

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

Colorectal Cancer Procedure	CPT Code	Medicare®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ^{@@}	Not In-Facility
Office Visit, Initial, New Patient										
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	\$26.99	\$44.43	\$27.98	\$46.45	\$29.25	\$49.49	N/A	\$27.61	\$45.67
LEVEL 2: Expanded problem focused history & examination with straightforward medical decision approx. 20 minutes	99202	\$51.42	\$76.28	\$53.25	\$79.58	\$55.66	\$84.50	N/A	\$52.58	\$78.32
LEVEL 3: Detailed history & examination requiring low complexity medical decision approx. 30 minutes	99203	\$78.36	\$110.64	\$81.28	\$115.47	\$84.86	\$122.32	N/A	\$80.17	\$113.59
LEVEL 4: Comprehensive history & exam ination requiring moderately complex medical decision approx. 45 minutes	99204	\$134.12	\$169.75	\$139.11	\$176.84	\$145.25	\$186.59	N/A	\$137.23	\$174.10
LEVEL 5: Comprehensive history & exam ination requiring highly complex medical decision approx. 60 minutes	99205	\$173.14	\$211.37	\$179.39	\$219.87	\$187.30	\$231.65	N/A	\$177.09	\$216.65
Office Visit, Established Patient										
LEVEL 1: Eval/management, may not require presence of MD - problems usually minimal	99211	\$9.48	\$20.61	\$9.79	\$21.58	\$10.22	\$23.13	N/A	\$9.68	\$21.21
LEVEL 2: Problem focused history and examination with straightforward medical decision	99212	\$25.87	\$44.80	\$26.80	\$46.84	\$27.96	\$49.92	N/A	\$26.46	\$46.05
LEVEL 3: Expanded problem focused history & examination with low complexity medical decision	99213	\$52.50	\$74.77	\$54.33	\$77.91	\$56.73	\$82.57	N/A	\$53.67	\$76.72
LEVEL 4: Detailed history & exam- ination requiring moderately complex medical decision	99214	\$80.58	\$110.27	\$83.33	\$114.76	\$87.00	\$121.45	N/A	\$82.36	\$113.09
LEVEL 5: Comprehensive history & examination requiring highly complex medical decision	99215	\$113.42	\$147.56	\$117.23	\$153.38	\$122.44	\$162.05	N/A	\$115.90	\$151.24
Problem focused history & examination with straightforward medical decision	99241	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	\$35.40	\$51.53
Expanded problem focused history & examination with straightforward medical decision	99242	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	\$73.78	\$96.44
Detailed history & examination requiring low complexity medical decision	99243	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	\$102.82	\$131.63
Comprehensive history & examination requiring moderately complex medical decision	99244	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	\$162.75	\$194.26
Comprehensive history & examination requiring highly complex medical decision	99245	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	\$202.19	\$237.54
Initial Inpatient Consultations										
Initial inpatient consultation (focused)	99251	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$51.70	N/A
Initial inpatient consultation (expanded)	99252	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$79.28	N/A
Initial inpatient consultation (detailed)	99253	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$121.01	N/A
Initial inpatient consultation (comprehensive- moderate)	99254	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$174.62	N/A
Initial inpatient consultation (comprehensive - high)	99255	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$211.06	N/A

