



## Colorectal Cancer Control Program Reimbursement Schedule FY18

Listed below are allowable procedures and the corresponding suggested CPT codes for use in the Colorectal Cancer Control Program (CRCCP) under these general conditions:

- Reimbursement for treatment services is not allowed
- The suggested CPT codes are not all-inclusive and programs may utilize other, including temporary, CPT codes for an approved procedure.
- When questions arise regarding the appropriateness of utilizing a procedure not listed, the program should consult with their Medical Advisory Board and the CDC to determine if the procedure is warranted given the overall intent of CDC funding and the amount of resources the program has available.

### OFFICE VISITS

CPT Code	Code Description	Rate
99201	New Patient; history, exam, straightforward decision making - office visit - 10 minutes	\$45.34
99202	New Patient; expanded history, exam, straightforward decision making - office visit - 20 minutes	\$77.05
99203	New Patient; detailed history, exam, low complexity decision-making - office visit - 30 minutes	\$111.18
99204	New Patient - office visit - 45 minutes	\$168.50
99205	New Patient - office visit - 60 minutes	\$212.02
99211	Established Patient; evaluation and management, may not require presence of physician - office visit – 5 minutes	\$20.93
99212	Established Patient; history exam, straightforward decision making - office visit – 10 minutes	\$45.00
99213	Established Patient; expanded history exam, low complexity decision-making - office visit – 15 minutes	\$75.18
99214	Established Patient – office visit – 25 minutes	\$110.51

- Office visits should be face to face
- CPT codes should reflect the level of complexity of the history, exam, and decision-making
- All consultation visits should be billed through the standard office visit CPT codes. Consultations billed as 99204 or 99205 must meet the criteria for these codes of moderate complexity for 45 minutes or high complexity for 60 minutes, respectively, during a new patient visit.
- A summary report of this visit must be attached to the reimbursement request
- Neither the program nor the patient, can be billed for “no show” visits

### ANESTHESIA

CPT Code	Code Description	Rate
00810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	\$22.15
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	\$22.15

### MODERATE SEDATION

CPT	Code Description	Rate	
		TC: Technical	26: Professional
G0500	Sigmoidoscopy, flexible; diagnostic, with or without collections of specimen(s) by brushing or washing (separate procedure)	\$174.61	\$59.58



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**MODERATE SEDATION**

CPT	Code Description	Rate	
		TC: Technical	26: Professional
99152	Moderate sedation services provided by the same physician or other qualified health care professionals performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time, patient age 5 years or older	\$53.48	\$12.66
99153	Moderate sedation services provided by the same physician or other qualified health care professionals performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	\$11.47	\$11.47
99156	Moderate sedation services provided by the same physician or other qualified health care professionals performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time, patient age 5 years or older	\$77.53	\$77.53
99157	Moderate sedation services provided by the same physician or other qualified health care professionals performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	\$58.79	\$58.79

**AMBULATORY SURGERY CENTER**

CPT	Code Description	Rate
45331-SG	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$398.86
45333-SG	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$398.86
45334-SG	Sigmoidoscopy, flexible; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$524.26
45335-SG	Sigmoidoscopy, flexible; diagnostic, with directed submucosal injection(s), any substance	\$398.86
45338-SG	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(a), or other lesion(s) by snare technique	\$524.26
45378-SG	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompressions (separate procedure)	\$398.86
45380-SG	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	\$524.26
45381-SG	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	\$524.26
45382-SG	Colonoscopy, flexible, proximal to splenic flexure; with control bleeding (e.g., injection, bipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$524.26



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AMBULATORY SURGERY CENTER		
CPT	Code Description	Rate
45384-SG	Colonoscopy, flexible,= proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$524.26
45385-SG	Colonoscopy, flexible,= proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$524.26

HOSPITAL/OUTPUT. SURG CTR		
CPT	Code Description	Rate
00143	Lower GI Endoscopy	\$877.23
00146	Level I Sigmoidoscopy	\$667.40
00147	Level II Sigmoidoscopy	\$877.23
00158	Colorectal Cancer Screening; Colonoscopy	\$877.23
00159	Colorectal Cancer Screening; Sigmoidoscopy	\$667.40

