403	$149.12	$193.51	$156.95	$204.00	$164.88	$216.26	$128.57 NF
lesion diam:	3.1 cm - 4.0cm	11404	$163.95	$219.97	$172.59	$231.96	$180.91	$245.75	$146.08 NF
lesion diam:	over 4.0 cm	11406	$247.21	$313.44	$260.33	$330.53	$271.34	$348.00	$193.53 NF
Excision, benign lesion, scalp, neck, hands, feet, genitalia									
lesion diam:	0.5 cm or <	11420	$83.16	$124.03	$87.23	$130.55	$91.96	$139.26	$84.29 NF
lesion diam:	0.6 cm - 1.0cm	11421	$112.93	$159.79	$118.67	$168.33	$124.56	$178.79	$107.46 NF
lesion diam:	1.1 cm - 2.0cm	11422	$137.71	$177.87	$144.83	$187.39	$152.36	$198.84	$120.13 NF
lesion diam:	2.1 cm - 3.0cm	11423	$160.18	$205.28	$168.45	$216.24	$176.77	$228.97	$139.97 NF
lesion diam:	3.1 cm - 4.0cm	11424	$182.26	$236.16	$191.64	$248.77	$200.55	$262.94	$160.36 NF
lesion diam:	over 4.0 cm	11426	$277.33	$335.81	$291.60	$353.59	$303.83	$371.52	$227.18 NF
Excision, benign lesion, face, ears, eyelids nose, lips									
lesion diam:	0.5 cm or <	11440	$104.92	$136.63	$110.48	$144.09	$117.04	$153.74	$93.88 NF
lesion diam:	0.6 cm - 1.0cm	11441	$134.34	$170.98	$141.37	$180.21	$149.08	$191.49	$115.75 NF
lesion diam:	1.1 cm - 2.0cm	11442	$149.21	$192.19	$157.04	$202.60	$165.29	$215.03	$129.93 NF
lesion diam:	2.1 cm - 3.0cm	11443	$182.42	$228.57	$191.87	$240.78	$201.33	$254.75	$155.97 NF
lesion diam:	3.1 cm - 4.0cm	11444	$231.87	$286.13	$243.75	$301.26	$255.01	$317.81	$195.84 NF
lesion diam:	over 4.0 cm	11446	$329.45	$393.21	$346.25	$413.84	$361.19	$434.99	$261.53 NF
Excision, malignant lesion, trunk, arms or legs									
lesion diam:	0.5 cm or <	11600	$120.84	$193.76	$127.02	$204.31	$133.04	$217.44	$122.33 NF
lesion diam:	0.6 cm - 1.0cm	11601	$152.11	$232.78	$159.76	$245.27	$167.39	$260.77	$144.97 NF
lesion diam:	1.1 cm - 2.0cm	11602	$167.39	$253.70	$175.83	$267.31	$184.25	$284.15	$157.82 NF
lesion diam:	2.1 cm - 3.0cm	11603	$198.87	$288.00	$208.79	$303.26	$218.38	$321.54	$179.29 NF
lesion diam:	3.1 cm - 4.0cm	11604	$218.86	$319.96	$229.99	$337.15	$240.02	$357.05	$198.10 NF
lesion diam:	over 4.0 cm	11606	$323.15	$454.20	$339.68	$478.58	$352.95	$504.64	$275.94 NF
Excision, malignant lesion, scalp, neck, hands, feet, genitalia									
lesion diam:	0.5 cm or <	11620	$122.59	$196.93	$128.86	$207.65	$135.02	$221.06	$122.99 NF
lesion diam:	0.6 cm - 1.0cm	11621	$153.51	$234.53	$161.23	$247.11	$168.97	$262.76	$146.15 NF
lesion diam:	1.1 cm - 2.0cm	11622	$176.04	$262.35	$184.94	$276.42	$193.66	$293.56	$164.71 NF
lesion diam:	2.1 cm - 3.0cm	11623	$216.84	$306.67	$227.78	$322.99	$237.95	$341.93	$192.53 NF
lesion diam:	3.1 cm - 4.0cm	11624	$245.48	$345.18	$257.96	$363.63	$268.95	$384.35	$217.91 NF
lesion diam:	over 4.0 cm	11626	$301.42	$416.62	$316.84	$438.93	$329.53	$462.87	$279.01 NF
Excision, malignant lesion, face, ears, eye-lids, nose, lips									
lesion diam:	0.5 cm or <	11640	$127.85	$203.95	$134.39	$215.05	$140.99	$229.07	$128.57 NF
lesion diam:	0.6 cm - 1.0cm	11641	$161.15	$243.94	$169.31	$257.06	$177.44	$273.26	$160.41 NF
lesion diam:	1.1 cm - 2.0cm	11642	$189.22	$278.35	$198.70	$293.17	$208.04	$311.21	$185.37 NF
lesion diam:	2.1 cm - 3.0cm	11643	$236.94	$327.83	$248.88	$345.22	$259.91	$365.12	$214.22 NF
lesion diam:	3.1 cm - 4.0cm	11644	$293.68	$404.30	$308.56	$425.80	$321.73	$449.77	$270.80 NF
lesion diam:	over 4.0 cm	11646	$407.11	$526.89	$427.72	$554.67	$444.95	$583.59	$359.25 NF
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	$57.47	$83.18	$60.36	$87.62	$63.80	$93.57	$36.87 (F) $51.78 NF