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Initial Hospital Care										
Initial hospital care, per day, for the evaluation and management of a patient which requires detailed H&P - Low	99221	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$106.21	N/A
...comprehensive H&P - Moderate	99222	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$144.23	N/A
...comprehensive H&P - High	99223	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$212.42	N/A
Subsequent Hospital Care										
Subsequent care - Focused - Low	99231	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$40.97	N/A
... care - Expanded - Moderate complexity	99232	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$75.25	N/A
... care - Detailed - High complexity	99233	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$108.41	N/A
Hospital Discharge Services										
Discharge day management 30 minutes or less	99238	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$75.82	N/A
Discharge day management more than 30 minutes	99239	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	\$112.04	N/A
Emergency Department Services										
Emergency department visit - focused	99281	\$21.46		\$22.13		\$22.96		N/A	\$21.90	N/A
... expanded - low	99282	\$42.18		\$43.56		\$45.16		N/A	\$43.07	N/A
...expanded - medium	99283	\$62.90		\$64.88		\$67.21		N/A	\$64.18	N/A
... detailed - high	99284	\$119.93		\$123.81		\$128.18		N/A	\$122.42	N/A
.. comprehensive - high	99285	\$176.27		\$181.80		\$188.18		N/A	\$179.86	N/A
Screening and Diagnosis										
Fecal Occult Blood Test; 1-3 simultaneous determinations	82270	\$4.44	\$4.44	\$4.44	\$4.44	\$1.75	\$1.75	N/A	\$3.47	3.47
QW Blood, occult, fecal hemoglobin immunoassay	82274	\$21.70	\$21.70	\$21.70	\$21.70	\$21.70	\$21.70	N/A	\$16.25	\$16.25
Screening Sigmoidoscopy	G0104	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See below	44.66	100.56
^^ Facility Fee for Scrng Sig - CBSA 21	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$67.85	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 12580	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$72.12	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 13644	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$73.74	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 19060	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$65.52	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 25180	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$64.80	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 41540	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$68.76	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 47894	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$74.51	N/A Scr	N/A Scr
^^ Facility Fee for Scrng Sig - CBSA 48864	G0104	N/A	N/A	N/A	N/A	N/A	N/A	\$74.73	N/A Scr	N/A Scr
Screening and Diagnosis (cont.)										
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing	45330	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See below	44.66	100.56
^^ Facility Fee for Flex Sig - CBSA 21	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$67.85	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 12580	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$72.12	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 13644	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$73.74	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 19060	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$65.52	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 25180	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$64.80	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 41540	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$68.76	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 47894	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$74.51	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig - CBSA 48864	45330	N/A	N/A	N/A	N/A	N/A	N/A	\$74.73	N/A Scr	N/A Scr
Sigmoidoscopy, flexible; with biopsy, single or multiple	45331	\$78.87	\$170.16	\$82.51	\$179.18	\$86.76	\$192.69	See below	53.69	130.91
^^ Facility Fee for Flex Sig w/bx - CBSA 21	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$238.07	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 12580	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$253.05	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 13644	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$258.73	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 19060	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$229.89	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 25180	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$244.92	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 41540	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$241.27	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 47894	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$261.46	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/bx - CBSA 48864	45331	N/A	N/A	N/A	N/A	N/A	N/A	\$262.22	N/A Scr	N/A Scr

Screening and Diagnosis (cont.)

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		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility @@	Not In-Facility
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	45333	\$115.23	\$310.07	\$120.54	\$326.85	\$126.35	\$352.41	See below	78.38	214.21
^^ Facility Fee for Flex Sig w/rem -CBSA 21	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$238.07	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 12580	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$253.05	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 13644	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$258.73	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 19060	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$229.89	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 25180	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$244.92	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 41540	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$241.27	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 47894	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$261.46	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig w/rem -CBSA 48864	45333	N/A	N/A	N/A	N/A	N/A	N/A	\$262.22	N/A Scr	N/A Scr
Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) with control of bleeding, any method	45334	\$169.94	\$169.94	\$177.37	\$177.37	\$185.83	\$185.83	See below	117.88	117.88
^^ Facility Fee for Flex Sig (Diag) -CBSA 21	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 12580	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 13644	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 19060	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 25180	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 41540	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 47894	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Diag) -CBSA 48864	45334	N/A	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr
Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare techniques	45338	\$147.33	\$332.15	\$153.87	\$349.58	\$161.25	\$375.69	See below	101.39	234.80
^^ Facility Fee for Flex Sig (Snare) -CBSA 21	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 12580	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 13644	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 19060	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 25180	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 41540	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 47894	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (Snare) -CBSA 48864	45338	N/A	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr
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	\$194.28	\$356.09	\$202.96	\$374.29	\$212.46	\$400.19	See below	134.52	227.11
^^ Facility Fee for Flex Sig (NA) -CBSA 21	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$402.46	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 12580	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$427.80	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 13644	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$437.40	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 19060	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$388.64	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 25180	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$414.04	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 41540	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$407.88	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 47894	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$442.00	N/A Scr	N/A Scr
^^ Facility Fee for Flex Sig (NA) -CBSA 48864	45339	N/A	N/A	N/A	N/A	N/A	N/A	\$443.30	N/A Scr	N/A Scr

