

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer			Medicare®								Medicaid	
Procedure	CPT Code	Region 99		Region 1		DC Metro		CBSA	All of MD			
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility®	Not In-Facility		
		N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT		
Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999											
CRC												
SKIN lesion diam: 0.5 cm or <	11400	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$52.59	\$84.42	
SKIN lesion diam: 1.1 cm - 2.0cm	11422	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$91.61	\$120.13	
SKIN lesion diam: 2.1 cm - 3.0cm	11423	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$106.48	\$139.97	
SKIN lesion diam: 3.1 cm - 4.0cm	11424	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$123.14	\$160.36	
SKIN lesion diam: over 4.0 cm	11426	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$185.95	\$227.18	
SKIN lesion diam: 0.5 cm or <	11440	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$69.38	\$93.88	
SKIN lesion diam: 0.6 cm - 1.0cm	11441	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$89.71	\$115.75	
SKIN lesion diam: 1.1 cm - 2.0cm	11442	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$99.54	\$129.93	
SKIN lesion diam: 2.1 cm - 3.0cm	11443	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$122.80	\$155.97	
SKIN lesion diam: 3.1 cm - 4.0cm	11444	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$156.77	\$195.84	
SKIN lesion diam: over 4.0 cm	11446	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$219.97	\$261.53	
SKIN lesion diam: 0.5 cm or <	11600	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$76.30	\$122.33	
SKIN lesion diam: 0.6 cm - 1.0cm	11601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$97.94	\$144.97	
SKIN lesion diam: 1.1 cm - 2.0cm	11602	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$106.35	\$157.82	
SKIN lesion diam: 2.1 cm - 3.0cm	11603	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$125.93	\$179.29	
SKIN lesion diam: 3.1 cm - 4.0cm	11604	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$138.08	\$198.10	
SKIN lesion diam: over 4.0 cm	11606	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$204.25	\$275.94	
SKIN lesion diam: 0.5 cm or <	11620	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$76.92	\$122.99	
SKIN lesion diam: 0.6 cm - 1.0cm	11621	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$99.16	\$146.15	
SKIN lesion diam: 1.1 cm - 2.0cm	11622	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$113.85	\$164.71	
SKIN lesion diam: 2.1 cm - 3.0cm	11623	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$139.72	\$192.53	
SKIN lesion diam: 3.1 cm - 4.0cm	11624	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$159.95	\$217.91	
SKIN lesion diam: over 4.0 cm	11626	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$204.40	\$279.01	
SKIN lesion diam: 0.5 cm or <	11640	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$82.43	\$128.57	
SKIN lesion diam: 0.6 cm - 1.0cm	11641	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$108.26	\$160.41	
SKIN lesion diam: 1.1 cm - 2.0cm	11642	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$127.13	\$185.37	
SKIN lesion diam: 2.1 cm - 3.0cm	11643	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$158.07	\$214.22	
SKIN lesion diam: 3.1 cm - 4.0cm	11644	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$198.09	\$270.80	
SKIN lesion diam: over 4.0 cm	11646	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$28.79	\$359.25	
CRC Dressing change (for other than burns) under anesthesia (other than local)	15852	\$48.76	\$48.76	\$50.89	\$50.89	\$53.03	\$53.03	N/A		33.93	33.93	
SKIN Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion	17000	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$36.87	\$51.78	
SKIN Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion)	17003 - Add-on code (use 17003 in conjunction with code 17000)	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$3.60	\$5.47	
SKIN Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions,	17004 (Do not report 17004 in conjunction with codes 17000-17003)	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$96.08	\$123.69	

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Colorectal Cancer	Procedure	CPT Code	Medicare ®							Medicaid	
			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ®®	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
CRC											
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	17260	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$46.64	\$66.80
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$61.75	\$92.06
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$78.81	\$111.71
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$86.88	\$123.02
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$92.82	\$132.90
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	17266	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$107.11	\$150.51
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$66.49	\$96.31
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$74.92	\$105.29
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$86.88	\$120.65
SKIN	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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$97.64	\$134.26
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	17274	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$119.75	\$159.66
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	17276	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$144.50	\$187.86
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	17280	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$60.83	\$90.27

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			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ®®	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
CRC											
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	17281	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$84.49	\$114.17
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	17282	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$97.65	\$132.19
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	17283	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$122.48	\$159.89
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	17284	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$145.81	\$186.79
SKIN	Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	17286	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$198.42	\$247.72
SKIN	Chemosurgery (Mohs micrographic technique), including removal of all gross tumors, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; first stage, fresh tissue technique, head, neck, hands, feet, genitalia, and other areas (please check with CCSC if nec.) up to 5 specimens	17311	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$261.89	\$494.51
SKIN	Chemosurgery (Mohs micrographic technique), as above; each additional stage, fixed or fresh tissue, up to 5 specimens	17312	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$139.49	\$299.13
SKIN	Chemosurgery (Mohs micrographic technique), including removal of all gross tumors, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; trunk, arms or legs, fixed or fresh tissue, up to 5 specimens	17313	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$235.26	\$451.81
SKIN	Chemosurgery (Mohs micrographic technique), as above in 14313; up to 5 specimens, each stage	17314	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$128.99	\$277.05
