

| Colorectal Cancer           | Procedure   | CPT Code | Reimbursement Rate* |                 |             |                 |             |                 | Medicaid^<br>All<br>Maryland |
|-----------------------------|---|----------|---------------------|-----------------|-------------|-----------------|-------------|-----------------|------------------------------|
|                             |   |          | Region 99           |                 | Region 1    |                 | DC Metro    |                 |                              |
|                             |   |          | In-Facility         | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility |                              |
| <b>Office Visit</b>         |   |          |                     |                 |             |                 |             |                 |                              |
| <b>Initial, New Patient</b> |   |          |                     |                 |             |                 |             |                 |                              |
|                             | 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    | \$25.87             | \$41.35         | \$27.02     | \$43.59         | \$28.49     | \$47.12         | \$29.50                      |
|                             | LEVEL 2: Expanded problem focused history & examination with straightforward medical decision approx. 20 minutes  | 99202    | \$49.02             | \$71.39         | \$51.13     | \$75.07         | \$53.89     | \$80.79         | \$52.13                      |
|                             | LEVEL 3: Detailed history & examination requiring low complexity medical decision approx. 30 minutes  | 99203    | \$74.79             | \$103.36        | \$78.19     | \$108.76        | \$82.19     | \$116.54        | \$77.42                      |
|                             | LEVEL 4: Comprehensive history & examination requiring moderately complex medical decision approx. 45 minutes   | 99204    | \$126.48            | \$158.83        | \$132.13    | \$166.76        | \$138.84    | \$177.74        | \$113.05                     |
|                             | LEVEL 5: Comprehensive history & examination requiring highly complex medical decision approx. 60 minutes   | 99205    | \$162.57            | \$197.68        | \$169.63    | \$207.19        | \$178.25    | \$220.46        | \$141.64                     |
| <b>Established Patient</b>  |   |          |                     |                 |             |                 |             |                 |                              |
|                             | LEVEL 1: Eval/management, may not require presence of MD - problems usually minimal   | 99211    | \$9.20              | \$19.87         | \$9.57      | \$20.99         | \$10.09     | \$22.92         | \$17.61                      |
|                             | LEVEL 2: Problem focused history and examination with straightforward medical decision  | 99212    | \$25.18             | \$41.70         | \$26.28     | \$43.96         | \$27.66     | \$47.53         | \$31.08                      |
|                             | LEVEL 3: Expanded problem focused history & examination with low complexity medical decision  | 99213    | \$49.35             | \$69.31         | \$51.41     | \$72.77         | \$54.08     | \$78.08         | \$48.29                      |
|                             | LEVEL 4: Detailed history & examination requiring moderately complex medical decision   | 99214    | \$75.91             | \$102.76        | \$79.03     | \$107.76        | \$83.16     | \$115.43        | \$73.14                      |
|                             | LEVEL 5: Comprehensive history & examination requiring highly complex medical decision  | 99215    | \$107.23            | \$138.21        | \$111.66    | \$144.80        | \$117.52    | \$154.76        | \$98.77                      |

| Colorectal Cancer<br>Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All<br>Maryland |
|--|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|------------------------------|
|  |          | Region 99           |                 | Medicare®<br>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>   |          |                     |                 |                       |                 |             |                 |                              |
| <b>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.</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 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   | 99052    |                     |                 |                       |                 |             | \$0.00          |                              |
| Office services provided on an emergency basis in the office, disruptive of other sched. serv.   | 99058    |                     |                 |                       |                 |             |                 |                              |
| <b>Initial Inpatient Consultations</b>   |          |                     |                 |                       |                 |             |                 |                              |
| Initial inpatient consultation (focused)   | 99251    |                     |                 |                       |                 |             | \$35.37         |                              |
| Initial inpatient consultation (expanded)  | 99252    |                     |                 |                       |                 |             | \$56.85         |                              |
| Initial inpatient consultation (detailed)  | 99253    |                     |                 |                       |                 |             | \$84.11         |                              |
| Initial inpatient consultation (comprehensive-moderate)  | 99254    |                     |                 |                       |                 |             | \$121.12        |                              |

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|--|--|----------|---------------------|-----------------|-----------------------|-----------------|-------------------------|-----------------------------|------------------------------|
|  |  |          | Region 99           |                 | Medicare®<br>Region 1 |                 |                         |                             |                              |
|  |  |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility |                         |                             |                              |
| <b>Inpatient consultations (continued)</b> |  |          |                     |                 |                       |                 |                         |                             |                              |
|  | Initial inpatient consultation (comprehensive high)  | 99255    |                     |                 |                       |                 |                         | \$151.14                    |                              |
| <b>Initial Hospital Care</b>               |  |          |                     |                 |                       |                 |                         |                             |                              |
|  | Initial hospital care, per day, for the evaluation and management of a patient which requires detailed H&P - Low | 99221    | \$97.21             |                 | \$101.48              |                 | \$106.43                | \$65.52                     |                              |
|  | ...comprehensive H&P - Moderate  | 99222    | \$132.29            |                 | \$137.98              |                 | \$144.88                | \$91.98                     |                              |
|  | ...comprehensive H&P - High  | 99223    | \$194.27            |                 | \$202.40              |                 | \$212.65                | \$134.16                    |                              |
| <b>Subsequent Hospital Care</b>            |  |          |                     |                 |                       |                 |                         |                             |                              |
|  | Subsequent care - Focused - Low  | 99231    | \$38.47             |                 | \$40.05               |                 | \$42.14                 | \$27.55                     |                              |
|  | ... care - Expanded - Moderate complexity  | 99232    | \$69.47             |                 | \$72.24               |                 | \$76.02                 | \$49.24                     |                              |
|  | ... care - Detailed - High complexity  | 99233    | \$99.76             |                 | \$103.75              |                 | \$109.14                | \$70.30                     |                              |
| <b>Hospital Discharge Services</b>         |  |          |                     |                 |                       |                 |                         |                             |                              |
|  | Discharge day management 30 minutes or less  | 99238    | \$69.19             |                 | \$72.09               |                 | \$76.29                 | \$51.39                     |                              |
|  | Discharge day management more than 30 minutes  | 99239    | \$101.55            |                 | \$105.79              |                 | \$111.84                | \$73.68                     |                              |
| <b>Emergency Department Services</b>       |  |          |                     |                 |                       |                 |                         |                             |                              |
|  | Emergency department visit - focused   | 99281    | \$20.74             |                 | \$21.54               |                 | \$22.50                 | \$19.85                     |                              |
|  | ... expanded - low   | 99282    | \$40.43             |                 | \$42.03               |                 | \$43.84                 | \$37.32                     |                              |
|  | ...expanded - medium   | 99283    | \$61.17             |                 | \$63.55               |                 | \$66.28                 | \$60.34                     |                              |
|  | ... detailed - high  | 99284    | \$115.44            |                 | \$120.04              |                 | \$124.89                | \$111.25                    |                              |
|  | .. comprehensive - high  | 99285    | \$169.14            |                 | \$175.67              |                 | \$182.74                | \$166.06                    |                              |