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Screening and Diagnosis (cont.)										
Screening Colonoscopy for individual at high risk	G0105	\$225.54	\$405.17	\$235.68	\$425.88	\$246.50	\$454.91	See below	155.38	298.64
-53 Modifier	G0105	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See Below		
^^ Facility Fee for ScrngCol(HR)-CBSA 21	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$333.98	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 12580	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$355.00	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 13644	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$362.97	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 19060	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$322.51	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 25180	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$343.59	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 41540	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$338.48	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 47894	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$366.79	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(HR)-CBSA 48864	G0105	N/A	N/A	N/A	N/A	N/A	N/A	\$367.86	N/A Scr	N/A Scr
Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	G0121	\$225.54	\$405.17	\$235.68	\$425.88	\$246.50	\$454.91	See below	155.38	298.64
-53 Modifier	G0121-53	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See Below		
^^ Facility Fee for ScrngCol(NHR)-CBSA 21	G0121	N/A	N/A	N/A	N/A	N/A	N/A	\$333.98	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 12580	G0122	N/A	N/A	N/A	N/A	N/A	N/A	\$355.00	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 13644	G0123	N/A	N/A	N/A	N/A	N/A	N/A	\$362.97	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 19060	G0124	N/A	N/A	N/A	N/A	N/A	N/A	\$322.51	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 25180	G0125	N/A	N/A	N/A	N/A	N/A	N/A	\$343.59	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 41540	G0126	N/A	N/A	N/A	N/A	N/A	N/A	\$338.48	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 47894	G0127	N/A	N/A	N/A	N/A	N/A	N/A	\$366.79	N/A Scr	N/A Scr
^^ Facility Fee for ScrngCol(NHR)-CBSA 48864	G0128	N/A	N/A	N/A	N/A	N/A	N/A	\$367.86	N/A Scr	N/A Scr
Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression *	45378	\$225.54	\$405.17	\$235.68	\$425.88	\$246.50	\$454.91	See below	155.38	298.64
-53 Modifier	45378-53	\$66.12	\$142.20	\$69.10	\$149.66	\$72.72	\$160.99	See Below		
^^ Facility Fee for ColFlexprox(Dx)-CBSA 21	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 12580	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 13644	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 19060	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 25180	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 41540	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 47894	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Dx)-CBSA 48864	45378	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple *	45380	\$269.30	\$482.33	\$281.21	\$506.78	\$294.15	\$541.31	See below	186.45	356.70
^^ Facility Fee for ColFlexprox(Bx)-CBSA 21	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 12580	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 13644	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 19060	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 25180	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 41540	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 47894	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(Bx)-CBSA 48864	45380	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr

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

Colorectal Cancer Procedure	CPT Code	Medicare ®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility @@	Not In-Facility
Screening and Diagnosis (cont.)										
Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding, any method &	45382	\$342.17	\$626.82	\$357.13	\$658.55	\$373.48	\$703.74	See below	237.59	473.56
^^ Facility Fee for ColFlexprox(CB)-CBSA 21	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 12580	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 13644	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 19060	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 25180	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 41540	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 47894	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(CB)-CBSA 48864	45382	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
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	\$350.42	\$585.71	\$365.95	\$615.10	\$382.41	\$655.41	See below	240.90	421.08
^^ Facility Fee for ColFlexprox(abl)-CBSA 21	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 12580	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 13644	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 19060	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 25180	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 41540	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 47894	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(abl)-CBSA 48864	45383	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
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	\$281.96	\$482.36	\$294.50	\$506.71	\$307.81	\$540.33	See below	194.71	349.45
^^ Facility Fee for ColFlexprox(rem)-CBSA 21	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 12580	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 13644	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 19060	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 25180	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 41540	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 47894	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for ColFlexprox(rem)-CBSA 48864	45384	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique &	45385	\$319.91	\$544.07	\$334.04	\$571.40	\$349.28	\$609.36	See below	221.04	400.29
^^ Facility Fee ColFlexprx(Snare)-CBSA 21	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 12580	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 13644	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 19060	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 25180	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 41540	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 47894	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee ColFlexprx(Snare)-CBSA 48864	45385	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr

