

Prostate Cancer	Procedure	CPT Code	Reimbursement Rate*						Medicaid^	
			Region 99		Region 1		DC Metro			All Maryland
			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	99201	\$25.87	\$41.35	\$27.02	\$43.59	\$28.49	\$47.12	\$29.5	NF
	LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	99202	\$49.02	\$71.39	\$51.13	\$75.07	\$53.89	\$80.79	\$52.13	NF
	LEVEL 3: Detailed history & examination requiring low complexity medical decision	99203	\$74.79	\$103.36	\$78.19	\$108.76	\$82.19	\$116.54	\$77.42	NF
	LEVEL 4: Comprehensive history & examination requiring moderately complex medical decision	99204	\$126.48	\$158.83	\$132.13	\$166.76	\$138.84	\$177.74	\$113.05	NF
	LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	99205	\$162.57	\$197.68	\$169.63	\$207.19	\$178.25	\$220.46	\$141.64	NF
<b>Established Patient</b>										
	LEVEL 1: Problem focused history & examination with straightforward medical decision	99211	\$9.20	\$19.87	\$9.57	\$20.99	\$10.09	\$22.92	\$17.61	NF
	LEVEL 2: Expanded problem focused history & examination with straightforward medical decision	99212	\$25.18	\$41.70	\$26.28	\$43.96	\$27.66	\$47.53	\$31.08	NF
	LEVEL 3: Detailed history & examination requiring low complexity medical decision	99213	\$49.35	\$69.31	\$51.41	\$72.77	\$54.08	\$78.08	\$48.29	NF
	LEVEL 4: Comprehensive history & examination requiring highly complex medical decision	99214	\$75.91	\$102.76	\$79.03	\$107.76	\$83.16	\$115.43	\$73.14	NF
	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	NF

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		Region 99		Medicare@ Region 1		DC Metro		
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**Office Consultation for a New or Established Patient:**

These codes are no longer used. Codes 99201 - 99215 should be reported depending on complexity and if client is new or established. Codes continue to appear on Medicaid sheet.

Problem focused history & examination with straightforward medical decision	99241							\$38.53	NF
Expanded problem focused history & examination with straightforward medical decision	99242							\$70.93	NF
Detailed history & examination requiring low complexity medical decision	99243							\$95.83	NF
Comprehensive history & examination requiring moderately complex medical decision	99244							\$140.28	NF
Comprehensive history & examination requiring highly complex medical decision	99245							\$173.94	NF
Services requested after office hours in addition to basic service	99050							\$0.00	
Services requested between 10:00 PM and 8:00 AM in addition to basic service	99052							\$0.00	
Services requested on Sundays and holidays in addition to basic service	99054							\$0.00	
Office services provided on an emergency basis	99058							\$10.00	
Prostate specific antigen (PSA); complexed (direct measurement)	84152	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	19.82

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		Region 99		Reimbursement Rate Medicare @ Region 1		DC Metro		
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Prostate specific antigen (PSA); total	84153	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	19.82
Prostate specific antigen (PSA); total	GO 103	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	
Prostate specific antigen (PSA); free	84154	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	\$25.89	19.82
Prostate cancer screening Digital rectal exam (DRE)	GO102	\$8.86	\$19.53	\$9.22	\$20.64	\$9.73	\$22.56	
Biopsy, prostate; needle or punch, single or multiple, any approach	55700	\$143.55	\$234.75	\$150.28	\$247.88	\$158.53	\$268.19	\$101.50 F
Facility fee for biopsy, prostate; needle or punch, single or multiple, any approach	55700	\$483.95		\$511.21		\$523.02		\$401.65
Biopsy, prostate; incisional, any approach	55705	\$277.52	\$277.52	\$290.95	\$290.95	\$308.55	\$308.55	\$201.59
Facility fee for Biopsy, prostate; incisional, any	55705	\$483.95		\$511.21		\$523.02		\$401.65
Prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	\$467.27	\$467.27	\$489.80	\$489.80	\$519.73	\$519.73	\$350.81
Facility fee for prostatotomy, external drainage of prostatic abscess, any approach; simple	55720	\$978.16		\$1,033.25		\$1,057.12		\$326.34
Prostatotomy, external drainage of prostatic abscess, any approach; complicated	55725	\$611.63	\$611.63	\$641.38	\$641.38	\$680.63	\$680.63	\$430.96
Transurethral electroresection of prostate, including control of postoperative bleeding, complete (1st stage)	52601	\$865.66	\$865.66	\$906.48	\$906.48	\$957.67	\$957.67	\$608.68
Facility fee for transurethral electroresection of prostate, including control of postoperative bleeding, complete	52601	\$1,387.68		\$1,465.83		\$1,499.70		\$617.40
Transurethral electroresection of prostate, including control of postoperative bleeding, complete (2nd stage)	52601-58	**	**	**	**	**	**	**
Transurethral resection, of residual obstructive tissue after 90 days postoperative	52630	\$459.64	\$459.64	\$481.74	\$481.74	\$510.53	\$510.53	\$340.69
Facility fee for transurethral resection, of residual obstructive tissue after 90 days postoperative	52630	\$1,387.68		\$1,465.83		\$1,499.70		\$437.08
Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time.	52214	\$216.53	\$639.53	\$226.82	\$679.47	\$240.20	\$748.80	\$154.27 F