| Colorectal Cancer              | Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 | DC Metro    |                 | Medicaid^<br>All<br>Maryland      |
|--------------------------------|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|-----------------------------------|
|                                |   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | In-Facility | Not In-Facility |                                   |
|                                |   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility |             |                 |                                   |
| <b>Screening and Diagnosis</b> |   |          |                     |                 |                       |                 |             |                 |                                   |
|                                | Fecal Occult Blood Test; 1-3 simultaneous determinations  | 82270    | \$4.58              | \$4.58          | \$4.58                | \$4.58          | \$4.58      | \$4.58          | 3.51                              |
|                                | Blood, occult, fecal hemoglobin immunoassay   | 82274    | \$22.38             | \$22.38         | \$22.38               | \$22.38         | \$22.38     | \$22.38         | 16.45                             |
|                                | Screening Sigmoidoscopy   | G0104    | \$63.26             | \$138.64        | \$66.68               | \$147.34        | \$70.78     | \$161.41        | Reimburse<br>using<br>45330 rates |
|                                | Facility Fee for Screening Sigmoidoscopy  | G0104    | \$96.10             |                 | \$101.51              |                 | \$103.85    |                 |                                   |
|                                | Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing   | 45330    | \$63.26             | \$138.64        | \$66.68               | \$147.34        | \$70.78     | \$161.41        | \$45.21                           |
|                                | ^^Facility Fee for Sigmoidoscopy, flexible; diagnostic, with or without collection...   | 45330    | \$96.10             |                 | \$101.51              |                 | \$103.85    |                 | \$89.58                           |
|                                | Sigmoidoscopy, flexible; with biopsy, single or multiple  | 45331    | \$76.85             | \$172.87        | \$81.08               | \$183.84        | \$86.05     | \$201.51        | \$54.35                           |
|                                | ^^Facility Fee for sigmoidoscopy, flexible; with biopsy, single or multiple   | 45331    | \$215.37            |                 | \$227.50              |                 | \$232.76    |                 | \$259.17                          |
|                                | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  | 45333    | \$111.75            | \$291.76        | \$117.84              | \$310.46        | \$124.46    | \$340.90        | \$79.35                           |
|                                | ^^Facility Fee for sigmoidoscopy, flexible; with removal of tumor(s)...by hot biopsy forceps or bipolar cautery   | 45333    | \$353.04            |                 | \$372.92              |                 | \$381.54    |                 | \$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    | \$166.87            | \$166.87        | \$175.64              | \$175.64        | \$185.61    | \$185.61        | \$119.33                          |
|                                | ^^Facility Fee for sigmoidoscopy, flexible;   | 45334    | \$353.04            |                 | \$372.92              |                 | \$381.54    |                 | \$326.34                          |
|                                | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques   | 45338    | \$143.73            | \$319.60        | \$151.37              | \$339.58        | \$159.91    | \$371.37        | \$102.63                          |

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|   |   |          | Region 99           |                 | Region 1    |                 | In-Facility | Not In-Facility |                              |
|   |   |          | In-Facility         | Not In-Facility | In-Facility | Not In-Facility |             |                 |                              |
| <b>Screening and Diagnosis, (continued)</b> |   |          |                     |                 |             |                 |             |                 |                              |
|   | ^^Facility Fee for sigmoidoscopy, flexible; with removal of tumor(s)...by snare technique   | 45338    | \$353.04            |                 | \$372.92    |                 | \$381.54    |                 | \$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    | \$189.87            | \$336.49        | \$199.97    | \$356.87        | \$210.96    | \$387.25        | \$136.18                     |
|   | ^^ 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    | \$353.04            |                 | \$372.92    |                 | \$381.54    |                 | \$326.34                     |
|   | Screening Colonoscopy   | G0105    | \$220.67            | \$397.93        | \$232.51    | \$422.19        | \$244.93    | \$458.06        | Reimburse using 45378 rates  |
|   | ^^Facility Fee for Screening Colonoscopy  | G0105    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 |                              |
|   | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression &                         | 45378    | \$220.67            | \$397.93        | \$232.51    | \$422.19        | \$244.93    | \$458.06        | \$302.32                     |
|   | ^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; diagnostic...  | 45378    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$437.08                     |
|   | Discontinued procedure (see last page - modifier explanations)  | 45378-53 | \$63.26             | \$138.64        | \$66.68     | \$147.34        | \$70.78     | \$161.41        |                              |
|   | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple &   | 45380    | \$264.57            | \$475.55        | \$278.56    | \$504.33        | \$293.67    | \$547.35        | \$361.10                     |
|   | ^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with biopsy...   | 45380    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$437.08                     |
|   | Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method &  | 45382    | \$337.62            | \$622.95        | \$355.35    | \$660.67        | \$374.63    | \$717.70        | \$479.39                     |
|   | ^^ && Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with control of bleeding   | 45382    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$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    | \$341.15            | \$570.71        | \$359.15    | \$604.81        | \$377.82    | \$653.84        | \$426.27                     |

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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 |                           |
| <b>Screening and Diagnosis, (continued)</b>   |          |                     |                 |             |                 |             |                 |                           |
| ^^ Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s)...  | 45383    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$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    | \$275.66            | \$470.47        | \$290.27    | \$498.73        | \$305.54    | \$539.77        | \$353.76                  |
| ^^ Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with removal of tumors(s)...by hot biopsy forceps or bipolar cautery          | 45384    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$437.08                  |
| Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique &                       | 45385    | \$313.79            | \$535.78        | \$330.32    | \$567.88        | \$348.04    | \$614.97        | \$405.22                  |
| ^^ Facility Fee for colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s)...by snare technique                                 | 45385    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$437.08                  |
| Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (exploratory)                                 | 44388    | \$168.39            | \$351.15        | \$177.41    | \$372.98        | \$186.88    | \$406.62        | \$249.02                  |
| ^^ Facility Fee for colonoscopy through stoma....   | 44388    | \$347.00            |                 | \$366.54    |                 | \$375.01    |                 | \$326.34                  |
| Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic no contrast  | 74261    | \$312.66            |                 | \$330.85    |                 | \$362.99    |                 | \$236.93                  |
| -26 Modifier  | 74261-26 | \$116.47            |                 | \$120.92    |                 | \$127.11    |                 |                           |
| -TC Modifier  | 74261-TC | \$196.18            |                 | \$209.93    |                 | \$235.88    |                 |                           |
| Computed tomographic (CT) colonography with contrast material   | 74262    | \$425.77            |                 | \$451.87    |                 | \$498.43    |                 | \$324.82                  |
| -26 Modifier  | 74262-26 | \$121.89            |                 | \$126.63    |                 | \$133.06    |                 |                           |
| -TC Modifier  | 74262-TC | \$303.88            |                 | \$325.23    |                 | \$365.37    |                 |                           |
| Screening Barium Enema (alternate-flex)   | G0106    | \$214.97            | \$214.97        | \$228.46    | \$228.46        | \$253.15    | \$253.15        | **                        |
| -26 Modifier  | G0106-26 | \$48.76             | \$48.76         | \$50.55     | \$50.55         | \$53.32     | \$53.32         | **                        |
| -TC Modifier  | G0106-TC | \$166.21            | \$166.21        | \$177.91    | \$177.91        | \$199.83    | \$199.83        | **                        |
| Screening Barium Enema (alternate-col)  | G0120    | \$135.47            | \$135.47        | \$143.38    | \$143.38        | \$157.56    | \$157.56        |                           |
| -26 Modifier  | G0120-26 | \$48.76             | \$48.76         | \$50.55     | \$50.55         | \$53.32     | \$53.32         | **                        |
| -TC Modifier  | G0120-TC | \$135.47            | \$135.47        | \$92.83     | \$92.83         | \$104.24    | \$104.24        | **                        |
| Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk   | G0121    | \$220.67            | \$397.93        | \$232.51    | \$422.19        | \$244.93    | \$458.06        | \$302.32                  |
| -53 Modifier  | G0121-53 | \$63.26             | \$138.64        | \$66.68     | \$147.34        | \$70.78     | \$161.41        |                           |

| Colorectal Cancer<br>Procedure  | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All Maryland |
|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|---------------------------|
|   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                           |
|   |          | 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    | \$113.53            | \$113.53        | \$120.49              | \$120.49        | \$132.76    | \$132.76        | \$80.83                   |
| -26 Modifier  | 74240-26 | \$34.74             | \$34.74         | \$36.13               | \$36.13         | \$38.04     | \$38.04         | \$25.50                   |
| -TC Modifier  | 74240-TC | \$78.79             | \$78.79         | \$84.36               | \$84.36         | \$94.72     | \$94.72         | \$55.33                   |

