2014 REIMBURSEMENT RATE TABLE (Modifiers are to be reported with appropriate CPT codes at the discretion of the Provider or Facility)

Fecal Immunochemical Test (FIT)					
CPT Code	Current Procedural Description	Reimbursement Rate			
G0328/ 82274	Colorectal cancer screening by FIT	\$21.70			
Screening Office Visits					
CPT Code	Current Procedural Description	Reimbursement Rate			
99201	New Patient; history, exam, straightforward decision-making; 10 minutes	\$39.77			
99202	New Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	\$68.80			
99211	Established Patient; evaluation and management, may not require presence of physician; 5 minutes	\$18.33			
99212	Established patient; consultation, history, exam, straightforward decision-making; 10 minutes	\$40.09			
Consultation/Referral Visits					
99203	New Patient; Consultation, <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	\$99.84			
99213	Established Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	\$67.71			

Colonoscopy					
CPT Code	Current Procedural Description- NF= non-facility fee (Global), FF= facility fee, FS= surgeon fee	Non-facility Reimbursement Rate (NF)	Facility Fee (FF)-Hospital	Facility Surgeon Fee or Ambulatory surgery center surgeon's fee (FS)	Ambulatory Surgery center (ASC)
45378	Diagnostic colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimens by brushing or washing, with or without colon decompression	\$357.30	\$204.37	\$204.37	\$415.51
45378-53*(see Note)	Interrupted diagnostic colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimens by brushing or washing, with or without colon decompression	\$124.44	\$59.67	\$59.67	na
45380	Colonoscopy and biopsy, single or multiple	\$425.81	\$244.45	\$244.45	\$415.51
45381	Colonoscopy, with directed submucosal injection, any substance	\$426.86	\$231.91	\$231.91	\$415.51
45382	Colonoscopy/with control bleeding	\$553.32	\$310.98	\$310.98	\$415.51
45383	Colonoscopy/lesion, polyp(s),tumor removal not amenable to removal by hot biopsy forceps, bipolar cautery or snare	\$518.47	\$318.16	\$318.16	\$415.51
45384	Colonoscopy/lesion, polyp(s),tumor removal with hot biopsy forceps or bipolar cautery	\$426.49	\$255.88	\$255.88	\$415.51
45385	Colonoscopy/ lesion, polyp(s),tumor removal by snare technique	\$481.30	\$290.46	\$290.46	\$415.51
G0105	Surveillance colonoscopy only: for use with FITWAY patients with previous abnormal colonoscopies with adenomas or cancer	\$357.30	\$204.37	\$204.37	\$344.85

CPT Code	Current Procedural Description	Reimbursemen t Rate (NF)	Facility Fee (FF)	Facility Surgeon Fee (FS)	
45330	Diagnostic sigmoidoscopy	\$124.44	\$59.67	\$59.67	
gery or surgical sta	nodifier=Professional compor ging may be required to pro oved in advance by the FITV	vide a histological di		ll surgery for diagnostic	
CPT Code	Current Procedural Description	Reimbursement Rate	Professsional-26	Technical	
88300	Surgical path, gross only	\$13.05	\$4.32	\$8.73	
88302	Surgical path, gross and microscopic (review level II)	\$26.85 \$6.75		\$20.10	
88304	Surgical path, gross and microscopic (review level III)	\$38.92	\$10.92	\$28.00	
88305	Surgical path, gross and microscopic, colon, colorectal polyp biopsy (review level VI)	\$65.17	\$36.86	\$28.31	
88307	Surgical path, gross and microscopic, colon, segmental resection other than for tumor (review level V)	\$260.46	\$80.49	\$179.97	
88309	Surgical path, gross and microscopic, colon, segmental resection for tumor or total resection (review level VI)	\$397.55	\$142.30	\$255.24	
G0461	Immunohist/cyto 1 st stain	\$80.21	\$29.47	\$50.75	
G0462	Immunohist/cyto 2 nd stain	\$61.12	\$11.95	\$49.17	
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Documentation should be provided to support the use of anesthesia on a case-by-case basis.

CPT Code	Current Procedural Description	Reimbursement Rate	Nurse	Doctor
810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	\$21.02 per unit [15 min.]	\$10.60	\$10.60

810-1	810-1 is the base amount (5 units)	\$105.10	\$52.55	\$52.55
810-6	Base plus one unit	\$126.12	\$63.06	\$63.06
		Elect	rocardiogram	
93000	Electrocardiogram, complete, at least 12 leads w/interp. and report	\$15.33		
93005	routine ECG w/ 12 leads; tracing only w/o interp. and report	\$7.15		
93010	routine ECG w/ 12 leads; tracing only with interp. and report	\$8.18		
93040	rhythm ECG, 1-3 leads; with interp. and report	\$11.77		
93041	rhythm ECG, 1-3 leads; tracing only w/o interp. and report	\$4.93		
93042	rhythm ECG, 1-3 leads with interp. and report	\$6.83		
	Blood Work			
CPT Code	Current Procedural Description	Reimbursement	Rate	
80053	Comprehensive metabolic panel- must include albumin, total bilirubin, calcium, CO2 (bicarbonate), chloride, creatinine, glucose, alkaline phosphatase, potassium, total protein, sodium, transferase-Alanine amino, transferase- Aspartate amino, urea nitrogen	\$14.41		
80048	Basic metabolic panel (calcium, total)	\$11.54		
85025	Blood count, complete CBC, automated differential WBC count	\$10.61		

85027	Blood count, complete CBC	\$6.32
85610	Prothrombin time	\$5.37
85730	PTT; plasma or whole blood	\$8.19

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