

| Oral Cancer | Procedure  | CPT Code | Reimbursement Rate* |                 |                       |                 |             |                 | Medicaid^<br>All<br>Maryland |
|-------------|--|----------|---------------------|-----------------|-----------------------|-----------------|-------------|-----------------|------------------------------|
|             |  |          | Region 99           |                 | Medicare <sup>@</sup> |                 | DC Metro    |                 |                              |
|             |  |          | In-Facility         | Not In-Facility | In-Facility           | Not In-Facility | In-Facility | Not In-Facility |                              |
|             | Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair      | 40810    | \$128.40            | \$204.12        | \$135.86              | \$216.89        | \$146.91    | \$237.95        | \$136.27 F                   |
|             | Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple repair  | 40812    | \$197.18            | \$283.22        | \$208.31              | \$300.39        | \$224.06    | \$327.52        | \$191.82 F                   |
|             | Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex repair | 40814    | \$305.72            | \$381.09        | \$323.25              | \$403.91        | \$348.23    | \$438.86        | \$221.48 F                   |
|             | Biopsy of Tongue, anterior 2/3   | 41100    | \$110.42            | \$168.93        | \$116.62              | \$179.23        | \$124.95    | \$195.30        | \$81.21 F                    |
|             | Biopsy of Tongue, posterior 1/3  | 41105    | \$113.15            | \$170.63        | \$119.46              | \$180.97        | \$127.97    | \$197.08        | \$81.15 F                    |
|             | Biopsy of Floor of Mouth   | 41108    | \$91.43             | \$147.19        | \$96.58               | \$156.24        | \$103.90    | \$170.94        | \$65.75 F                    |
|             | Excision of lesion of tongue, without closure                                    | 41110    | \$134.06            | \$212.53        | \$141.77              | \$225.74        | \$152.60    | \$246.96        | \$95.46 F                    |
|             | Excision of lesion of tongue, with closure, anterior 2/3                         | 41112    | \$254.31            | \$332.10        | \$268.93              | \$352.17        | \$290.24    | \$383.76        | \$182.21 F                   |
|             | Excision of lesion or tumor, dentoalveolar structures without repair             | 41825    | \$125.91            | \$208.17        | \$133.22              | \$221.24        | \$143.63    | \$242.54        | \$98.21 F                    |
|             | Excision of lesion or tumor, dentoalveolar structures with simple repair         | 41826    | \$208.52            | \$298.35        | \$220.38              | \$316.50        | \$237.49    | \$345.50        | \$143.88 F                   |
|             | Biopsy of palate or uvula  | 42100    | \$110.50            | \$150.08        | \$116.71              | \$159.07        | \$125.39    | \$172.98        | \$79.76 F                    |
|             | Excision of lesion of palate or uvula, without closure                           | 42104    | \$140.18            | \$213.14        | \$148.13              | \$226.21        | \$159.25    | \$246.99        | \$98.67 F                    |

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

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|--|--------------|----------|---------------------|-----------------|-------------|-----------------|-----------------|-----------------|
|  |              |          | Medicare@           |                 | Region 1    |                 | DC Metro        | Medicaid^       |
|  |              |          | Region 99           |                 |             |                 |                 | All             |
|  |              |          | In-Facility         | Not In-Facility | In-Facility | Not In-Facility | In-Facility     | Not In-Facility |
| <b>Other Procedures</b>  |              |          |                     |                 |             |                 |                 |                 |
| Comprehensive Oral Evaluation  | <b>D0150</b> |          |                     |                 |             |                 | <b>\$51.50</b>  |                 |
| Detailed & extensive oral evaluation -<br>problem focused, by report | <b>D0160</b> |          |                     |                 |             |                 | <b>\$43.20</b>  |                 |
| Biopsy Oral Tissue Hard including lab report                         | <b>D7285</b> |          |                     |                 |             |                 | <b>\$85.00</b>  |                 |
| Biopsy Oral Tissue Soft including lab report                         | <b>D7286</b> |          |                     |                 |             |                 | <b>\$231.00</b> |                 |
| <b>Anesthesia</b>  |              |          |                     |                 |             |                 |                 |                 |
| Deep sedation/general anesthesia, 1st 30<br>minutes                  | <b>D9220</b> |          |                     |                 |             |                 | <b>\$134.00</b> |                 |
| As in D 9220, additional 15 minutes                                  | <b>D9221</b> |          |                     |                 |             |                 | <b>\$74.00</b>  |                 |
| Analgesia, anxiolysis, inhalation of nitrous<br>oxide                | <b>D9230</b> |          |                     |                 |             |                 | <b>\$18.00</b>  |                 |
| Intravenous (conscious) sedation, first 30<br>minutes                | <b>D9241</b> |          |                     |                 |             |                 | <b>\$76.00</b>  |                 |
| Intravenous (conscious) sedation, each<br>additional 15 minutes      | <b>D9242</b> |          |                     |                 |             |                 | <b>\$70.00</b>  |                 |
| Non-intravenous conscious sedation                                   | <b>D9248</b> |          |                     |                 |             |                 | <b>\$186.91</b> |                 |