#### Screening and Diagnosis, (continued)

|  |          |          |          |          |          |          |          |         |
|--|----------|----------|----------|----------|----------|----------|----------|---------|
| Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB | 74241    | \$120.44 | \$120.44 | \$127.84 | \$127.84 | \$141.08 | \$141.08 | \$85.05 |
| -26 Modifier   | 74241-26 | \$34.08  | \$34.08  | \$35.37  | \$35.37  | \$37.26  | \$37.26  | 25.19   |
| -TC Modifier   | 74241-TC | \$86.36  | \$86.36  | \$92.47  | \$92.47  | \$103.83 | \$103.83 | \$59.86 |

|  |          |          |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| Radiologic examination, gastrointestinal tract, upper; with small bowel, includes multiple serial film | 74245    | \$179.84 | \$179.84 | \$191.11 | \$191.11 | \$211.31 | \$211.31 | \$127.76 |
| -26 Modifier   | 74245-26 | \$45.64  | \$45.64  | \$47.45  | \$47.45  | \$49.96  | \$49.96  | \$33.32  |
| -TC Modifier   | 74245-TC | \$134.20 | \$134.20 | \$143.66 | \$143.66 | \$161.35 | \$161.35 | \$94.44  |

|  |          |          |          |          |          |          |          |         |
|--|----------|----------|----------|----------|----------|----------|----------|---------|
| Radiologic examination, small bowel, includes multiple serial films; | 74250    | \$108.13 | \$108.13 | \$115.06 | \$115.06 | \$127.46 | \$127.46 | \$73.65 |
| -26 Modifier   | 74250-26 | \$23.49  | \$23.49  | \$24.44  | \$24.44  | \$25.70  | \$25.70  | 17.09   |
| -TC Modifier   | 74250-TC | \$84.64  | \$84.64  | \$90.62  | \$90.62  | \$101.76 | \$101.76 | 56.56   |

|  |          |          |          |          |          |          |          |         |
|--|----------|----------|----------|----------|----------|----------|----------|---------|
| Barium Enema, radiologic examination, colon; with or without KUB | 74270    | \$122.82 | \$122.82 | \$130.44 | \$130.44 | \$143.93 | \$143.93 | \$95.27 |
| -26 Modifier   | 74270-26 | \$34.74  | \$34.74  | \$36.13  | \$36.13  | \$38.04  | \$38.04  | \$25.50 |
| -TC Modifier   | 74270-TC | \$88.08  | \$88.08  | \$94.31  | \$94.31  | \$105.89 | \$105.89 | \$69.77 |

|   |          |          |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| Barium Enema, air contrast with specific high density barium, with or without | 74280    | \$193.23 | \$193.23 | \$205.30 | \$205.30 | \$226.99 | \$226.99 | \$142.71 |
| -26 Modifier  | 74280-26 | \$49.40  | \$49.40  | \$51.32  | \$51.32  | \$54.05  | \$54.05  | \$35.92  |
| -TC Modifier  | 74280-TC | \$143.84 | \$143.84 | \$153.97 | \$153.97 | \$172.94 | \$172.94 | \$106.79 |

#### 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 |  | \$28.27 |
|---|-------|---------|--|---------|--|---------|--|---------|

| Colorectal Cancer<br>Procedure | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All Maryland |
|--------------------------------|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|---------------------------|
|                                |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                           |
|                                |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                           |

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 | \$4.45      | \$4.45      | \$4.45      | \$4.45      | \$4.45      | \$4.45      | 3.42   |
| 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 | \$4.45      | \$4.45      | \$4.45      | \$4.45      | \$4.45      | \$4.45      | 3.42   |
| 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 | \$3.60      | \$3.60      | \$3.60      | \$3.60      | \$3.60      | \$3.60      | 2.75   |
| Urinalysis; qualitative or semiquantitative, except immunoassays  | 81005 | \$3.05      | \$3.05      | \$3.05      | \$3.05      | \$3.05      | \$3.05      | 2.34   |
| Urinalysis... bacteriuria screen, except by culture or dipstick   | 81007 | \$3.61      | \$3.61      | \$3.61      | \$3.61      | \$3.61      | \$3.61      | 2.77   |
| Urinalysis... microscopic only  | 81015 | \$4.05      | \$4.05      | \$4.05      | \$4.05      | \$4.05      | \$4.05      | 2.98   |
| Urinalysis... two or three glass test   | 81020 | \$5.19      | \$5.19      | \$5.19      | \$5.19      | \$5.19      | \$5.19      | 3.97   |



| Colorectal Cancer<br>Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 |               |                 | Medicaid^<br>All Maryland |
|--|----------|---------------------|-----------------|-----------------------|-----------------|---------------|-----------------|---------------------------|
|  |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro      |                 |                           |
|  |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility   | Not In-Facility |                           |
| <b>Work-Up (continued)</b>   |          |                     |                 |                       |                 |               |                 |                           |
| Urine pregnancy test, by visual color comparison methods   | 81025    | \$8.90              | \$8.90          | \$8.90                | \$8.90          | \$8.90        | \$8.90          | 6.81                      |
| Volume measurement (urine) for timed collection, each  | 81050    | \$4.09              | \$4.09          | \$4.09                | \$4.09          | \$4.09        | \$4.09          | 3.01                      |
| Unlisted urinalysis procedure  | 81099    | Not Available       | Not Available   | Not Available         | Not Available   | Not Available | Not Available   | BR+                       |
| Venipuncture - routine   | 36415    | \$3.00              | \$3.00          | \$3.00                | \$3.00          | \$3.00        | \$3.00          | \$2.22                    |
| Carcinoembryonic Antigen (CEA)   | 82378    | \$26.70             | \$26.70         | \$26.70               | \$26.70         | \$26.70       | \$26.70         | 20.44                     |
| Blood Count; blood smear, micro exam with manual diff WBC count  | 85007    | \$4.84              | \$4.84          | \$4.84                | \$4.84          | \$4.84        | \$4.84          | 3.56                      |
| Renal Function Panel - includes albumin, calcium, bicarbonate, chloride, creatinine, glucose, phosphate, potassium, sodium, urea nitrogen (BUN)  | 80069    | \$12.22             | \$12.22         | \$12.22               | \$12.22         | \$12.22       | \$12.22         | \$9.36                    |
| Hepatic Function Panel - includes albumin, bilirubin (total), bilirubin (direct), alanine amino transferase (SGPT), aspartate amino transferase (SGOT) alkaline phosphatase, protein (total) | 80076    | \$11.49             | \$11.49         | \$11.49               | \$11.49         | \$11.49       | \$11.49         | \$8.81                    |
| Electrolyte Panel - includes bicarbonate, chloride, potassium, sodium  | 80051    | \$9.87              | \$9.87          | \$9.87                | \$9.87          | \$9.87        | \$9.87          | \$7.56                    |
| Thromboplastin (PTT) time, partial, plasma or whole blood  | 85730    | \$6.81              | \$6.81          | \$6.81                | \$6.81          | \$6.81        | \$6.81          | \$5.21                    |
| Prothrombin (PT), specific clotting factor II  | 85210    | \$5.78              | \$5.78          | \$5.78                | \$5.78          | \$5.78        | \$5.78          | \$4.24                    |
| Pathology review; comprehensive, for a complex diagnostic problem, with review of patients history and medical records   | 80502    | \$64.01             | \$64.01         | \$66.45               | \$66.45         | \$69.79       | \$69.79         | \$47.49                   |
| Surgical Pathology , gross examination only<br>&&&   | 88300    | \$27.10             | \$27.10         | \$28.96               | \$28.96         | \$32.14       | \$32.14         | \$17.94                   |
| -26 Modifier   | 88300-26 | \$4.42              | \$4.42          | \$4.63                | \$4.63          | \$4.87        | \$4.87          | \$3.18                    |
| -TC Modifier   | 88300-TC | \$22.69             | \$22.69         | \$24.33               | \$24.33         | \$27.27       | \$27.27         | \$14.76                   |
| Surgical Pathology Review Level II, surgical pathology, gross and microscopic examination<br>&&&   | 88302    | \$53.93             | \$53.93         | \$57.58               | \$57.58         | \$64.13       | \$64.13         | \$38.96                   |
| -26 Modifier   | 88302-26 | \$6.46              | \$6.46          | \$6.73                | \$6.73          | \$7.07        | \$7.07          | \$4.93                    |
| TC Modifier  | 88302-TC | \$47.47             | \$47.47         | \$50.85               | \$50.85         | \$57.06       | \$57.06         | \$34.03                   |
| Surgical Pathology Review Level III, surgical pathology, gross and microscopic examination<br>&&&  | 88304    | \$63.19             | \$63.19         | \$67.32               | \$67.32         | \$74.78       | \$74.78         | \$48.18                   |
| -26 Modifier   | 88304-26 | \$10.90             | \$10.90         | \$11.32               | \$11.32         | \$11.93       | \$11.93         | \$7.82                    |
| -TC Modifier   | 88304-TC | \$52.29             | \$52.29         | \$56.00               | \$56.00         | \$62.86       | \$62.86         | \$40.36                   |