SKIN	Chemosurgery (Mohs micrographic technique); each block after the first 5 tissue blocks, any stage (listed separately in addition to code for primary procedure)	17315	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$36.82	\$58.10
CRC	Introduction of needle or intracatheter, vein	36000	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	6.85	19.98
CRC	Venipuncture - routine	36415	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	N/A	2.19	2.19
CRC	Venipuncture - routine	36415	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	N/A	See Notes Item 5B	
PRO	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)	38562	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$476.77	\$476.77
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair	40810	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	90.57	134.61
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple repair	40812	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$140.96	\$189.49
ORAL	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex repair	40814	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$218.78	\$262.33

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ORAL	Biopsy of Tongue, anterior 2/3	41100	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$80.22	\$119.29
ORAL	Biopsy of Tongue, posterior 1/3	41105	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$80.16	\$115.97
ORAL	Biopsy of Floor of Mouth	41108	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$64.95	\$97.80
ORAL	Excision of lesion of tongue, without closure	41110	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$94.30	\$140.58
ORAL	Excision of lesion of tongue, with closure, anterior 2/3	41112	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$180.00	\$224.91
ORAL	Excision of lesion or tumor, dentoalveolar structures without repair	41825	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$97.01	\$138.41
ORAL	Excision of lesion or tumor, dentoalveolar structures without repair	41826	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$142.13	\$178.76
ORAL	Biopsy of palate or uvula	42100	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$78.79	\$105.77
ORAL	Excision of lesion of palate or uvula, with-out closure	42104	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$97.47	\$136.78
	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) (Use 44139 in conjunction with codes 44140-44147)	44139	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	86.21	86.21
CRC	Colectomy, partial; with anastomosis	44140	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	919.35	919.35
CRC	Colectomy, partial, with resection, with colostomy or ileostomy and creation of mucofistula	44144	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1120.40	1120.40
CRC	Colectomy, partial, with coloproctostomy (low pelvic anastomosis)	44145	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1146.56	1146.56
CRC	Diverting colostomy or skin level cecostomy	44320	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	801.27	801.27
CRC	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (exploratory)	44388	\$173.82	\$366.81	\$181.67	\$386.02	\$190.08	\$413.99 See below		119.18	245.99
CRC	^ Facility Fee for Col thru Stoma- CBSA 21	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 12580	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 13644	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 19060	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 25180	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 41540	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 47894	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^ Facility Fee for Col thru Stoma- CBSA 48864	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	Low anterior resection and colorectal anastomosis	44626	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1105.02	1105.02
CRC	Proctectomy; complete, combined abdominoperineal, with colostomy	45110	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1264.90	1264.90
CRC	Excision of rectal tumor, transanal approach	45171	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	440.21	440.21
CRC	Destruction of rectal tumor, any method	45190	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	452.11	452.11
CRC	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing	45330	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99 See below		44.66	100.56
CRC	^ Facility Fee for Flex Sig - CBSA 21	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$67.85	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 12580	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$72.12	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 13644	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$73.74	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 19060	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$65.52	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 25180	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$64.80	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 41540	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$68.76	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 47894	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$74.51	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig - CBSA 48864	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$74.73	N/A Scr	N/A Scr
CRC	Sigmoidoscopy, flexible; with biopsy, single or multiple	45331	\$78.87	\$170.16	\$82.51	\$179.18	\$86.76	\$192.69 See below		53.69	130.91
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 21	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$238.07	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 12580	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$253.05	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 13644	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$258.73	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 19060	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$229.89	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 25180	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$244.92	N/A Scr	N/A Scr
CRC	^ Facility Fee for Flex Sig w/bx - CBSA 41540	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$241.27	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer	CPT Code	Medicare ®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility <sup>®</sup>	Not In-Facility
Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
CRC	^^ Facility Fee for Flex Sig w/bx -CBSA 47894	45331	N/A	N/A	N/A	N/A	N/A	\$261.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/bx -CBSA 48864	45331	N/A	N/A	N/A	N/A	N/A	\$262.22	N/A Scr	N/A Scr
CRC	<b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery</b>	45333	\$115.23	\$310.07	\$120.54	\$326.85	\$126.35	\$352.41 See below	78.38	214.21
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 21	45333	N/A	N/A	N/A	N/A	N/A	\$238.07	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 12580	45333	N/A	N/A	N/A	N/A	N/A	\$253.05	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 13644	45333	N/A	N/A	N/A	N/A	N/A	\$258.73	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 19060	45333	N/A	N/A	N/A	N/A	N/A	\$229.89	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 25180	45333	N/A	N/A	N/A	N/A	N/A	\$244.92	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 41540	45333	N/A	N/A	N/A	N/A	N/A	\$241.27	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 47894	45333	N/A	N/A	N/A	N/A	N/A	\$261.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig w/rem -CBSA 48864	45333	N/A	N/A	N/A	N/A	N/A	\$262.22	N/A Scr	N/A Scr