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

Colorectal Cancer Procedure	CPT Code	Medicare®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ^{@@}	Not In-Facility
Screening and Diagnosis (cont.)										
Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (exploratory)	44388	\$173.82	\$366.81	\$181.67	\$386.02	\$190.08	\$413.99	See below	119.18	245.99
^^ Facility Fee for Col thru StomaCBSA 21	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$380.51	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 12580	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$404.47	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 13644	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$413.54	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 19060	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$367.44	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 25180	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$391.46	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 41540	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$385.64	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 47894	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$471.90	N/A Scr	N/A Scr
^^ Facility Fee for Col thru StomaCBSA 48864	44388	N/A	N/A	N/A	N/A	N/A	N/A	\$419.12	N/A Scr	N/A Scr
Computed tomographic (CT) colonography (ie, virtual colonoscopy); diagnostic no contrast	74261	\$254.97	\$254.97	\$266.56	\$266.56	\$285.34	\$285.34	N/A	234.05	234.05
-26 Modifier	74261-26	\$123.98	\$123.98	\$127.80	\$127.80	\$133.34	\$133.34	N/A	83.06	83.06
-TC Modifier	74261-TC	\$130.99	\$130.99	\$138.76	\$138.76	\$152.00	\$152.00	N/A	150.99	150.99
Computed tomographic (CT) colonography with contrast material	74262	\$386.96	\$386.96	\$406.27	\$406.27	\$438.09	\$438.09	N/A	320.87	320.87
-26 Modifier	74262-26	\$129.05	\$129.05	\$133.12	\$133.12	\$138.83	\$138.83	N/A	91.16	91.16
-TC Modifier	74262-TC	\$257.91	\$257.91	\$273.15	\$273.15	\$299.26	\$299.26	N/A	229.71	229.71
Screening Barium Enema (alternate-flex sig)	G0106	\$232.17	\$232.17	\$244.37	\$244.37	\$265.02	\$265.02	N/A	140.97	140.97
-26 Modifier	G0106-26	\$50.34	\$50.34	\$51.78	\$51.78	\$54.03	\$54.03	N/A	35.48	35.48
-TC Modifier	G0106-TC	\$181.83	\$181.83	\$192.59	\$192.59	\$210.99	\$210.99	N/A	105.49	105.49
Screening Barium Enema (alternate-col)	G0120	\$232.17	\$232.17	\$244.37	\$244.37	\$265.02	\$265.02	N/A	140.97	140.97
-26 Modifier	G0120-26	\$50.34	\$50.34	\$51.78	\$51.78	\$54.03	\$54.03	N/A	35.48	35.48
-TC Modifier	G0120-TC	\$181.83	\$181.83	\$192.59	\$192.59	\$210.99	\$210.99	N/A	105.49	105.49
Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	74240	\$121.06	\$121.06	\$127.29	\$127.29	\$137.48	\$137.48	N/A	79.85	79.85
-26 Modifier	74240-26	\$36.09	\$36.09	\$37.26	\$37.26	\$38.88	\$38.88	N/A	25.19	25.19
-TC Modifier	74240-TC	\$84.97	\$84.97	\$90.03	\$90.03	\$98.61	\$98.61	N/A	54.66	54.66
Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	74241	\$125.90	\$126.14	\$132.36	\$132.36	\$143.08	\$143.08	N/A	84.01	84.01
-26 Modifier	74241-26	\$35.37	\$35.37	\$36.44	\$36.44	\$38.01	\$38.01	N/A	24.88	24.88
-TC Modifier	74241-TC	\$90.53	\$90.53	\$95.92	\$95.92	\$105.07	\$105.07	N/A	59.13	59.13
Radiologic examination, gastrointestinal tract, upper; with small bowel, includes multiple serial film	74245	\$188.40	\$188.40	\$198.28	\$198.28	\$214.65	\$214.65	N/A	126.21	126.21
-26 Modifier	74245-26	\$47.02	\$47.02	\$48.52	\$48.52	\$50.60	\$50.60	N/A	32.92	32.92
-TC Modifier	74245-TC	\$141.38	\$141.38	\$149.76	\$149.76	\$164.06	\$164.06	N/A	93.29	93.29
Radiologic examination, small bowel, includes multiple serial films;	74250	\$114.58	\$114.58	\$120.75	\$120.75	\$130.93	\$130.93	N/A	72.75	72.75
-26 Modifier	74250-26	\$24.42	\$24.42	\$25.22	\$25.22	\$26.29	\$26.29	N/A	16.89	16.89
-TC Modifier	74250-TC	\$90.16	\$90.16	\$95.53	\$95.53	\$104.63	\$104.63	N/A	55.86	55.86
Barium Enema, radiologic examination, colon; with or without KUB	74270	\$166.71	\$166.71	\$175.63	\$175.63	\$190.44	\$190.44	N/A	94.11	94.11
-26 Modifier	74270-26	\$35.72	\$35.72	\$36.87	\$36.87	\$38.45	\$38.45	N/A	25.19	25.19
-TC Modifier	74270-TC	\$130.99	\$130.99	\$138.76	\$138.76	\$152.00	\$152.00	N/A	68.92	68.92
Barium Enema, air contrast with specific high density barium, with or without glucagon	74280	\$207.63	\$207.63	\$218.51	\$218.51	\$236.61	\$236.61	N/A	140.97	140.97
-26 Modifier	74280-26	\$51.04	\$51.04	\$52.64	\$52.64	\$54.90	\$54.90	N/A	35.48	35.48
-TC Modifier	74280-TC	\$156.59	\$156.59	\$165.87	\$165.87	\$181.71	\$181.71	N/A	105.49	105.49

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		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ^{@@}	Not In-Facility