| Colorectal Cancer<br>Procedure  | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All Maryland |
|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|---------------------------|
|   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                           |
|   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                           |
| <b>Work-Up (continued)</b>  |          |                     |                 |                       |                 |             |                 |                           |
| Surgical Pathology Review-Level IV, gross and microscopic examination, colon, colorectal polyp biopsy <sup>&amp;&amp;&amp;</sup>  | 88305    | \$107.05            | \$107.05        | \$113.30              | \$113.30        | \$124.69    | \$124.69        | \$80.21                   |
| -26 Modifier  | 88305-26 | \$36.52             | \$36.52         | \$37.77               | \$37.77         | \$39.90     | \$39.90         | \$27.53                   |
| -TC Modifier  | 88305-TC | \$70.53             | \$70.53         | \$75.52               | \$75.52         | \$84.79     | \$84.79         | \$5 2.68                  |
| Surgical Pathology Review-Level V, gross and microscopic examination, colon, segmental resection other than for tumor <sup>&amp;&amp;&amp;</sup>                                  | 88307    | \$228.49            | \$228.49        | \$241.89              | \$241.89        | \$266.20    | \$266.20        | \$157.62                  |
| -26 Modifier  | 88307-26 | \$79.83             | \$79.83         | \$82.76               | \$82.76         | \$87.47     | \$87.47         | \$59.14                   |
| -TC Modifier  | 88307-TC | \$148.66            | \$148.66        | \$159.13              | \$159.13        | \$178.73    | \$178.73        | \$98.48                   |
| Surgical Pathology Review-Level VI, gross and microscopic examination, colon, segmental resection for tumor or total resection <sup>&amp;&amp;&amp;</sup>                         | 88309    | \$345.92            | \$345.92        | \$365.67              | \$365.67        | \$400.87    | \$400.87        | \$233.64                  |
| -26 Modifier  | 88309-26 | \$139.50            | \$139.50        | \$144.62              | \$144.62        | \$152.71    | \$152.71        | \$99.90                   |
| -TC Modifier  | 88309-TC | \$206.42            | \$206.42        | \$221.05              | \$221.05        | \$248.16    | \$248.16        | \$133.74                  |
| 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    | \$107.81            | \$107.81        | \$114.50              | \$114.50        | \$126.73    | \$126.73        | \$74.79                   |
| -26 Modifier  | 88312-26 | \$26.27             | \$26.27         | \$27.19               | \$27.19         | \$28.70     | \$28.70         | \$20.51                   |
| -TC Modifier  | 88312-TC | \$81.54             | \$81.54         | \$87.31               | \$87.31         | \$98.03     | \$98.03         | \$54.28                   |
| CAT scan, abdomen; with contrast material(s)  | 74160    | \$339.01            | \$339.01        | \$360.88              | \$360.88        | \$400.74    | \$400.74        | \$266.14                  |
| -26 Modifier  | 74160-26 | \$63.69             | \$63.69         | \$66.22               | \$66.22         | \$69.73     | \$69.73         | \$46.92                   |
| -TC Modifier  | 74160-TC | \$275.32            | \$275.32        | \$294.66              | \$294.66        | \$331.02    | \$331.02        | \$219.22                  |
| CT scan (with and without contrast-abdomen)   | 74170    | \$408.80            | \$408.80        | \$435.38              | \$435.38        | \$483.96    | \$483.96        | \$308.43                  |
| -26 Modifier  | 74170-26 | \$70.15             | \$70.15         | \$72.95               | \$72.95         | \$76.79     | \$76.79         | \$51.29                   |
| -TC Modifier  | 74170-TC | \$338.65            | \$338.65        | \$362.43              | \$362.43        | \$407.16    | \$407.16        | \$257.14                  |
| Pelvic CT scan; computerized axial tomography without contrast material   | 72192    | \$246.55            | \$246.55        | \$262.16              | \$262.16        | \$290.56    | \$290.56        | \$191.47                  |
| -26 Modifier  | 72192-26 | \$54.18             | \$54.18         | \$56.26               | \$56.26         | \$59.27     | \$59.27         | \$39.98                   |
| -TC Modifier  | 72192-TC | \$192.37            | \$192.37        | \$205.90              | \$205.90        | \$231.29    | \$231.29        | \$151.49                  |