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|--|-----------------|-----------------|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------------------|
|  |                 |                 | Medicare@           |                 | Region 1        |                 | DC Metro        |                 |                              |
|  |                 |                 | Region 99           |                 | Not In-Facility |                 | Not In-Facility |                 |                              |
|  |                 |                 | In-Facility         | Not In-Facility | In-Facility     | Not In-Facility | In-Facility     | Not In-Facility |                              |
| Computerized axial tomography, maxillofacial area; without contrast material                 |                 |                 |                     |                 |                 |                 |                 |                 |                              |
|  | <b>70450</b>    | <b>\$199.51</b> | <b>\$199.51</b>     | <b>\$212.21</b> | <b>212.21</b>   | <b>\$235.29</b> | <b>235.29</b>   | <b>\$179.18</b> |                              |
| -26 Modifier   | <b>70450-26</b> | <b>\$42.25</b>  | <b>\$42.25</b>      | <b>\$43.88</b>  | <b>\$43.88</b>  | <b>\$46.22</b>  | <b>\$46.22</b>  | <b>\$31.28</b>  |                              |
| -TC Modifier   | <b>70450-TC</b> | <b>\$157.26</b> | <b>\$157.26</b>     | <b>\$168.34</b> | <b>\$168.34</b> | <b>\$189.07</b> | <b>\$189.07</b> | <b>\$147.90</b> |                              |
| Computerized axial tomography, soft tissue neck; without contrast material                   |                 |                 |                     |                 |                 |                 |                 |                 |                              |
|  | <b>70486</b>    | <b>\$253.41</b> | <b>\$253.41</b>     | <b>\$269.42</b> | <b>\$269.42</b> | <b>\$298.54</b> | <b>\$298.54</b> | <b>\$192.98</b> |                              |
| -26 Modifier   | <b>70486-26</b> | <b>\$56.91</b>  | <b>\$56.91</b>      | <b>\$59.10</b>  | <b>\$59.10</b>  | <b>\$62.29</b>  | <b>\$62.29</b>  | <b>\$41.41</b>  |                              |
| -TC Modifier   | <b>70486-TC</b> | <b>\$196.50</b> | <b>\$196.50</b>     | <b>\$210.32</b> | <b>\$210.32</b> | <b>\$236.25</b> | <b>\$236.25</b> | <b>\$151.57</b> |                              |
| Computerized axial tomography, soft tissue neck; without contrast material(s)                |                 |                 |                     |                 |                 |                 |                 |                 |                              |
|  | <b>70490</b>    | <b>\$260.53</b> | <b>\$260.53</b>     | <b>\$276.89</b> | <b>\$276.89</b> | <b>\$306.33</b> | <b>\$306.33</b> | <b>\$198.48</b> |                              |
| -26 Modifier   | <b>70490-26</b> | <b>\$64.03</b>  | <b>\$64.03</b>      | <b>\$66.56</b>  | <b>\$66.56</b>  | <b>\$70.08</b>  | <b>\$70.08</b>  | <b>\$47.22</b>  |                              |
| -TC Modifier   | <b>70490-TC</b> | <b>\$196.50</b> | <b>\$196.50</b>     | <b>\$210.32</b> | <b>\$210.32</b> | <b>\$236.25</b> | <b>\$236.25</b> | <b>\$151.26</b> |                              |
| Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s) |                 |                 |                     |                 |                 |                 |                 |                 |                              |
|  | <b>70540</b>    | <b>\$415.01</b> | <b>\$415.01</b>     | <b>\$442.12</b> | <b>\$442.12</b> | <b>\$491.69</b> | <b>\$491.69</b> | <b>\$320.69</b> |                              |
|  | <b>70540-26</b> | <b>\$67.42</b>  | <b>\$67.42</b>      | <b>\$70.11</b>  | <b>\$70.11</b>  | <b>\$73.77</b>  | <b>\$73.77</b>  | <b>\$49.23</b>  |                              |
|  | <b>70540-TC</b> | <b>\$347.59</b> | <b>\$347.59</b>     | <b>\$372.01</b> | <b>\$372.01</b> | <b>\$417.92</b> | <b>\$417.92</b> | <b>\$271.46</b> |                              |

Notes:

B.R + "By Report" means the physician sends in a report with their claim. It is reviewed by Medical Assistance who then assigns a reimbursement rate for the procedure.

NCSP ++ Not covered as a separate procedure