Usual Charges That Might Be Associated With Colonoscopy Work-Up

Surgical Tray	A4550	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	N/A	B.I.	B.I.
Dressing change (for other than burns) under anesthesia (other than local)	15852	\$48.76	\$48.76	\$50.89	\$50.89	\$53.03	\$53.03	N/A	33.93	33.93
Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	93000	\$17.26	\$17.26	\$18.10	\$18.10	\$19.31	\$19.31	N/A	17.58	17.58
tracing only, without interpretation and report	93005	\$8.52	\$8.52	\$9.07	\$9.07	\$9.90	\$9.90	N/A	11.28	11.28
Interpretation and report only	93010	\$8.75	\$8.75	\$9.03	\$9.03	\$9.41	\$9.41	N/A	6.30	6.30
Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	99000	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	0.00	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 in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	0.00	0.00
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	\$40.37	Not in Part B	44.68	Not in Part B	\$47.04	Not in Part B	N/A	27.93	27.93

Work-Up: Laboratory, Pathology and Radiology

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	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	N/A	3.38	3.38
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	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	N/A	3.38	3.38
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	\$3.49	\$3.49	\$3.49	\$3.49	\$3.49	\$3.49	N/A	2.72	2.72
Urinalysis; qualitative or semiquantitative, except immunoassays	81005	\$2.96	\$2.96	\$2.96	\$2.96	\$2.96	\$2.96	N/A	2.31	2.31
QW Urinalysis... bacteriuria screen, except by culture or dipstick	81007	\$3.50	\$3.50	\$3.50	\$3.50	\$3.50	\$3.50	N/A	2.74	2.74
Urinalysis... microscopic only	81015	\$3.93	\$3.93	\$3.93	\$3.93	\$4.15	\$4.15	N/A	2.94	2.94
Urinalysis... two or three glass test	81020	\$5.03	\$5.03	\$5.03	\$5.03	\$5.03	\$5.03	N/A	3.92	3.92
Urine pregnancy test, by visual color comparison methods	81025	\$8.63	\$8.63	\$8.63	\$8.63	\$8.63	\$8.63	N/A	6.73	6.73
Volume measurement (urine) for timed collection, each	81050	\$3.97	\$3.97	\$3.97	\$3.97	\$4.09	\$4.09	N/A	2.97	2.97
Unlisted urinalysis procedure	81099							N/A	BR+	BR+
Venipuncture - routine	36415	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	N/A	2.19	2.19
Carcinoembryonic Antigen (CEA)	82378	\$25.88	\$25.88	\$25.88	\$25.88	\$25.88	\$25.88	N/A	20.19	20.19
Blood Count; blood smear, micro exam with manual diff WBC count	85007	\$4.69	\$4.69	\$4.69	\$4.69	\$4.69	\$4.69	N/A	3.52	3.52
QW Renal Function Panel - includes albumin, calcium, bicarbonate, chloride, creatinine, glucose, phosphate, potassium, sodium, urea nitrogen (BUN)	80069	\$11.85	\$11.85	\$11.85	\$11.85	\$11.85	\$11.85	N/A	9.25	9.25