| Colorectal Cancer<br>Procedure  | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All Maryland |
|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|---------------------------|
|   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                           |
|   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                           |
| <b>Work-Up (continued)</b>  |          |                     |                 |                       |                 |             |                 |                           |
| CAT scan, pelvis; with contrast material(s)   |          |                     |                 |                       |                 |             |                 |                           |
|   | 72193    | \$298.78            | \$298.78        | \$318.03              | \$318.03        | \$352.96    | \$352.96        | \$261.74                  |
| -26 Modifier  | 72193-26 | \$58.22             | \$58.22         | \$60.57               | \$60.57         | \$63.74     | \$63.74         | \$42.59                   |
| -TC Modifier  | 72193-TC | \$240.55            | \$240.55        | \$257.47              | \$257.47        | \$289.22    | \$289.22        | \$219.15                  |
| Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)         | 72195    | \$421.11            | \$421.11        | \$448.55              | \$448.55        | \$498.41    | \$498.41        | \$324.68                  |
| -26 Modifier  | 72195-26 | \$73.52             | \$73.52         | \$76.54               | \$76.54         | \$80.49     | \$80.49         | \$53.28                   |
| -TC Modifier  | 72195-TC | \$347.59            | \$347.59        | \$372.01              | \$372.01        | \$417.92    | \$417.92        | \$271.40                  |
| Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)            | 72196    | \$529.43            | \$529.43        | \$563.97              | \$563.97        | \$627.21    | \$627.21        | \$377.23                  |
| -26 Modifier  | 72196-26 | \$86.84             | \$86.84         | \$90.31               | \$90.31         | \$95.07     | \$95.07         | \$63.45                   |
| -TC Modifier  | 72196-TC | \$442.59            | \$442.59        | \$473.66              | \$473.66        | \$532.14    | \$532.14        | \$313.78                  |
| Endorectal ultrasound; echography, transrectal  | 76872    | \$132.80            | \$132.80        | \$141.12              | \$141.12        | \$155.94    | \$155.94        | \$101.59                  |
| -26 Modifier  | 76872-26 | \$35.42             | \$35.42         | \$36.87               | \$36.87         | \$38.87     | \$38.87         | \$25.78                   |
| -TC Modifier  | 76872-TC | \$97.38             | \$97.38         | \$104.25              | \$104.25        | \$117.07    | \$117.07        | \$75.81                   |
| Radiologic examination, chest, two views, frontal and lateral;                        | 71020    | \$31.53             | \$31.53         | \$33.44               | \$33.44         | \$36.71     | \$36.71         | \$25.84                   |
| -26 Modifier  | 71020-26 | \$10.90             | \$10.90         | \$11.32               | \$11.32         | \$11.93     | \$11.93         | \$7.82                    |
| -TC Modifier  | 71020-TC | \$20.62             | \$20.62         | \$22.12               | \$22.12         | \$24.78     | \$24.78         | \$18.02                   |
| Chest X-ray, with fluoroscopy   | 71034    | \$90.29             | \$90.29         | \$95.89               | \$95.89         | \$106.09    | \$106.09        | \$70.31                   |
| -26 Modifier  | 71034-26 | \$23.55             | \$23.55         | \$24.42               | \$24.42         | \$25.85     | \$25.85         | \$17.70                   |
| -TC Modifier  | 71034-TC | \$66.74             | \$66.74         | \$71.47               | \$71.47         | \$80.24     | \$80.24         | \$52.61                   |
| Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report | 93000    | \$19.84             | \$19.84         | \$21.03               | \$21.03         | \$22.93     | \$22.93         | \$17.80                   |
| tracing only, without interpretation and report                                       | 93005    | \$10.99             | \$10.99         | \$11.81               | \$11.81         | \$13.20     | \$13.20         | \$11.42                   |
| interpretation and report only  | 93010    | \$8.86              | \$8.86          | \$9.22                | \$9.22          | \$9.73      | \$9.73          | \$6.38                    |

| Colorectal Cancer | Procedure  | CPT Code | Reimbursement Rate* |                 |             |                 |             |                 | Medicaid^<br>All |
|-------------------|--|----------|---------------------|-----------------|-------------|-----------------|-------------|-----------------|------------------|
|                   |  |          | Region 99           |                 | Region 1    |                 | DC Metro    |                 |                  |
|                   |  |          | In-Facility         | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility |                  |
| Surgery           | 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    | \$120.11            | \$120.11        | \$126.76    | \$126.76        | \$131.98    | \$131.98        | \$87.27          |
|                   | Colectomy, partial; with anastomosis   | 44140    | \$1,316.30          | \$1,316.30      | \$1,391.64  | \$1,391.64      | \$1,456.49  | \$1,456.49      | \$930.68         |
|                   | Colectomy, partial, with resection, with colostomy or ileostomy and creation of mucofistula  | 44144    | \$1,731.19          | \$1,731.19      | \$1,830.31  | \$1,830.31      | \$1,914.40  | \$1,914.40      | \$1,134.20       |
|                   | Colectomy, partial, with coloproctostomy (low pelvic anastomosis)  | 44145    | \$1,633.00          | \$1,633.00      | \$1,724.96  | \$1,724.96      | \$1,804.08  | \$1,804.08      | \$1,160.69       |
|                   | Diverting colostomy or skin level cecostomy  | 44320    | \$1,177.45          | \$1,177.45      | \$1,244.97  | \$1,244.97      | \$1,304.54  | \$1,304.54      | \$811.14         |
|                   | Low anterior resection and colorectal anastomosis  | 44626    | \$1,580.48          | \$1,580.48      | \$1,670.20  | \$1,670.20      | \$1,744.50  | \$1,744.50      | \$1,118.64       |
|                   | Proctectomy; complete, combined abdominoperineal, with colostomy   | 45110    | \$1,816.18          | \$1,816.18      | \$1,917.92  | \$1,917.92      | \$2,012.51  | \$2,012.51      | \$1,280.49       |
|                   | Excision of rectal tumor, transanal approach   | 45171    | \$600.87            | \$600.87        | \$636.07    | \$636.07        | \$677.25    | \$677.25        | \$445.63         |
|                   | ^^ Facility Fee for excision of rectal tumor, transanal approach   | 45171    | \$598.50            |                 | \$632.21    |                 | \$646.82    |                 | Not covered      |
|                   | Destruction of rectal tumor, any method  | 45190    | \$668.55            | \$668.55        | \$706.16    | \$706.16        | \$745.99    | \$745.99        | \$457.68         |