CRC	<b>Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding, any method</b>	45334	\$169.94	\$169.94	\$177.37	\$177.37	\$185.83	\$185.83 See below	117.88	117.88
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 21	45334	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 12580	45334	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 13644	45334	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 19060	45334	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 25180	45334	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 41540	45334	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 47894	45334	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Diag) -CBSA 48864	45334	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr
CRC	<b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques</b>	45338	\$147.33	\$332.15	\$153.87	\$349.58	\$161.25	\$375.69 See below	101.39	234.80
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 21	45338	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 12580	45338	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 13644	45338	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 19060	45338	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 25180	45338	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 41540	45338	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 47894	45338	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (Snare) -CBSA 48864	45338	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr
CRC	<b>Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique</b>	45339	\$194.28	\$356.09	\$202.96	\$374.29	\$212.46	\$400.19 See below	134.52	227.11
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 21	45339	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 12580	45339	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 13644	45339	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 19060	45339	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 25180	45339	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 41540	45339	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 47894	45339	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
CRC	^^ Facility Fee for Flex Sig (NA) -CBSA 48864	45339	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr
CRC	<b>Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression<sup>§</sup></b>	45378	\$225.54	\$405.17	\$235.68	\$425.88	\$246.50	\$454.91 See below	155.38	298.64
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 21	45378	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 12580	45378	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 13644	45378	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 19060	45378	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 25180	45378	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer	Procedure	CPT Code	Medicare ®						Medicaid		
			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility <sup>®®</sup>	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 41540	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 47894	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 48864	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	-53 Modifier	45378	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See Below		
CRC	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple <sup>^</sup>	45380	\$269.30	\$482.33	\$281.21	\$506.78	\$294.15	\$541.31	See below	186.45	356.70
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 21	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 13644	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 25180	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 47894	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 12580	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Dx)-CBSA 19060	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 41540	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(Bx)-CBSA 48864	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 21	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 12580	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 13644	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 19060	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 25180	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 41540	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 47894	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(CB)-CBSA 48864	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method <sup>^</sup>	45382	\$342.17	\$626.82	\$357.13	\$658.55	\$373.48	\$703.74	See below	237.59	473.56
CRC	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 <sup>^</sup>	45383	\$350.42	\$585.71	\$365.95	\$615.10	\$382.41	\$655.41	See below	240.90	421.08
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 21	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 12580	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 13644	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 19060	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 25180	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 41540	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 47894	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(abl)-CBSA 48864	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery <sup>^</sup>	45384	\$281.96	\$482.36	\$294.50	\$506.71	\$307.81	\$540.33	See below	194.71	349.45
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 21	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 12580	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 13644	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 19060	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 25180	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 41540	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 47894	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee for ColFlexprox(rem)-CBSA 48864	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
CRC	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique <sup>^</sup>	45385	\$319.91	\$544.07	\$334.04	\$571.40	\$349.28	\$609.36	See below	221.04	400.29
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 21	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 12580	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 13644	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer	Procedure	CPT Code	Medicare ®						Medicaid		
			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ®®	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 19060	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 25180	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 41540	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 47894	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
CRC	^^ Facility Fee ColFlexprx(Snare)-CBSA 48864	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
PRO	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time.	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$152.39	\$617.21