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 conjunc-tion with code 17000)**	**$4.51**	**$7.32**	**$4.72**	**$7.71**	**$4.92**	**$8.19**	**$3.60 (F) $5.47 NF**
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 conjunc-tion with codes 17000-17003)**	**$135.44**	**$175.95**	**$142.22**	**$185.16**	**$149.02**	**$195.92**	**$96.08 (F) $123.69 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter 0.5 cm or less	**17260**	**$70.89**	**$96.96**	**$74.33**	**$101.96**	**$78.04**	**$108.21**	**$46.64 (F) $66.80 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter 0.6 to 1.0 cm	**17261**	**$94.53**	**$148.08**	**$99.32**	**$156.08**	**$104.31**	**$166.29**	**$61.75 (F) $92.06 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter 1.1 to 2.0 cm	**17262**	**$119.83**	**$179.72**	**$125.79**	**$189.27**	**$131.88**	**$201.20**	**$78.81 (F) $111.71 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter 2.1 to 3.0 cm	**17263**	**$133.00**	**$196.41**	**$139.59**	**$206.80**	**$146.24**	**$219.64**	**$86.88 (F) $123.02 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter 3.1 to 4.0 cm	**17264**	**$141.99**	**$210.68**	**$149.05**	**$221.86**	**$156.01**	**$235.53**	**$92.82 (F) $132.90 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk,arms or legs; lesion diameter over 4.0 cm	**17266**	**$165.18**	**$238.11**	**$173.30**	**$250.59**	**$181.19**	**$265.60**	**$107.11 (F) $150.51 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	**17270**	**$102.83**	**$154.27**	**$108.00**	**$162.52**	**$113.29**	**$172.82**	**$66.49 (F) $96.31 NF**

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	**17271**	**$114.62**	**$168.17**	**$120.40**	**$177.16**	**$126.22**	**$188.20**	**$74.92 (F)** **$105.29 NF**
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	**17272**	**$131.96**	**$191.50**	**$138.52**	**$201.62**	**$145.12**	**$214.03**	**$86.88 (F)** **$120.65 NF**
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	**17273**	**$148.93**	**$213.40**	**$156.29**	**$224.63**	**$163.59**	**$238.21**	**$97.64 (F)** **$134.26 NF**
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**	**$181.84**	**$251.59**	**$190.74**	**$264.67**	**$199.43**	**$280.16**	**$119.75 (F)** **$159.66 NF**
Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	**17276**	**$218.50**	**$292.13**	**$229.27**	**$307.31**	**$239.30**	**$324.53**	**$144.50 (F)** **$187.86 NF**
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**	**$93.48**	**$144.91**	**$98.20**	**$152.72**	**$103.09**	**$162.62**	**$60.83 (F)** **$90.27 NF**
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**	**$128.83**	**$182.73**	**$135.28**	**$192.41**	**$141.70**	**$204.09**	**$84.49 (F)** **$114.17 NF**
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**	**$148.58**	**$209.88**	**$155.95**	**$220.92**	**$163.23**	**$234.18**	**$97.65 (F)** **$132.19 NF**
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**	**$185.30**	**$251.53**	**$194.39**	**$264.59**	**$203.23**	**$279.89**	**$122.48 (F)** **$159.89 NF**
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**	**$215.44**	**$286.60**	**$225.88**	**$301.31**	**$235.98**	**$318.35**	**$145.81 (F)** **$186.79 NF**