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		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ^{@@}	Not In-Facility	
Work-Up: Laboratory, Pathology and Radiology (cont.)											
Hepatic Function Panel - includes albumin, bilirubin (total), bilirubin (direct), alanine amino transferase (SGPT), aspartate amino transferase (SGOT) alkaline phosphatase, protein (total)	80076	\$11.14	\$11.14	\$11.14	\$11.14	\$11.14	\$11.14	N/A	8.70	8.70	
QW Electrolyte Panel - includes bicarbonate, chloride, potassium, sodium	80051	\$9.57	\$9.57	\$9.57	\$9.57	\$9.57	\$9.57	N/A	7.47	7.47	
Thromboplastin (PTT) time, partial, plasma or whole blood	85730	\$6.60	\$6.60	\$6.60	\$6.60	\$8.19	\$8.19	N/A	5.15	5.15	
Prothrombin (PT), specific clotting factor II	85210	\$5.61	\$5.61	\$5.61	\$5.61	\$9.54	\$9.54	N/A	4.19	4.19	
Pathology review; comprehensive, for a complex diagnostic problem, with review of patients history and medical records	80502	\$67.42	\$69.65	\$69.51	\$71.87	\$72.42	\$75.01	N/A	46.91	46.91	
Surgical Pathology , gross examination only ^{&&&}	88300	\$15.11	\$15.11	\$15.98	\$15.98	\$17.22	\$17.22	N/A	N/A	N/A	
-26 Modifier	88300-26	\$4.74	\$4.74	\$4.94	\$4.94	\$5.16	\$5.16	N/A	3.15	3.15	
-TC Modifier	88300-TC	\$10.37	\$10.37	\$11.04	\$11.04	\$12.06	\$12.06	N/A	N/A	N/A	
Surgical Pathology Review Level II, surgical pathology, gross & microscopic examination ^{&&&}	88302	\$31.03	\$31.03	\$32.74	\$32.74	\$35.46	\$35.46	N/A	N/A	N/A	
-26 Modifier	88302-26	\$7.29	\$7.29	\$7.56	\$7.56	\$7.91	\$7.91	N/A	4.87	4.87	
TC Modifier	88302-TC	\$23.73	\$23.73	\$25.19	\$25.19	\$27.56	\$27.56	N/A	N/A	N/A	
Surgical Pathology Review Level III, surgical pathology, gross and microscopic examination ^{&&&}	88304	\$44.68	\$44.68	\$47.05	\$47.05	\$50.91	\$50.91	N/A	N/A	N/A	
-26 Modifier	88304-26	\$11.67	\$11.67	\$12.04	\$12.04	\$12.58	\$12.58	N/A	7.72	7.72	
-TC Modifier	88304-TC	\$33.01	\$33.01	\$35.01	\$35.01	\$38.32	\$38.32	N/A	N/A	N/A	
Surgical Pathology Review-Level IV, gross and microscopic examination, colon, colorectal polyp biopsy ^{&&&}	88305	\$72.45	\$72.45	\$75.55	\$75.55	\$80.74	\$80.74	N/A	N/A	N/A	
-26 Modifier	88305-26	\$39.07	\$39.07	\$40.15	\$40.15	\$41.99	\$41.99	N/A	27.19	27.19	
-TC Modifier	88305-TC	\$33.38	\$33.38	\$35.40	\$35.40	\$38.75	\$38.75	N/A	N/A	N/A	
Surgical Pathology Review-Level V, gross and microscopic examination, colon, segmental resection other than for tumor ^{&&&}	88307	\$297.34	\$297.34	\$312.42	\$312.42	\$337.97	\$337.97	N/A	N/A	N/A	
-26 Modifier	88307-26	\$85.82	\$85.82	\$88.39	\$88.39	\$92.54	\$92.54	N/A	58.42	58.42	
-TC Modifier	88307-TC	\$211.52	\$211.52	\$224.03	\$224.03	\$245.44	\$245.44	N/A	N/A	N/A	
Surgical Pathology Review-Level VI, gross and microscopic examination, colon, segmental resection for tumor or total resection ^{&&&}	88309	\$452.10	\$452.10	\$474.56	\$474.56	\$512.24	\$512.24	N/A	N/A	N/A	
-26 Modifier	88309-26	\$151.92	\$151.92	\$156.53	\$156.53	\$163.89	\$163.89	N/A	98.69	98.69	
-TC Modifier	88309-TC	\$300.18	\$300.18	\$318.02	\$318.02	\$348.35	\$348.35	N/A	N/A	N/A	
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	\$97.49	\$97.49	\$102.42	\$102.42	\$110.74	\$110.74	N/A	N/A	N/A	
-26 Modifier	88312-26	\$28.11	\$28.11	\$28.90	\$28.90	\$30.22	\$30.22	N/A	20.26	20.26	
-TC Modifier	88312-TC	\$69.38	\$69.38	\$73.52	\$73.52	\$80.52	\$80.52	N/A	N/A	N/A	
CAT scan, abdomen; with contrast material(s)	74160	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	262.90	262.90	
-26 Modifier	74160-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	46.35	46.35	
-TC Modifier	74160-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	216.55	216.55	
CT scan (with and without contrast-abdomen)	74170	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	304.68	304.68	
-26 Modifier	74170-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	50.67	50.67	
-TC Modifier	74170-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	254.01	254.01	