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 21	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,036.58	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 12580	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,101.84	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 13644	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,126.57	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 19060	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,000.99	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 25180	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,066.41	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 41540	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,050.55	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 47894	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,138.43	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Fulguration-CBSA 48864	52214	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,141.76	N/A Scr	N/A Scr
PRO	Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (1st stage)	52601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$601.27	\$601.27
PRO	Transurethral resection, of residual obstructive tissue after 90 days postoperative. Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	52630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$336.54	\$336.54
PRO	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$486.67	\$2,023.59
PRO	^^ Facility Fee Non Contact Laser-CBSA 21	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,706.35	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 12580	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,813.77	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 13644	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,854.47	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 19060	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,647.75	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 25180	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,755.45	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 41540	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,729.35	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 47894	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,874.01	N/A Scr	N/A Scr
PRO	^^ Facility Fee Non Contact Laser-CBSA 48864	52647	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,879.48	N/A Scr	N/A Scr
PRO	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$519.58	\$2,054.47
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 21	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,706.35	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 12580	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,813.77	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 13644	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,854.47	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 19060	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,647.75	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 25180	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,755.45	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 41540	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,729.35	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 47894	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,874.01	N/A Scr	N/A Scr
PRO	^^ Facility Fee Contact Laser Vaporiz-CBSA 48864	52648	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,879.48	N/A Scr	N/A Scr
PRO	Transurethral drainage of prostatic abscess	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$317.32	\$317.32
PRO	^^ Facility Fee Transurethral Drainage-CBSA 21	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,036.58	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 12580	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,101.84	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 13644	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,126.57	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 19060	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,000.99	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 25180	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,066.41	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 41540	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,050.55	N/A Scr	N/A Scr
PRO	^^ Facility Fee Transurethral Drainage-CBSA 47894	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,138.43	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer		CPT Code	Medicare®						Medicaid		
Procedure			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility®	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
PRO	^ Facility Fee Transurethral Drainage- CBSA 48864	52700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,141.76	N/A Scr	N/A Scr
PRO	Transurethral destruction of prostate tissue; by microwave thermotherapy	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$429.56	\$2,401.12
PRO	^ Facility Fee Transurethral Destruction- CBSA 21	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,559.16	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 12580	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,657.32	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 13644	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,694.51	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 19060	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,505.62	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 25180	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,604.03	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 41540	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,580.18	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 47894	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,712.36	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 48864	53850	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,717.36	N/A Scr	N/A Scr
PRO	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$467.35	\$2,297.67
PRO	^ Facility Fee Transurethral Destruction- CBSA 21	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,379.00	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 12580	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,465.81	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 13644	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,498.71	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 19060	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,331.64	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 25180	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,418.68	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 41540	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,397.59	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 47894	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,514.49	N/A Scr	N/A Scr