Facility fee for Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time.	52214	\$978.16	\$1,033.25	\$1,057.12	\$437.08
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		Region 99		Region 1		DC/Metro			All Maryland
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility		
Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete	52647	\$669.68	\$2,094.59	\$701.85	\$2,226.63	\$743.62	\$2,456.89	\$492.67 F \$2048.52 NF	
Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete	52648	\$714.51	\$2,145.27	\$748.81	\$2,279.85	\$792.87	\$2,513.17	\$525.98 F \$2079.78 NF	
Transurethral drainage of prostatic abscess	52700	\$452.59	\$452.59	\$474.48	\$474.48	\$503.37	\$503.37	\$321.23	
Transurethral destruction of prostate tissue; by microwave thermotherapy	53850	\$588.53	\$2,374.48	\$616.66	\$2,527.79	\$652.69	\$2,800.06	\$434.85 F \$2430.70 NF	
Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	53852	\$643.81	\$2,288.65	\$674.81	\$2,434.94	\$715.07	\$2,692.78	\$2,325.98	

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		Region 99		Region 1		DC/Metro			All Maryland
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility		
Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic (when combined with prostatectomy, use 55812 or 55842)	38562	\$694.53	\$694.53	\$733.32	\$733.32	\$773.70	\$773.70	\$482.64	
Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy)	55801	\$1,128.15	\$1,128.15	\$1,181.31	\$1,181.31	\$1,248.55	\$1,248.55	\$801.69	
Prostatectomy, perineal radical	55810	\$1,363.75	\$1,363.75	\$1,428.20	\$1,428.20	\$1,507.21	\$1,507.21	\$973.01	
Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	55812	\$1,667.11	\$1,667.11	\$1,744.91	\$1,744.91	\$1,841.59	\$1,841.59	\$1,184.17	
Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55815	\$1,828.29	\$1,828.29	\$1,913.35	\$1,913.35	\$2,018.72	\$2,018.72	\$1,307.76	
Prostatectomy, including control of postoperative bleeding, vasectomy, meatomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	55821	\$906.64	\$906.64	\$949.67	\$949.67	\$1,004.21	\$1,004.21	\$645.42	
Prostatectomy, retropubic, subtotal	55831	\$980.48	\$980.48	\$1,026.67	\$1,026.67	\$1,085.24	\$1,085.24	\$699.31	
Prostatectomy, retropubic, radical, with or without nerve sparing	55840	\$1,387.57	\$1,387.57	\$1,452.71	\$1,452.71	\$1,534.13	\$1,534.13	\$991.25	
Prostatectomy, retropubic, radical, with or without nerve sparing; with lymph node biopsy(s), limited pelvic lymphadenectomy	55842	\$1,485.46	\$1,485.46	\$1,555.08	\$1,555.08	\$1,641.68	\$1,641.68	\$1,061.67	
Prostatectomy, retropubic, radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (if 55845 is carried out on separate days, use 38770 with modifier '-50 and 55840)	55845	\$1,697.08	\$1,697.08	\$1,776.24	\$1,776.24	\$1,873.31	\$1,873.31	\$1,213.47	

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		Region 99		Region 1		DC/Metro		All Maryland
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	55875	\$789.83	\$789.83	\$827.50	\$827.50	\$876.34	\$876.34	\$565.99
Interstitial radiation source application;	77776	\$424.70	\$424.70	\$447.82	\$447.82	\$485.16	\$485.16	\$293.29
-26 Modifier	77776-26	\$238.64	\$238.64	\$248.46	\$248.46	\$261.51	\$261.51	\$169.32
-TC Modifier	77776-TC	\$186.06	\$186.06	\$199.36	\$199.36	\$223.65	\$223.65	\$123.97
Interstitial radiation source application;	77777	\$588.00	\$588.00	\$618.40	\$618.40	\$666.26	\$666.26	\$441.48
-TC Modifier	77777-26	\$384.73	\$384.73	\$400.62	\$400.62	\$421.91	\$421.91	\$282.94
-TC Modifier	77777-TC	\$203.27	\$203.27	\$217.77	\$217.77	\$244.34	\$244.34	\$158.54
Interstitial radiation source application; complex	77778	\$846.73	\$846.73	\$889.11	\$889.11	\$956.93	\$956.93	\$621.21
	77778-26	\$569.89	\$569.89	\$592.46	\$592.46	\$624.16	\$624.16	\$416.83
	77778-TC	\$276.84	\$276.84	\$296.66	\$296.66	\$332.76	\$332.76	\$204.38
Exposure of prostate, any approach, for insertion of radioactive substance;	55860	\$906.69	\$906.69	\$949.43	\$949.43	\$1,003.88	\$1,003.88	\$648.90
For application of interstitial radioelement see 77776 through 77778								
Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s), limited pelvic lymphadenectomy	55862	\$1,139.04	\$1,139.04	\$1,192.59	\$1,192.59	\$1,260.36	\$1,260.36	\$821.86
Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvis lymphadenectomy, including external iliac, hypogastric and obturator nodes	55865	\$1,385.27	\$1,385.27	\$1,450.20	\$1,450.20	\$1,531.72	\$1,531.72	\$985.87
Echography, scrotum and contents	76870	\$125.93	\$125.93	\$133.86	\$133.86	\$147.95	\$147.95	\$88.42
-26 Modifier	76870-26	\$32.35	\$32.35	\$33.66	\$33.66	\$35.43	\$35.43	\$23.47
-TC Modifier	76870-TC	\$93.59	\$93.59	\$100.20	\$100.20	\$112.52	\$112.52	\$64.95

		Reimbursement Rates					Medicaid	
		Medicare@						
Procedure	Code	Region 99	Region 1	DC/Metro	Medicaid			
Ultrasound prostate examination: Transrectal, global	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
Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	76873	\$175.73	\$175.73	\$185.71	\$185.71	\$202.92	\$202.92	\$132.76
	76873-26	\$78.36	\$78.36	\$81.46	\$81.46	\$85.86	\$85.86	57.05
	76873-TC	\$97.38	\$97.38	\$104.25	\$104.25	\$117.07	\$117.07	75.71