SUPPLIES AND PATHOLOGY				
CPT	Code Description	Rate		
		Global	TC: Technical	26: Professional
88300	Surgical Pathology	\$ 16.92	\$12.21	\$ 4.71
88302	Surgical Pathology, gross examination only (surgical specimen)	\$32.08	\$26.72	\$7.62
88304	Surgical pathology, gross and microscopic examination (review level III)	\$42.75	\$30.40	\$12.35
88305	Surgical pathology, gross and microscopic examination (review level IV) (global)	\$71.09	\$30.77	\$40.32
88307	Surgical pathology, gross and microscopic examination (review level V) (global)	\$277.16	\$188.08	\$89.08
88309	Surgical pathology, gross and microscopic examination (review level VI)	\$424.54	\$267.09	\$157.45
88341	Immunohistochemistry or immunocytochemistry, per specimen; initial additional single antibody stain procedure (list separately in addition to code for primary procedure)	\$94.74	\$64.57	\$30.17
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial additional single antibody stain procedure	\$111.22	\$73.44	\$37.78



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### RADIOLOGY

CPT	Code Description	Rate		
		Global	TC: Technical	26: Professional
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material(s)	\$506.42	\$381.79	\$124.63
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material(s)	\$567.91	\$438.19	\$129.72
74270	Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB	\$156.07	\$120.20	\$35.87
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	\$222.11	\$170.67	\$51.44

### FECAL TESTS

CPT	Code Description	Rate
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)	\$4.46
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$21.82
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	\$21.82

### SIGMOIDOSCOPY

CPT	Code Description	Rate	
		TC: Technical	26: Professional
45330	Sigmoidoscopy, flexible; diagnostic, with or without collections of specimen(s) by brushing or washing (separate procedure)	\$174.61	\$59.58
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	\$268.08	\$76.06
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polys(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$306.69	\$99.99
45334	Sigmoidoscopy, flexible; with control of bleeding (e.g., injections, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$576.67	\$125.42
45335	Sigmoidoscopy, flexible; diagnostic, with directed submucosal injection(s), any substance	\$244.44	\$70.77
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$280.02	\$128.24
G0104	Screening sigmoidoscopy	\$174.61	\$59.58



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**COLONOSCOPY**

CPT	Code Description	Rate	
		TC: Technical	26: Professional
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen (s) by brushing or washing, with or without colon decompression (separate procedure)	\$328.61	\$196.88
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	\$421.40	\$213.59
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	\$402.51	\$213.63
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding 9e.g., injection, bipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$751.97	\$275.85
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s), by hot biopsy forceps or bipolar cautery	\$467.17	\$242.66
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s), by snare technique	\$516.07	\$278.25
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$463.79	\$287.95
45390	Colonoscopy, flexible; with endoscopic mucosal resection	\$353.52	\$353.52
G0105	Screening colonoscopy on high risk individual	\$327.94	\$196.20
G0121	Screening colonoscopy on average risk individual	\$328.61	\$196.88

**BARIUM ENEMA**

CPT	Code Description	Rate		
		Global	TC: Technical	26: Professional
74270	Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB	\$156.07	\$120.20	\$35.87
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	\$223.11	\$170.67	\$51.44

**BLOOD WORK**

CPT	Code Description	Rate
80048	Basic metabolic panel	\$11.60
80053	Comprehensive Metabolic Panel	\$14.49
85025	Complete Blood Count	\$10.66
85027	Blood count; complete (CBC) AUTOMATED (Hgb, Hct, RBC, WBC and platelet count)	\$8.87
85610	Prothrombin time	\$5.39
85730	Thromboplastin time, partial (PPT); plasma or whole blood	\$8.24



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ELECTROCARDIOGRAM		
CPT	Code Description	Rate
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$17.57
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$8.87
93010	Electrocardiogram, routine ECG with at least 12 leads; tracing only, interpretation and report	\$8.69
93040	Rhythm ECG, one to three leads; with interpretation and report	\$13.13
93041	Rhythm ECG, one to three leads; without interpretation and report	\$5.91
93042	Rhythm ECG, one to three leads; interpretation and report only	\$7.23