| Colorectal Cancer                                  | Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All<br>Maryland |
|--|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|------------------------------|
|  |   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                              |
|  |   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                              |
| Other  | Therapeutic radiology treatment planning, simple                        | 77261    | \$72.51             | \$72.51         | \$75.59               | \$75.59         | \$79.65     | \$79.65         | \$53.72                      |
|  | Therapeutic radiology treatment planning, intermediate                  | 77262    | \$109.19            | \$109.19        | \$113.95              | \$113.95        | \$119.82    | \$119.82        | \$81.15                      |
|  | Therapeutic radiology treatment planning, complex                       | 77263    | \$161.92            | \$161.92        | \$168.93              | \$168.93        | \$177.64    | \$177.64        | \$120.66                     |
|  | Therapeutic radiology simulation-aided field setting; simple            | 77280    | \$190.99            | \$190.99        | \$203.32              | \$203.32        | \$225.86    | \$225.86        | \$146.65                     |
|  | -26 Modifier  | 77280-26 | \$35.10             | \$35.10         | \$36.45               | \$36.45         | \$38.44     | \$38.44         | \$25.77                      |
|  | -TC Modifier  | 77280-TC | \$155.89            | \$155.89        | \$166.86              | \$166.86        | \$187.42    | \$187.42        | \$120.88                     |
|  | Therapeutic radiology simulation-aided field setting; intermediate      | 77285    | \$335.01            | \$335.01        | \$356.91              | \$356.91        | \$397.14    | \$397.14        | \$246.33                     |
|  | -26 Modifier  | 77285-26 | \$52.81             | \$52.81         | \$54.88               | \$54.88         | \$57.85     | \$57.85         | \$37.93                      |
|  | -TC Modifier  | 77285-TC | \$282.20            | \$282.20        | \$302.03              | \$302.03        | \$339.30    | \$339.30        | \$208.40                     |
|  | Therapeutic radiology simulation-aided field setting; complex           | 77290    | \$536.11            | \$536.11        | \$571.28              | \$571.28        | \$636.20    | \$636.20        | \$359.42                     |
|  | -26 Modifier  | 77290-26 | \$78.38             | \$78.38         | \$81.41               | \$81.41         | \$85.85     | \$85.85         | \$56.46                      |
|  | -TC Modifier  | 77290-TC | \$457.73            | \$457.73        | \$489.87              | \$489.87        | \$550.35    | \$550.35        | \$302.96                     |
|  | Therapeutic radiology simulation-aided field setting; three-dimensional | 77295    | \$569.53            | \$569.53        | \$602.65              | \$602.65        | \$660.15    | \$660.15        | \$725.19                     |
|  | -26 Modifier  | 77295-26 | \$229.94            | \$229.94        | \$239.05              | \$239.05        | \$251.88    | \$251.88        | \$167.30                     |
|  | -TC Modifier  | 77295-TC | \$339.59            | \$339.59        | \$363.60              | \$363.60        | \$408.27    | \$408.27        | \$557.89                     |
|  | Basic radiation dosimetry   | 77300    | \$70.56             | \$70.56         | \$74.59               | \$74.59         | \$81.48     | \$81.48         | \$62.01                      |
|  | -26 Modifier  | 77300-26 | \$31.35             | \$31.35         | \$32.58               | \$32.58         | \$34.35     | \$34.35         | \$23.52                      |
|  | -TC Modifier  | 77300-TC | \$39.21             | \$39.21         | \$42.01               | \$42.01         | \$47.13     | \$47.13         | \$38.49                      |
|  | Teletherapy, isodose plan (hand or computer calculated); simple         | 77305    | \$67.09             | \$67.09         | \$70.73               | \$70.73         | \$76.88     | \$76.88         | \$69.96                      |
|  | -26 Modifier  | 77305-26 | \$35.10             | \$35.10         | \$36.45               | \$36.45         | \$38.44     | \$38.44         | \$26.83                      |
|  | -TC Modifier  | 77305-TC | \$31.98             | \$31.98         | \$34.27               | \$34.27         | \$38.44     | \$38.44         | \$43.13                      |
|  | Teletherapy, isodose plan (hand or computer calculated); intermediate   | 77310    | \$94.78             | \$94.78         | \$99.83               | \$99.83         | \$108.29    | \$108.29        | \$94.21                      |
|  | -26 Modifier  | 77310-26 | \$52.81             | \$52.81         | \$54.88               | \$54.88         | \$57.85     | \$57.85         | \$39.50                      |
|  | -TC Modifier  | 77310-TC | \$41.96             | \$41.96         | \$44.95               | \$44.95         | \$50.44     | \$50.44         | \$54.71                      |
|  | Teletherapy, isodose plan (hand or computer calculated); complex        | 77315    | \$143.75            | \$143.75        | \$151.41              | \$151.41        | \$164.43    | \$164.43        | \$129.49                     |
|  | -26 Modifier  | 77315-26 | \$78.38             | \$78.38         | \$81.41               | \$81.41         | \$85.85     | \$85.85         | \$58.79                      |
|  | -TC Modifier  | 77315-TC | \$65.37             | \$65.37         | \$70.00               | \$70.00         | \$78.58     | \$78.58         | \$70.70                      |
|  | Special dosimetry, only when prescribed by treating physician           | 77331    | \$63.55             | \$63.55         | \$66.69               | \$66.69         | \$71.72     | \$71.72         | \$49.46                      |
|  | -26 Modifier  | 77331-26 | \$43.96             | \$43.96         | \$45.68               | \$45.68         | \$48.17     | \$48.17         | \$32.86                      |
|  | -TC Modifier  | 77331-TC | \$19.59             | \$19.59         | \$21.01               | \$21.01         | \$23.54     | \$23.54         | \$16.60                      |
| Treatment devices, design and construction; simple | 77332   | \$79.54  | \$79.54             | \$84.34         | \$84.34               | \$92.70         | \$92.70     | \$65.26         |                              |
| -26 Modifier                                       | 77332-26  | \$27.25  | \$27.25             | \$28.34         | \$28.34               | \$29.85         | \$29.85     | \$20.49         |                              |
| -TC Modifier                                       | 77332-TC  | \$52.29  | \$52.29             | \$56.00         | \$56.00               | \$62.86         | \$62.86     | \$44.77         |                              |

| Colorectal Cancer | Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All<br>Maryland |
|-------------------|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|------------------------------|
|                   |   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                              |
|                   |   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                              |
| Other             | Treatment devices, design and construction; intermediate  | 77333    | \$60.12             | \$60.12         | \$63.07               | \$63.07         | \$67.75     | \$67.75         | \$68.51                      |
|                   | -26 Modifier  | 77333-26 | \$42.25             | \$42.25         | \$43.90               | \$43.90         | \$46.28     | \$46.28         | \$31.65                      |
|                   | -TC Modifier  | 77333-TC | \$17.87             | \$17.87         | \$19.17               | \$19.17         | \$21.47     | \$21.47         | \$36.86                      |
|                   | Treatment devices, design and construction; complex   | 77334    | \$154.94            | \$154.94        | \$163.86              | \$163.86        | \$179.61    | \$179.61        | \$139.05                     |
|                   | -26 Modifier  | 77334-26 | \$62.04             | \$62.04         | \$64.40               | \$64.40         | \$67.92     | \$67.92         | \$46.73                      |
|                   | -TC Modifier  | 77334-TC | \$92.90             | \$92.90         | \$99.46               | \$99.46         | \$111.69    | \$111.69        | \$92.32                      |
|                   | 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    | \$52.98             | \$52.98         | \$56.74               | \$56.74         | \$63.68     | \$63.68         | \$66.50                      |
|                   | Special medical radiation physics consultation  | 77370    | \$117.94            | \$117.94        | \$126.41              | \$126.41        | \$141.76    | \$141.76        | \$107.99                     |
|                   | Radiation treatment delivery, superficial and/or ortho voltage  | 77401    | \$25.79             | \$25.79         | \$27.64               | \$27.64         | \$30.99     | \$30.99         | \$34.43                      |
|                   | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 6-10 MeV  | 77403    | \$132.83            | \$132.83        | \$142.19              | \$142.19        | \$159.69    | \$159.69        | \$86.63                      |
|                   | 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    | \$180.67            | \$180.67        | \$193.38              | \$193.38        | \$217.22    | \$217.22        | \$113.14                     |
|                   | Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenital ports, wedges, rotational beam, compensators, special particle beam; up to 6-10 MeV   | 77413    | \$237.46            | \$237.46        | \$254.15              | \$254.15        | \$285.50    | \$285.50        | \$142.37                     |
|                   | Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgenital ports, wedges, rotational beam, compensators, special particle beam; up to 11-19 MeV  | 77414    | \$265.68            | \$265.68        | \$284.35              | \$284.35        | \$319.43    | \$319.43        | \$155.34                     |
|                   | Therapeutic radiology port film(s)  | 77417    | \$15.12             | \$15.12         | \$16.23               | \$16.23         | \$18.16     | \$18.16         | \$16.25                      |
|                   | Radiation treatment management, five treatments   | 77427    | \$180.74            | \$180.74        | \$188.70              | \$188.70        | \$199.02    | \$199.02        | \$134.66                     |
|                   | Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia  | 96400    |                     |                 |                       |                 |             |                 |                              |