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Colorectal Cancer Procedure	CPT Code	Medicare®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility®®	Not In-Facility
Work-Up: Laboratory, Pathology and Radiology (cont.)										
Immunohisto antibody slide is the appropriate code for routine professional interpretation, including routine intensity reporting such as "light staining" or "heavy staining" or interpretation using a "plus" system.	88342	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
-26 Modifier	88342-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	30.62	30.62
-TC Modifier	88342-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
Pelvic CT scan; computerized axial tomography without contrast material	72192	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	189.14	189.14
-26 Modifier	72192-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	39.49	39.49
-TC Modifier	72192-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	149.65	149.65
CAT scan, pelvis; with contrast material(s)	72193	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	258.55	258.55
-26 Modifier	72193-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	42.07	42.07
-TC Modifier	72193-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	216.48	216.48
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	72195	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	320.73	320.73
-26 Modifier	72195-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	52.63	52.63
-TC Modifier	72195-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	268.10	268.10
Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	72196	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	372.64	372.64
-26 Modifier	72196-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	62.68	62.68
-TC Modifier	72196-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	309.96	309.96
Endorectal ultrasound; echography, transrectal	76872	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	100.35	100.35
-26 Modifier	76872-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	25.47	25.47
-TC Modifier	76872-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	74.88	74.88
Radiologic examination, chest, two views, frontal and lateral;	71020	\$32.07	\$31.83	\$33.69	\$33.69	\$36.27	\$36.27	N/A	25.53	25.53
-26 Modifier	71020-26	\$11.30	\$11.30	\$11.65	\$11.65	\$12.15	\$12.15	N/A	7.73	7.73
-TC Modifier	71020-TC	\$20.76	\$20.76	\$22.04	\$22.04	\$24.11	\$24.11	N/A	17.80	17.80
Chest X-ray, with fluoroscopy	71034	\$91.62	\$91.62	\$96.34	\$96.34	\$104.28	\$104.28	N/A	69.45	69.45
-26 Modifier	71034-26	\$23.35	\$23.35	\$24.00	\$24.00	\$25.05	\$25.05	N/A	17.48	17.48
-TC Modifier	71034-TC	\$68.27	\$68.27	\$72.34	\$72.34	\$79.23	\$79.23	N/A	51.97	51.97
Surgery										
Use unlisted procedure code 01999 when surgery is aborted after general or regional anesthesia induction has taken place. Include a copy of the anesthesia report with an indication that the surgery was cancelled.	01999	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	REPORT	REPORT
Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) (Use 44139 in conjunction with codes 44140-44147	44139	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	86.21	86.21
Colectomy, partial; with anastomosis	44140	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	919.35	919.35
Colectomy, partial, with resection, with colostomy or ileostomy and creation of mucofistula	44144	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1120.40	1120.40
Colectomy, partial, with coloproctostomy (low pelvic anastomosis)	44145	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1146.56	1146.56
Diverting colostomy or skin level cecostomy	44320	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	801.27	801.27
Low anterior resection and colorectal anastomosis	44626	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1105.02	1105.02
Proctectomy; complete, combined abdominoperineal, with colostomy	45110	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	1264.90	1264.90
Excision of rectal tumor, transanal approach	45171	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	440.21	440.21
Destruction of rectal tumor, any method	45190	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	452.11	452.11

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Colorectal Cancer Procedure	CPT Code	Medicare®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility ^{@@}	Not In-Facility
OTHER										
Therapeutic radiology treatment planning, simple	77261	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	53.07	53.07
Therapeutic radiology treatment planning, intermediate	77262	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	80.16	80.16
Therapeutic radiology treatment planning, complex	77263	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	119.19	119.19
Therapeutic radiology simulation-aided field setting; simple	77280	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	144.87	144.87
-26 Modifier	77280-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	25.45	25.45
-TC Modifier	77280-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	119.42	119.42
Therapeutic radiology simulation-aided field setting; intermediate	77285	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	243.33	243.33
-26 Modifier	77285-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	37.47	37.47
-TC Modifier	77285-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	205.86	205.86
Therapeutic radiology simulation-aided field setting; complex	77290	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	355.05	355.05
-26 Modifier	77290-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	55.78	55.78
-TC Modifier	77290-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	299.27	299.27
Therapeutic radiology simulation-aided field setting; three-	77295	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	602.65	602.65
-26 Modifier	77295-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	139.03	139.03
-TC Modifier	77295-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	463.62	463.62
Basic radiation dosimetry	77300	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	61.26	61.26
-26 Modifier	77300-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	23.24	23.24
-TC Modifier	77300-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	38.02	38.02
Teletherapy, isodose plan (hand or computer calculated); simple	77305	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	69.11	69.11
-26 Modifier	77305-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	26.50	26.50
-TC Modifier	77305-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	42.61	42.61
Teletherapy, isodose plan (hand or computer calculated); intermediate	77310	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	93.06	93.06
-26 Modifier	77310-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	39.02	39.02
-TC Modifier	77310-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	54.04	54.04
Teletherapy, isodose plan (hand or computer calculated); complex	77315	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	127.91	127.91
-26 Modifier	77315-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	58.07	58.07
-TC Modifier	77315-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	69.84	69.84
Special dosimetry, only when prescribed by treating physician	77331	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	48.86	48.86
-26 Modifier	77331-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	32.46	32.46
-TC Modifier	77331-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	16.40	16.40
Treatment devices, design and construction; simple	77332	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
-26 Modifier	77332-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	20.24	20.24
-TC Modifier	77332-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
Treatment devices, design and construction; intermediate	77333	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
-26 Modifier	77333-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	29.14	29.14
-TC Modifier	77333-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
Treatment devices, design and construction; complex	77334	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A
-26 Modifier	77334-26	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	46.17	46.17
-TC Modifier	77334-TC	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	N/A	N/A

