

Prostate Cancer	Procedure	CPT Code	Reimbursement Rate*						Medicaid^
			Medicare®		Medicare®		DC Metro		
			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	
<b>Office Visit</b>									
<b>Initial, New Patient</b>									
	LEVEL 1: Problem focused history & examination with straightforward medical decision	99201	\$24.54	\$38.36	\$25.57	\$40.44	\$27.16	\$44.30	\$29.50
	LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	99202	\$47.65	\$66.43	\$49.66	\$69.88	\$52.75	\$76.05	\$52.13
	LEVEL 3: Detailed history & examination requiring low complexity medical decision	99203	\$71.80	\$96.25	\$74.84	\$101.16	\$79.35	\$109.67	\$77.42
	LEVEL 4: Comprehensive history & examination requiring moderately complex medical decision	99204	\$121.26	\$149.26	\$126.28	\$156.42	\$133.80	\$168.53	\$113.05
	LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	99205	\$157.22	\$187.69	\$163.65	\$196.45	\$173.36	\$211.16	\$141.64
<b>Established Patient</b>									
	LEVEL 1: Problem focused history & examination with straightforward medical decision	99211	\$8.90	\$18.82	\$9.25	\$19.93	\$9.81	\$22.12	\$17.61
	LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	99212	\$24.19	\$38.36	\$25.19	\$40.44	\$26.72	\$44.30	\$31.08
	LEVEL 3: Detailed history & examination requiring low complexity medical decision	99213	\$47.71	\$64.72	\$49.59	\$67.89	\$52.57	\$73.67	\$48.29
	LEVEL 4: Comprehensive history & examination requiring highly complex medical decision	99214	\$73.69	\$97.08	\$76.60	\$101.77	\$81.19	\$110.19	\$73.14
	LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	99215	\$103.96	\$130.89	\$108.06	\$137.05	\$114.58	\$147.98	\$98.77

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		Region 99		Medicare@ Region 1		DC Metro			
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility		
<b>Office Consultation for a New or Established Patient:</b>									
Problem focused history & examination with straightforward medical decision	99241								\$38.53
Expanded problem focused history & examination with straightforward medical decision	99242								\$70.93
Detailed history & examination requiring low complexity medical decision	99243								\$95.83
Comprehensive history & examination requiring moderately complex medical decision	99244								\$140.28
Comprehensive history & examination requiring highly complex medical decision	99245								\$173.94
Services requested at times other than regularly scheduled office hours in addition to basic service	99050								\$0.00
Services provided in office during regularly scheduled evening, weekend, or holiday hours, in addition to basic service	99051								\$0.00
Services provided between 10 PM and 8 AM at a 24 hour facility, in addition to basic service	99053								\$0.00
Office services provided on an emergency basis	99058								\$10.00
Prostate specific antigen (PSA); complexed (direct measurement)	84152	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$19.82

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		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Prostate specific antigen (PSA); total	84153	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$19.82
Prostate specific antigen (PSA); total	GO 103	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	
Prostate specific antigen (PSA); free	84154	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$26.34	\$19.82
Prostate cancer screening Digital rectal exam (DRE)	GO102	\$8.54	\$18.46	\$8.89	\$19.57	\$9.43	\$21.74	
Biopsy, prostate; needle or punch, single or multiple, any approach	55700	\$140.74	\$228.26	\$147.04	\$214.25	\$156.92	\$265.48	\$186.99
Facility fee for biopsy, prostate; needle or punch, single or multiple, any approach	55700	\$432.60		\$436.39		\$454.16		##
Biopsy, prostate; incisional, any approach	55705	\$272.85	\$272.85	\$285.79	\$285.79	\$306.88	\$306.88	\$201.59
Facility fee for Biopsy, prostate; incisional, any ap	55705	\$432.60		\$436.39		\$454.16		##
Prostatotomy, external drainage of prostatic abscess, any approach;simple	55720	\$458.39	\$458.39	\$480.03	\$480.03	\$515.71	\$515.71	\$350.81
Facility fee for prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	\$802.67		\$809.69		\$842.66		##
Prostatotomy, external drainage pf prostatic abscess, any approach; complicated	55725	\$597.68	\$597.68	\$625.94	\$625.94	\$672.61	\$672.61	\$430.96
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete	52601	\$848.31	\$848.31	\$886.77	\$886.77	\$947.84	\$947.84	\$608.68
Facility fee for transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete	52601	\$1,174.25		\$1,184.52		\$1,232.76		##
<b>Revised Code</b>								
Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214							
Facility fee for Transurethral fulgration for postoperative bleeding occurring after the usual follow-up time.	52214	\$828.29		\$882.84		\$870.48		##
<b>Revised Code</b>								

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		Region 99		Region 1		DC/Metro		
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Transurethral resection of prostate; first stage of two-stage resection (partial resection)	52601							
Facility fee for transurethral resection of prostate; first stage of two-stage resection (partial resection)	52601	\$1,174.25		1251.58		\$1,234.06		##
<b>Revised Code</b>								
Transurethral resection of prostate; second stage of two-stage resection (resection completed)	52601-58							
<b>Revised Code</b>								
Facility fee for transurethral resection of prostate; second stage of two-stage resection (resection completed)	52601-58							##
<b>Revised Code</b>								
Transurethral resection, of residual obstructive tissue after 90 days postoperative	52630							
<b>Revised Code</b>								
Facility fee for transurethral resection, of residual obstructive tissue after 90 days postoperative	52630	\$1,132.51		\$1,207.10		\$1,190.20		##
Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete	52647	\$656.73	\$2,057.84	\$687.31	\$2,195.42	\$737.32	\$2,475.15	\$2,048.52
Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	52648	\$701.12	\$2,106.12	\$733.68	\$2,245.99	\$786.55	\$2,529.20	\$2,079.78
Transurethral drainage of prostatic abscess	52700	\$442.38	\$442.38	\$463.24	\$463.24	\$497.48	\$497.48	\$321.23
Transurethral destruction of prostate tissue; by microwave thermotherapy	53850	\$578.17	\$2,340.71	\$604.93	\$2,502.08	\$648.19	\$2,834.31	\$2,430.70
Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	53852	\$631.45	\$2,258.27	\$660.97	\$2,412.04	\$709.15	\$2,726.94	\$2,325.98