PRO	^ Facility Fee Transurethral Destruction- CBSA 48864	53852	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,518.92	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 21	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,500.16	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 12580	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,594.60	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 13644	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,630.39	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 19060	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,448.64	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 25180	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,543.33	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 41540	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,520.38	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 47894	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,647.56	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (1st Stage)- CBSA 48864	55601	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,652.37	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 21	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,500.16	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 12580	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,594.60	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 13644	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,630.39	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 19060	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,448.64	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 25180	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,543.33	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 41540	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,520.38	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 47894	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,647.56	N/A Scr	N/A Scr
PRO	^ Facility Fee Resection (+90 days)- CBSA 48864	55630	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,652.37	N/A Scr	N/A Scr
PRO	Biopsy, prostate; needle or punch, single or multiple, any approach	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$100.26	\$184.71
PRO	^ Facility Fee Bx (any approach)- CBSA 21	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$548.42	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 12580	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$582.94	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 13644	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$596.03	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 19060	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$529.59	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 25180	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$564.20	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 41540	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$555.81	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 47894	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$602.30	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 48864	55700	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$604.06	N/A Scr	N/A Scr
PRO	Biopsy, prostate; incisional, any approach	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$199.14	\$199.14
PRO	^ Facility Fee Bx (any approach)- CBSA 21	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$548.42	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 12580	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$582.94	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 13644	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$596.03	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 19060	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$529.59	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 25180	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$564.20	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 41540	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$555.81	N/A Scr	N/A Scr
PRO	^ Facility Fee Bx (any approach)- CBSA 47894	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$602.30	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer	Procedure	CPT Code	Medicare ®						Medicaid		
			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility <sup>®</sup>	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
PRO	^^ Facility Fee Bx (any approach)-CBSA 48864	55705	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$604.06	N/A Scr	N/A Scr
PRO	Prostatectomy, external drainage of prostatic abscess, any approach; simple	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$346.54	\$346.54
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 21	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,036.58	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 12580	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,101.84	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 13644	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,126.57	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 19060	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,000.99	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 25180	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,066.41	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 41540	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,050.55	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 47894	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,138.43	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-s (any approach)-CBSA 48864	55720	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,141.76	N/A Scr	N/A Scr
PRO	Prostatectomy, external drainage pf prostatic abscess, any approach; complicated	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$425.71	\$425.71
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 21	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,036.58	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 12580	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,101.84	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 13644	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,126.57	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 19060	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,000.99	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 25180	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,066.41	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 41540	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,050.55	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 47894	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,138.43	N/A Scr	N/A Scr
PRO	^^ Facility Fee Prost-C (any approach)-CBSA 48864	55725	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,141.76	N/A Scr	N/A Scr
PRO	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$791.93	\$791.93
PRO	Prostatectomy, perineal radical	55810	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$961.17	\$961.17
PRO	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	55812	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$1,169.76	\$1,169.76
PRO	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55815	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$1,291.84	\$1,291.84
PRO	Prostatectomy, including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy; suprapubic, subtotal, one or two stages	55821	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$637.56	\$637.56
PRO	Prostatectomy, retropubic, subtotal	55831	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$690.80	\$690.80
PRO	Prostatectomy, retropubic, radical, with or without nerve sparing	55840	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$979.19	\$979.19
PRO	Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy	55842	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$1,048.75	\$1,048.75
PRO	Prostatectomy, retropubic, radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (if 55845 is carried out on separate days, use 38770 with modifier '-50 and 55840)	55845	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$1,198.70	\$1,198.70
PRO	Exposure of prostate, any approach, for insertion of radioactive substance; For application of interstitial radioelement see 77776 through 77778	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$641.00	\$641.00