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**	**$294.69**	**$370.43**	**$309.20**	**$389.47**	**$322.33**	**$410.00**	**$198.42 (F)** **$247.72 NF**
Mohs Micrographic Surgery								
Chemosurgery (Mohs micrographic technique), including removalof 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**	**$389.49**	**$680.48**	**$408.15**	**$716.57**	**$424.88**	**$761.69**	**$261.89 (F)** **$494.51 NF**
Chemosurgery (Mohs micrographic technique), as above; each additional stage, fixed or fresh tissue, up to 5 specimens	**17312**	**$206.89**	**$406.99**	**$216.72**	**$428.81**	**$225.66**	**$457.27**	**$139.49 (F)** **$299.13 NF**
Chemosurgery (Mohs micrographic technique), including removalof 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**	**$349.29**	**$620.91**	**$366.03**	**$653.91**	**$381.03**	**$695.42**	**$235.26 (F)** **$451.81 NF**
Chemosurgery (Mohs micrographic technique), as above in 14313; up to 5 specimens, each stage	**17314**	**$191.98**	**$377.29**	**$201.13**	**$397.53**	**$209.41**	**$423.90**	**$128.99 (F)** **$277.05 NF**
Chemosurgery (Mohs micrographic technique); each block after the first 5 tissue blocks, any stage (listed separately in addition to code for primary procedure)	**17315**	**$54.42**	**$81.19**	**$56.96**	**$85.34**	**$59.35**	**$90.34**	**$36.82 (F)** **$58.10 NF**

Core-Based Statistical Area (CBSA)* 21
Caroline, Dorchester, Garrett, Kent, St. Mary's, Talbot and Worcester Counties

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$101.78
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$101.78
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$242.75
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$242.75
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$431.56
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$242.75
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		$431.56
Screening Colonoscopy	GO105		$323.80
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$365.01
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$365.01
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$365.01
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)	45383		$365.01
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$365.01
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$365.01
Colonoscopy through stoma	44388		$365.01
Excision of rectal tumor, transanal approach	45171		$950.97
Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$539.28

Prostate, biopsy; incisional any approach	55705		$539.28
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,023.95
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		$1,443.40
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		$1,443.40
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,023.95

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Core-Based Statistical Area (CBSA)* 12580
Anne Arundel, Baltimore County, Baltimore City, Carrol, Harford, Howard and Queen Anne's Counties

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$106.32
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$106.32
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$253.57
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$253.57
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$450.80
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$253.57
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		$450.80
Screening Colonoscopy	GO105		$338.23
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$381.29
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$381.29
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$381.29
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...control of bleeding	45383		$381.29
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$381.29
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$381.29
Colonoscopy through stoma	44388		$381.29
Excision of rectal tumor, transanal approach	45171		$993.36

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$563.32
Prostate, biopsy; incisional any approach	55705		$563.32
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,069.59
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		$1,507.75
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		$1,507.75
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,069.59

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Core-Based Statistical Area (CBSA)* 13644
Frederick County

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$107.13
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$107.13
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$255.51
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$255.51
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$454.24
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$255.51
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		$454.24
Screening Colonoscopy	GO105		$340.82
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$384.20
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$384.20
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$384.20
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...control of bleeding	45383		$384.20
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$384.20
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$384.20
Colonoscopy through stoma	44388		$384.20
Excision of rectal tumor, transanal approach	45171		$1,000.96