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		Region 99		Region 1		DC/Metro		
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)	38562	\$659.49	\$659.49	\$694.08	\$694.08	\$741.17	\$741.17	\$482.64
Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	\$1,109.16	\$1,109.16	\$1,159.68	\$1,159.68	\$1,240.34	\$1,240.34	\$801.69
Prostatectomy, perineal radical	55810	\$1,343.07	\$1,343.07	\$1,404.16	\$1,404.16	\$1,499.59	\$1,499.59	\$973.01
Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	55812	\$1,644.10	\$1,644.10	\$1,718.05	\$1,718.05	\$1,834.85	\$1,834.85	\$1,184.17
Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55815	\$1,803.75	\$1,803.75	\$1,884.55	\$1,884.55	\$2,011.96	\$2,011.96	\$1,307.76
Prostatectomy, including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	55821	\$891.96	\$891.96	\$932.91	\$932.91	\$998.54	\$998.54	\$645.42
Prostatectomy, retropubic, subtotal	55831	\$965.93	\$965.93	\$1,010.02	\$1,010.02	\$1,080.53	\$1,080.53	\$699.31
Prostatectomy, retropubic, radical, with or without nerve sparing	55840	\$1,367.50	\$1,367.50	\$1,429.49	\$1,429.49	\$1,527.71	\$1,527.71	\$991.25
Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy	55842	\$1,464.89	\$1,464.89	\$1,531.11	\$1,531.11	\$1,635.79	\$1,635.79	\$1,061.67

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Prostatectomy, retropubic, radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (if 55845 is carried out on separate days, use 38770 with modifier '-50 and 55840)	<b>55845</b>	<b>\$1,674.56</b>	<b>\$1,674.56</b>	<b>\$1,749.68</b>	<b>\$1,749.68</b>	<b>\$1,867.23</b>	<b>\$1,867.23</b>	<b>\$1,213.47</b>
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Procedure	Code	Reimbursement Rates						Medicaid All Maryland
		Region 99		Region 1		DC/Metro		
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Exposure of prostate, any approach, for insertion of radioactive substance	55860	\$893.45	\$893.45	\$934.29	\$934.29	\$999.87	\$999.87	\$648.90
Interstitial radiation source application;	77776	\$405.34	\$405.34	\$427.83	\$427.83	\$470.74	\$470.74	\$293.29
-26 Modifier	77776-26	\$233.63	\$233.63	\$242.81	\$242.81	\$257.84	\$257.84	\$169.32
-TC Modifier	77776-TC	\$171.70	\$171.70	\$185.03	\$185.03	\$212.89	\$212.89	
Interstitial radiation source application;	77777	\$564.76	\$564.76	\$594.27	\$594.27	\$649.30	\$649.30	\$441.48
-TC Modifier	77777-26	\$379.59	\$379.59	\$394.75	\$394.75	\$419.70	\$419.70	\$282.94
-TC Modifier	77777-TC	\$185.17	\$185.17	\$199.52	\$199.52	\$229.60	\$229.60	
Interstitial radiation source application; complex	77778	\$815.52	\$815.52	\$856.71	\$856.71	\$934.66	\$934.66	\$621.21
	77778-26	\$565.93	\$565.93	\$587.75	\$587.75	\$625.21	\$625.21	\$416.83
	77778-TC	\$249.58	\$249.58	\$268.96	\$268.96	\$309.45	\$309.45	
Exposure of prostate, any approach, for insertion of radioactive substance;	55860	\$893.45	\$893.45	\$934.29	\$934.29	\$999.87	\$999.87	\$648.90
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	\$1,123.72	\$1,123.72	\$1,174.95	\$1,174.95	\$1,256.75	\$1,256.75	\$821.86
Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvis lymphadenectomy, including external iliac, hypogastric and obturator nodes	55865	\$1,366.49	\$1,366.49	\$1,428.42	\$1,428.42	\$1,526.90	\$1,526.90	\$985.87
Echography, scrotum and contents	76870	\$114.22	\$114.22	\$121.82	\$121.82	\$137.30	\$137.30	\$88.42
-26 Modifier	76870-26	\$32.05	\$32.05	\$33.32	\$33.32	\$35.41	\$35.41	\$23.47
-TC Modifier	76870-TC	\$82.17	\$82.17	\$88.50	\$88.50	\$101.90	\$101.90	

Procedure	Code	Reimbursement Rates				Medicaid		
		Region 99	Region 1	DC/Metro	All Maryland			
Ultrasound prostate examination: Transrectal, global	76872	\$130.90	\$130.90	\$139.66	\$139.66	\$157.65	\$157.65	\$101.59
-26 Modifier	76872-26	\$35.26	\$35.26	\$36.67	\$36.67	\$39.05	\$39.05	\$25.79
-TC Modifier	76872-TC	\$95.64	\$95.64	\$102.99	\$102.99	\$118.60	\$118.60	
Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	76873	\$170.49	\$170.49	\$180.64	\$180.64	\$200.93	\$200.93	\$132.76
	76873-26	\$78.04	\$78.04	\$81.08	\$81.08	\$86.29	\$86.29	57.05
	76873-TC	\$92.45	\$92.45	\$99.56	\$99.56	\$114.65	\$114.65	