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 21	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$732.78	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 12580	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$778.91	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 13644	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$796.39	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 19060	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$707.62	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 25180	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$753.87	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 41540	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$742.66	N/A Scr	N/A Scr
PRO	^^ Facility Fee Interstitial Radioelement-CBSA 47894	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$804.78	N/A Scr	N/A Scr

2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)

Colorectal Cancer	Procedure	CPT Code	Medicare®						Medicaid		
			Region 99		Region 1		DC Metro		CBSA	All of MD	
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility®	Not In-Facility
	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
PRO	^ Facility Fee Interstitial Radioelement- <b>CBSA 48864</b>	55860	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$807.13	N/A Scr	N/A Scr
PRO	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s), limited pelvic lymphadenectomy	55862	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$811.86	\$811.86
PRO	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvis lymphadenectomy, including external iliac, hypogastric and obturator nodes	55865	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$973.87	\$973.87
PRO	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$559.10	\$559.10
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 21</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,500.16	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 12580</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,594.60	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 13644</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,630.39	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 19060</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,448.64	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 25180</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,543.33	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 41540</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,520.38	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 47894</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,647.56	N/A Scr	N/A Scr
PRO	^ Facility Fee Transperineal Placement- <b>CBSA 48864</b>	55875	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	\$1,652.37	N/A Scr	N/A Scr
ORAL	Computerized axial tomography, maxillofacial area; without contrast material	70450	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$177.00	\$177.00
ORAL	-26 Modifier	70450	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$30.90	\$30.90
ORAL	-TC Modifier	70450	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$146.10	\$146.10
ORAL	Computerized axial tomography, soft tissue neck; without contrast material	70486	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$190.63	\$190.63
ORAL	-26 Modifier	70486	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$40.91	\$40.91
ORAL	-TC Modifier	70486	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$149.72	\$149.72
ORAL	Computerized axial tomography, soft tissue neck; without contrast material(s)	70490	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$196.06	\$196.06
ORAL	-26 Modifier	70490	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$46.64	\$46.64
ORAL	-TC Modifier	70490	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$149.42	\$149.42
ORAL	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	70540	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$316.79	\$316.79
ORAL	-26 Modifier	70540	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$48.63	\$48.63
ORAL	-TC Modifier	70540	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$268.16	\$268.16
CRC	Radiologic examination, chest, two views, frontal and lateral;	71020	\$32.07	\$31.83	\$33.69	\$33.69	\$36.27	\$36.27	N/A	25.53	25.53
CRC	-26 Modifier	71020	\$11.30	\$11.30	\$11.65	\$11.65	\$12.15	\$12.15	N/A	7.73	7.73
CRC	-TC Modifier	71020	\$20.76	\$20.76	\$22.04	\$22.04	\$24.11	\$24.11	N/A	17.80	17.80
CRC	Chest X-ray, with fluoroscopy	71034	\$91.62	\$91.62	\$96.34	\$96.34	\$104.28	\$104.28	N/A	69.45	69.45
CRC	-26 Modifier	71034	\$23.35	\$23.35	\$24.00	\$24.00	\$25.05	\$25.05	N/A	17.48	17.48
CRC	-TC Modifier	71034	\$68.27	\$68.27	\$72.34	\$72.34	\$79.23	\$79.23	N/A	51.97	51.97
CRC	Pelvic CT scan; computerized axial tomography without contrast material	72192	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	189.14	189.14
CRC	-26 Modifier	72192	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	39.49	39.49
CRC	-TC Modifier	72192	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	149.65	149.65
CRC	CAT scan, pelvis; with contrast material(s)	72193	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	258.55	258.55
CRC	-26 Modifier	72193	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	42.07	42.07
CRC	-TC Modifier	72193	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	216.48	216.48
CRC	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	72195	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	320.73	320.73
CRC	-26 Modifier	72195	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	52.63	52.63
CRC	-TC Modifier	72195	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	268.10	268.10
CRC	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	72196	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	372.64	372.64

**2014 Colorectal and General Reimbursement Rates\* (Effective January 01, 2014)**

Colorectal Cancer	CPT Code	Medicare ®							Medicaid		
		Region 99		Region 1		DC Metro		CBSA	All of MD		
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ®®	Not In-Facility	
	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT	
CRC	Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.										
CRC	-26 Modifier	72196	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	62.68	62.68	
CRC	-TC Modifier	72196	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	309.96	309.96	
CRC	CAT scan, abdomen; with contrast material(s)	74160	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	262.90	262.90	
CRC	-26 Modifier	74160	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	46.35	46.35	
CRC	-TC Modifier	74160	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	216.55	216.55	
CRC	CT scan (with and without contrast-abdomen)	74170	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	304.68	304.68	
CRC	-26 Modifier	74170	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	50.67	50.67	
CRC	-TC Modifier	74170	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	254.01	254.01	
CRC	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	74240	\$121.06	\$121.06	\$127.29	\$127.29	\$137.48	\$137.48	N/A	79.85	79.85
CRC	-26 Modifier	74240	\$36.09	\$36.09	\$37.26	\$37.26	\$38.88	\$38.88	N/A	25.19	25.19
CRC	-TC Modifier	74240	\$84.97	\$84.97	\$90.03	\$90.03	\$98.61	\$98.61	N/A	54.66	54.66
CRC	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	74241	\$125.90	\$126.14	\$132.36	\$132.36	\$143.08	\$143.08	N/A	84.01	84.01