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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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	56.74	56.74
Special medical radiation physics consultation	77370	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	106.68	106.68
Radiation treatment delivery, superficial and/or ortho voltage	77401	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	27.64	27.64
Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 6-10 MeV	77403	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	85.58	85.58
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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	111.76	111.76
Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgential ports, wedges, rotational beam, compensators, special particle beam; up to 6-10 MeV	77413	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	140.64	140.64
Radiation treatment delivery, three or more separate treatment areas, custom blocking, transgential ports, wedges, rotational beam, compensators, special particle beam; up to 11-19 MeV	77414	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	153.45	153.45
Therapeutic radiology port film(s)	77417	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	16.05	16.05
Radiation treatment management, five treatments	77427	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	133.02	133.02
Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	96401	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	50.32	50.32
Chemotherapy administration, intra-arterial, push technique	96420	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	87.47	87.47
Chemotherapy administration, intravenous, push technique	96409	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	92.78	92.78
Chemotherapy administration, intravenous, infusion technique, each additional substance/drug (use in conjunction with code 96409, 96413)	96411	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	52.92	52.92
Chemotherapy administration, intravenous, infusion technique, up to 1 hour, single or initial substance/drug	96413	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	125.73	125.73
Chemotherapy administration, intravenous infusion technique; each additional hour (use in conjunction with code 96413)	96415	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	27.91	27.91
Chemotherapy administration into peritoneal cavity, via indwelling port or catheter	96446	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	17.71	150.17
Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	96542	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	36.63	136.18
Refilling and maintenance of portable pump	96521	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	109.80	109.80
Refilling and maintenance of implantable pump or reservoir	96522	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	87.45	87.45
Introduction of needle or intracatheter, vein	36000	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	Not in Part B	N/A	6.85	19.98

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

Colorectal Cancer Procedure	CPT Code	Medicare ®							Medicaid	
		Region 99		Region 1		DC Metro		CBSA	All of MD	
		In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	Hosp/ASC	In-Facility @@	Not In-Facility

OTHER (cont.)

IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician, up to one hour	96365	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	57.37	57.37
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	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	18.15	18.15
Therapeutic, prophylactic and diagnostic injection (specify material injected); subcutaneous or intramuscular	96372	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	15.83	15.83
Therapeutic, prophylactic and diagnostic injection (specify material injected); intravenous	96374	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A Dx/Tx	N/A	44.95	44.95

PHARMACY (NOTE: Consistent with the Maryland Medical Assistance Program, CCPC recommends reimbursement at 5% less than the Medicare rate, or contact CCPC)

	CPT Code	Jan -Mar 2014	Apr-Jun 2014	Jan -Mar 2014	Apr-Jun 2014	Jan -Mar 2014	Apr-Jun 2014	CBSA	Jan -Mar 2014	Apr-Jun 2014
Venipuncture - routine	36415	\$3.00		\$3.00		\$3.00		N/A		
Prochlorperazine, up to 10 mg	J0780	\$4.11		\$4.11		\$4.11		N/A		
Diphenhydramine HCl, up to 50 mg	J1200	\$0.68		\$0.68		\$0.68		N/A		
Lorazepam, 2 mg	J2060	\$0.73		\$0.73		\$0.73		N/A		
Meperidine Hydrochloride, per 100 mg	J2175	\$2.77		\$2.77		\$2.77		N/A		
Fentanyl Citrate, up to 0.1mg	J3010	\$0.63		\$0.63		\$0.63		N/A		
Diazepam, up to 5 mg	J3360	\$3.87		\$3.87		\$3.87		N/A		
Normal saline 500 cc	J7040	\$0.59		\$0.59		\$0.59		N/A		
5% Dextrose/normal saline, 500 ml	J7042	\$0.50		\$0.50		\$0.50		N/A		
Normal saline 250 cc	J7050	\$0.30		\$0.30		\$0.30		N/A		
5% Dextrose/Water (500 ml)	J7060	\$1.08		\$1.08		\$1.08		N/A		

The Maryland Medical Assistance (MMA) or Medicaid Program will only reimburse J Coded drugs at the providers acquisition price only. See Item 5bIn the "Additional Notes" area.