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$567.63
Prostate, biopsy; incisional any approach	55705		$567.63
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,077.77
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		$1,519.27
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		$1,519.27
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,077.77

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Core-Based Statistical Area (CBSA)* 19060
Allegany County

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$94.04
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$94.04
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$224.30
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$224.30
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$398.76
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$224.30
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		$398.76
Screening Colonoscopy	GO105		$299.19
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$337.28
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$337.28
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$337.28
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...control of bleeding	45383		$337.28
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$337.28
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$337.28
Colonoscopy through stoma	44388		$337.28
Excision of rectal tumor, transanal approach	45171		$878.70

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$498.30
Prostate, biopsy; incisional any approach	55705		$498.30
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$498.30
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		$1,333.71
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		$1,333.71
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$946.13

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Core-Based Statistical Area (CBSA)* 25180
Washington County

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$101.13
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$101.13
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$241.20
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$241.20
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$428.81
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$241.20
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		$428.81
Screening Colonoscopy	GO105		$321.46
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$362.69
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$362.69
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$362.69
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)	45383		$362.69
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$362.69
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$362.69
Colonoscopy through stoma	44388		$362.69
Excision of rectal tumor, transanal approach	45171		$944.91

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$535.84
Prostate, biopsy; incisional any approach	55705		$535.84
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,017.20
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		$1,434.20
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		$1,434.20
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,017.42

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Core-Based Statistical Area (CBSA)* 41540
Somerset and Wicomico Counties

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$101.44
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$101.44
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$241.94
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$241.94
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$430.13
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$241.94
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		$430.13
Screening Colonoscopy	GO105		$322.73
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$363.80
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$363.80
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$363.80
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...control of bleeding	45383		$363.80
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$363.80
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$363.80
Colonoscopy through stoma	44388		$363.80
Excision of rectal tumor, transanal approach	45171		$947.81

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$537.49
Prostate, biopsy; incisional any approach	55705		$537.49
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,020.55
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		$1,438.61
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		$1,438.61
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,020.55

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Core-Based Statistical Area (CBSA)* 47894
Calvert, Charles, Montgomery and Prince George's Counties

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$109.78
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$109.78
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$261.82
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$261.82
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$465.47
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$261.82
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		$465.47
Screening Colonoscopy	GO105		$349.25
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$393.70
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$393.70
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$393.70
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)	45383		$393.70
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$393.70
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$393.70
Colonoscopy through stoma	44388		$393.70
Excision of rectal tumor, transanal approach	45171		$1,025.70

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$581.66
Prostate, biopsy; incisional any approach	55705		$581.66
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,104.41
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		$1,556.83
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		$1,556.83
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,104.41

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Core-Based Statistical Area (CBSA)* 48864
Cecil County

Procedure	CPT Code		Facility Fee
Screening Sigmoidoscopy	GO104		$109.01
Sigmoidoscopy, flexible; diagnostic, with or without collection…	45330		$109.01
Sigmoidoscopy, flexible; diagnostic, with biopsy, single or multiple	45331		$260.00
Sigmoidoscopy, flexible; with removal of tumor(s)… by hot biopsy forceps or bipolar cautery	45333		$260.00
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding	45334		$462.23
Sigmoidoscopy, flexible; with removal of tumor(s)… by snare technique	45338		$260.00
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		$462.23
Screening Colonoscopy	GO105		$346.81
Colonoscopy, flexible, proximal to splenic flexure; diagnostic	45378		$390.96
Colonoscopy, flexible, proximal to splenic flexure; with biopsy	45380		$390.96
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	45382		$390.96
Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)	45383		$390.96
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by hot biopsy forceps or bipolar cautery	45384		$390.96
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumore(s)…by snare technique	45385		$390.96
Colonoscopy through stoma	44388		$390.96
Excision of rectal tumor, transanal approach	45171		$1,018.55

Prostate, biopsy; needle or punch, single or multiple, any approach	55700		$577.61
Prostate, biopsy; incisional any approach	55705		$577.61
Prostatomy, external drainage of prostatic abscess, any approach; simple	55720		$1,096.72
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		$1,545.98
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		$1,545.98
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214		$1,096.72

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