| Colorectal Cancer | Procedure  | CPT Code | Reimbursement Rate* |                 |             |                 |             |                 | Medicaid^<br>All<br>Maryland |
|-------------------|--|----------|---------------------|-----------------|-------------|-----------------|-------------|-----------------|------------------------------|
|                   |  |          | Region 99           |                 | Region 1    |                 | DC Metro    |                 |                              |
|                   |  |          | In-Facility         | Not In-Facility | In-Facility | Not In-Facility | In-Facility | Not In-Facility |                              |
| Other             | Chemotherapy administration, intra-arterial, push technique  | 96420    | \$110.19            | \$110.19        | \$118.02    | \$118.02        | \$131.49    | \$131.49        | \$88.55                      |
|                   | Chemotherapy administration, intravenous, push technique   | 96409    | \$114.04            | \$114.04        | \$121.85    | \$121.85        | \$135.77    | \$135.77        | \$93.92                      |
|                   | Chemotherapy administration, intravenous, infusion technique, each additional substance/drug (use in conjunction with code 96409, 96413) | 96411    | \$63.86             | \$63.86         | \$68.13     | \$68.13         | \$75.68     | \$75.68         | \$53.57                      |
|                   | Chemotherapy administration, intravenous, infusion technique, up to 1 hour, single or initial substance/drug                             | 96413    | \$148.10            | \$148.10        | \$158.23    | \$158.23        | \$176.51    | \$176.51        | \$127.28                     |
|                   | Chemotherapy administration, intravenous infusion technique; each additional hour (use in conjunction with code 96413)                   | 96415    | \$31.57             | \$31.57         | \$33.49     | \$33.49         | \$36.93     | \$36.93         | \$28.25                      |
|                   | Chemotherapy administration into peritoneal cavity, via indwelling port or catheter  | 96446    | \$21.35             | \$178.98        | \$22.54     | \$191.22        | \$23.61     | \$213.14        | \$95.40                      |
|                   | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents                           | 96542    | \$44.01             | \$128.33        | \$45.94     | \$136.18        | \$48.87     | \$150.26        | \$138.40                     |

| Colorectal Cancer | Procedure   | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All |
|-------------------|---|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|------------------|
|                   |   |          | Region 99           |                 | Medicare®<br>Region 1 |                 | DC Metro    |                 |                  |
|                   |   |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                  |
|                   | Refilling and maintenance of portable pump  | 96521    | \$134.70            | \$134.70        | \$144.02              | \$144.02        | \$160.78    | \$160.78        | \$111.15         |
|                   | Refilling and maintenance of implantable pump or reservoir  | 96522    | \$112.33            | \$112.33        | \$120.08              | \$120.08        | \$133.88    | \$133.88        | \$88.53          |
|                   | Introduction of needle or intracatheter, vein   | 36000    | \$9.83              | \$25.32         | \$10.35               | \$26.92         | \$10.82     | \$29.44         | \$20.23          |
|                   | IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician, up to one hour   | 96365    | \$71.77             | \$71.77         | \$76.58               | \$76.58         | \$85.14     | \$85.14         | \$58.08          |
|                   | 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    | \$21.93             | \$21.93         | \$23.20               | \$23.20         | \$25.40     | \$25.40         | \$18.37          |
|                   | Therapeutic, prophylactic and diagnostic injection (specify material injected); subcutaneous or intramuscular   | 96372    | \$23.31             | \$23.31         | \$24.69               | \$24.69         | \$27.11     | \$27.11         | \$16.02          |
|                   | Therapeutic, prophylactic and diagnostic injection (specify material injected); intravenous   | 96374    | \$19.18             | \$19.18         | \$60.07               | \$60.07         | \$66.69     | \$66.69         | \$45.50          |
|                   | Dressing change (for other than burns) under anesthesia (other than local)  | 15852    | \$46.78             | \$46.78         | \$49.23               | \$49.23         | \$51.49     | \$51.49         | \$34.35          |



**Colorectal Cancer**

**Reimbursement Rates\***  
**Medicare@**                      **Medicaid^**  
**Region 99    Region 1            DC Metro**

**Pharmacy**

|  |              | Region 99       | Region 1        | DC Metro        | Medicaid^   |
|--|--------------|-----------------|-----------------|-----------------|---|
| Venipuncture - routine                                 | <b>36415</b> | <b>\$3.00</b>   | <b>\$3.00</b>   | <b>\$3.00</b>   | <b>\$2.22</b>   |
| 10 cc Sterile Water, Saline & or dextrose/flush, 10 ml | <b>A4216</b> | **              | **              | **              |   |
| Amifostine, 500 mg                                     | <b>J0207</b> | <b>\$318.26</b> | <b>\$318.26</b> | <b>\$318.26</b> |   |
| Leucovorin Calcium, per 50mg                           | <b>J0640</b> | <b>\$1.05</b>   | <b>\$1.05</b>   | <b>\$1.05</b>   | CCSC recommends   |
| Prochlorperazine, up to 10 mg                          | <b>J0780</b> | <b>\$1.91</b>   | <b>\$1.91</b>   | <b>\$1.91</b>   | reimbursement at 5% less than the Medicare rate, consistent with the Maryland Medical Assistance Program, or contact CCSC |
| Epoetin Alpha, (non-ESRD use), 1,000 units             | <b>J0885</b> | <b>\$9.58</b>   | <b>\$9.58</b>   | <b>\$9.58</b>   |   |
| Testosterone Cypionate, up to 100 mg                   | <b>J1070</b> | <b>\$4.01</b>   | <b>\$4.01</b>   | <b>\$4.01</b>   |   |
| Dexamethasone sodium phos, 1 mg                        | <b>J1100</b> | <b>\$0.09</b>   | <b>\$0.09</b>   | <b>\$0.09</b>   |   |
| Diphenhydramine HCl, up to 50 mg                       | <b>J1200</b> | <b>\$0.79</b>   | <b>\$0.79</b>   | <b>\$0.79</b>   |   |
| Dolasetron X10 Enzemet 10 mg                           | <b>J1260</b> | <b>\$4.24</b>   | <b>\$4.24</b>   | <b>\$4.24</b>   |   |
| Filgrastim (G-CSF), 300 mcg                            | <b>J1440</b> | <b>\$237.65</b> | <b>\$237.65</b> | <b>\$237.65</b> |   |
| Filgrastim (G-CSF), 480 mcg                            | <b>J1441</b> | <b>\$373.76</b> | <b>\$373.76</b> | <b>\$373.76</b> |   |
| Heparin Sodium, per 1,000 units                        | <b>J1644</b> | <b>\$0.35</b>   | <b>\$0.35</b>   | <b>\$0.35</b>   |   |
| Iron Dextran injection, 50 mg                          | <b>J1750</b> | <b>\$11.60</b>  | <b>\$11.60</b>  | <b>\$11.60</b>  |   |
| Lorazepam, 2 mg  | <b>J2060</b> | <b>\$0.71</b>   | <b>\$0.71</b>   | <b>\$0.71</b>   |   |
| Meperidine Hydrochloride, per 100 mg                   | <b>J2175</b> | <b>\$1.75</b>   | <b>\$1.75</b>   | <b>\$1.75</b>   |   |
| Oprelvekin (Neumega), 5 mg (Inj)                       | <b>J2355</b> | <b>\$242.48</b> | <b>\$242.48</b> | <b>\$242.48</b> |   |
| Sargramostim (GM-CSF), 50 mcg                          | <b>J2820</b> | <b>\$23.59</b>  | <b>\$23.59</b>  | <b>\$23.59</b>  |   |
| Fentanyl Citrate, up to 0.1mg                          | <b>J3010</b> | <b>\$0.41</b>   | <b>\$0.41</b>   | <b>\$0.41</b>   |   |
| Diazepam, up to 5 mg                                   | <b>J3360</b> | <b>\$1.14</b>   | <b>\$1.14</b>   | <b>\$1.14</b>   |   |
| Vitamin k injection 1 mg                               | <b>J3430</b> | <b>\$1.72</b>   | <b>\$1.72</b>   | <b>\$1.72</b>   |   |
| Normal saline 500 cc                                   | <b>J7040</b> | <b>\$0.56</b>   | <b>\$0.56</b>   | <b>\$0.56</b>   |   |
| unit)  | <b>J7042</b> | <b>\$0.34</b>   | <b>\$0.34</b>   | <b>\$0.34</b>   |   |
| Normal saline 250 cc                                   | <b>J7050</b> | <b>\$0.28</b>   | <b>\$0.28</b>   | <b>\$0.28</b>   |   |
| Sterile saline or water, up to 5 ml                    | <b>J7051</b> | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      |   |
| 5% Dextrose/Water (500 ml)                             | <b>J7060</b> | <b>\$1.11</b>   | <b>\$1.11</b>   | <b>\$1.11</b>   |   |
| Doxorubicin HCl, 10 mg                                 | <b>J9000</b> | <b>\$4.06</b>   | <b>\$4.06</b>   | <b>\$4.06</b>   |   |
| Aldesleukin, per single use vial                       | <b>J9015</b> | <b>\$902.41</b> | <b>\$902.41</b> | <b>\$902.41</b> |   |
| Bleomycin Sulfate, 15 units                            | <b>J9040</b> | <b>\$15.32</b>  | <b>\$15.32</b>  | <b>\$15.32</b>  |   |
| Carboplatin, 50 mg                                     | <b>J9045</b> | <b>\$3.55</b>   | <b>\$3.55</b>   | <b>\$3.55</b>   |   |
| Cisplatin, 10 mg                                       | <b>J9060</b> | <b>\$1.59</b>   | <b>\$1.59</b>   | <b>\$1.59</b>   |   |
| Cyclophosphamide, lyophilized, 100 mg                  | <b>J9070</b> | <b>\$7.53</b>   | <b>\$7.53</b>   | <b>\$7.53</b>   |   |
| Cytarabine, 100 mg                                     | <b>J9100</b> | <b>\$1.29</b>   | <b>\$1.29</b>   | <b>\$1.29</b>   |   |
| Docetaxel, 1 mg  | <b>J9171</b> | <b>\$18.43</b>  | <b>\$18.43</b>  | <b>\$18.43</b>  |   |
| Etoposide, 10 mg                                       | <b>J9181</b> | <b>\$0.62</b>   | <b>\$0.62</b>   | <b>\$0.62</b>   |   |
| Fludarabine Phosphate, 50 mg.                          | <b>J9185</b> | <b>\$91.56</b>  | <b>\$91.56</b>  | <b>\$91.56</b>  |   |
| Fluorouracil, 500 mg                                   | <b>J9190</b> | <b>\$1.75</b>   | <b>\$1.75</b>   | <b>\$1.75</b>   |   |

