

FITWAY Allowable CPT Codes (Modifiers are to be reported with appropriate CPT codes at the discretion of the Provider or Facility)

Office Visits					
CPT Code	Current Procedural Description	Reimbursement Rate			
99201	New Patient; history, exam, straightforward decision-making; 10 minutes	\$35.09			
99211	Established Patient; evaluation and management, may not require presence of physician; 5 minutes	\$17.02			
Consultation/Referral Visits					
99202	New Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	\$61.12			
99203	New Patient; Consultation, <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	\$88.74			
99212	Established Patient; Consultation, history, exam, straightforward decision-making; 10 minutes	\$35.09			
99213	Established Patient; Consultation, <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	\$59.89			
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	\$330.96	\$194.29	\$194.29	\$380.23
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	\$112.01	\$55.07	\$55.07	na
45380	Colonoscopy and biopsy, single or multiple	\$396.42	\$233.59	\$233.59	\$380.23
45381	Colonoscopy, with directed submucosal injection, any substance	\$385.22	\$221.47	\$221.47	\$380.23
45382	Colonoscopy/with control bleeding	\$520.30	\$298.68	\$298.68	\$380.23
45383	Colonoscopy/lesion, polyp(s), tumor removal not amenable to removal by hot biopsy forceps, bipolar cautery or snare	\$477.09	\$301.65	\$301.65	\$380.23
45384	Colonoscopy/lesion, polyp(s), tumor removal with hot biopsy forceps or bipolar cautery	\$393.16	\$243.88	\$243.88	\$380.23
45385	Colonoscopy/ lesion, polyp(s), tumor removal by snare technique	\$448.43	\$277.60	\$277.60	\$380.23
<p>*Note: In the event that a colonoscopy is stopped due to : 1-a blockage or tumor, charge the procedure as a “Complete Sigmoidoscopy”, making sure to meet the qualifying standards for this procedure. A follow-up colonoscopy or other procedure must be done in order to establish a diagnosis. Both procedures are reimbursable. 2- incomplete bowel preparation, charge the procedure as an “Interrupted Colonoscopy”, and perform (and charge for) a second colonoscopy at a later date.</p>					

Sigmoidoscopy				
CPT Code	Current Procedural Description	Reimbursement Rate (NF)	Facility Fee (FF)	Facility Surgeon Fee (FS)
45330	Diagnostic sigmoidoscopy	\$112.01	\$55.07	\$55.07
45331	Sigmoidoscopy and biopsy	\$140.65	\$66.78	\$66.78
45333	Sigmoidoscopy & polypectomy	\$234.32	\$97.66	\$97.66
45334	Sigmoidoscopy for bleeding	\$147.48	na	na
45335	Sigmoidoscopy w/submuc inj	\$201.73	\$81.38	\$81.38
45338	Sigmoidoscopy w/tumor, polyp(s) removal by snare	\$260.99	\$126.48	\$126.48
45339	Sigmoidoscopy w/ablation of tumor, polyp(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	\$276.48	\$167.22	\$167.22
Barium Enema, Note: -26 modifier=Professional component; TC=Technical component				
CPT Code	Current Procedural Description	Reimbursement Rate	Professional-26	Technical
74270	Contrast x-ray exam of colon	\$107.35	\$32.68	\$74.67
74280	Contrast x-ray exam of colon	\$167.41	\$46.88	\$120.53
Pathology, Note: -26 modifier=Professional component; TC=Technical component				
CPT Code	Current Procedural Description	Reimbursement Rate	Professional-26	Technical
88300	Surgical path, gross only	\$20.12	\$3.94	\$16.18
88302	Surgical path, gross and microscopic (review level II)	\$41.59	\$6.02	\$35.58
88304	Surgical path, gross and microscopic (review level III)	\$52.78	\$10.13	\$42.66
88305	Surgical path, gross and microscopic, colon, colorectal polyp biopsy (review level VI)	\$90.03	\$34.76	\$55.28
88307	Surgical path, gross and microscopic, colon, segmental resection other than for tumor (review level V)	\$184.80	\$74.12	\$110.68
88309	Surgical path, gross and microscopic, colon, segmental resection for tumor or total resection (review level VI)	\$282.25	\$129.53	\$152.72
88342	Immunohistochemistry, each antibody	\$87.29	\$38.79	\$48.50
Anesthesia				
NOTE: for anesthesia codes, CDC will only reimburse for moderate sedation related to the endoscopic procedure. The use of Propofol will not be reimbursed except when it is specifically required and approved by the Fitway MAB in cases where a client cannot be sedated with standard moderate sedation.				
** If a client fails standard moderate sedation, anesthesia may be used to complete the endoscopic procedure. Documentation should be provided to support the use of anesthesia on a case-by-case basis.				
***Surgery or surgical staging may be required to provide a histological diagnosis of cancer. All surgery for diagnostic purposes must be approved in advance by the Fitway Program's MAB.				
CPT Code	Current Procedural Description	Reimbursement Rate	Nurse	Doctor
810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	\$19.74 per unit [15 min.]	\$9.87	\$9.87
00810 Base**		\$98.70	\$49.35	\$49.35

00840***	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy: not otherwise specified			
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Electrocardiogram

CPT Code	Current Procedural Description	Reimbursement Rate
93000	Electrocardiogram, complete, at least 12 leads w/interp. and report	\$17.46
93005	routine ECG w/ 12 leads; tracing only w/o interp. and report	\$9.11
93010	routine ECG w/ 12 leads; tracing only with interp. and report	\$8.36
93040	rhythm ECG, 1-3 leads; with interp. and report	\$11.88
93041	rhythm ECG, 1-3 leads; tracing only w/o interp. and report	\$4.49
93042	rhythm ECG, 1-3 leads with interp. and report	\$7.39

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	\$15.14
80048	Basic metabolic panel (calcium, total)	\$12.12
85025	Blood count, complete CBC, automated differential WBC count	\$11.14
85027	Blood count, complete CBC	\$6.64
85610	Prothrombin time	\$5.62
85732	PTT; plasma or whole blood	\$7.50