|  |                              |                 |                 |                 |
|--|------------------------------|-----------------|-----------------|-----------------|
| Floxuridine, 500mg                                 | <b>J9200</b>                 | <b>\$37.23</b>  | <b>\$37.23</b>  | <b>\$37.23</b>  |
| Gemcitabine HCl, 200 mg                            | <b>J9201</b>                 | <b>\$150.33</b> | <b>\$150.33</b> | <b>\$150.33</b> |
| Goserelin Acetate Implant, per 3.6 mg              | <b>J9202</b>                 | <b>\$200.44</b> | <b>\$200.44</b> | <b>\$200.44</b> |
| Irinotecan 20 mg                                   | <b>J9206</b>                 | <b>\$7.57</b>   | <b>\$7.57</b>   | <b>\$7.57</b>   |
| Ifosfamide, 1gm                                    | <b>J9208</b>                 | <b>\$34.96</b>  | <b>\$34.96</b>  | <b>\$34.96</b>  |
| Mesna, 200 mg                                      | <b>J9209</b>                 | <b>\$5.08</b>   | <b>\$5.08</b>   | <b>\$5.08</b>   |
| Interferon, Alpha-2B, Recombinant, 1 million units | <b>J9214</b>                 | <b>\$15.90</b>  | <b>\$15.90</b>  | <b>\$15.90</b>  |
| Methotrexate Sodium, 50 mg.                        | <b>J9260</b>                 | <b>\$2.01</b>   | <b>\$2.01</b>   | <b>\$2.01</b>   |
| Paclitaxel, 30 mg                                  | <b>J9265</b>                 | <b>\$7.30</b>   | <b>\$7.30</b>   | <b>\$7.30</b>   |
| Mitomycin, 5 mg                                    | <b>J9280</b>                 | <b>\$21.52</b>  | <b>\$21.52</b>  | <b>\$21.52</b>  |
| Mitoxantrone HCl, per 5 mg                         | <b>J9293</b>                 | <b>\$40.83</b>  | <b>\$40.83</b>  | <b>\$40.83</b>  |
| Rituxan (Rituximab), 100 mg                        | <b>J9310</b>                 | <b>\$589.02</b> | <b>\$589.02</b> | <b>\$589.02</b> |
| Topotecan, 0.1 mg                                  | <b>J9351</b>                 | <b>\$27.35</b>  | <b>\$27.35</b>  | <b>\$27.35</b>  |
| Herceptin (Trastuzumab), 10 mg                     | <b>J9355</b>                 | <b>\$67.72</b>  | <b>\$67.72</b>  | <b>\$67.72</b>  |
| Vinblastine Sulfate, 1 mg                          | <b>J9360</b>                 | <b>\$0.92</b>   | <b>\$0.92</b>   | <b>\$0.92</b>   |
| Vinorelbine Tartrate, per 10 mg                    | <b>J9390</b>                 | <b>\$13.12</b>  | <b>\$13.12</b>  | <b>\$13.12</b>  |
| Levamisole (Ergamisol)                             | <b>SO177</b>                 | <b>**</b>       | <b>**</b>       | <b>**</b>       |
| Epirubicin HCl (Ellence), 50 mg (IV)               | <b>J9180 D(deleted code)</b> |                 |                 |                 |

## Colorectal Cancer

### Anesthesia\*\*\*

#### Diagnosis and Treatment:

Procedure codes 00100 – 01999 should be used to report the administration of anesthesia.

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.

Codes for Medical Assistance: However, you may use CPT code for procedure being performed and add -30 Modifier

#### 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 - \$21.87, Region 99 - \$20.99, Region DC - \$22.59**)

#### 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                          | \$125.94    | \$125.94        | \$131.22    | \$131.22        | \$135.54    | \$135.54        |
| 4 Units (=1 Hour) + 5 Base Units                             | \$188.91    | \$188.91        | \$196.83    | \$196.83        | \$203.31    | \$203.31        |
| 8.7 Units (=2 Hours 10 minutes = 130 minutes) + 5 Base Units | \$287.56    | \$287.56        | \$299.62    | \$299.62        | \$309.48    | \$309.48        |

#### 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 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 7 "localities" for the purpose of determining Medicare reimbursement for ASCs. Each locality has a different rate. For simplification, we chose to use a single (high) rate for all localities in Maryland, so our rate may differ from the rate an ASC may have on their fee schedule.
- && **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 50% of the allowable Medicare facility fee for each subsequent technique. For example, CPT code 45383, 45384, and 45385 would be reimbursable as \$426.09 for the first technique plus an additional \$213.05 for each additional technique.
- 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 CPT code when billing for one procedure if multiple biopsy/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.