Breast Cancer Screening and Diagnostic Approved CPT Codes			
Modifier			
TC	Technical Component		
26	Professional Component		
SG	Facility Fee (SFL modifier code)		
51	Multiple Procedures (This applies to physician charges)		
59	Distinct Procedural Service (This applies to physician charges)		
		FY20	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**	**End Notes**
	Office Visits		
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$47.28	
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$78.36	
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$110.89	
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$169.30	1
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$213.86	1
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$23.85	
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$46.91	
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$77.23	
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$111.95	
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$110.89	2
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$110.89	2
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$110.89	2
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$77.23	2
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$77.23	2
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$77.23	2

CPT	Screening and Diagnostic services		
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not other specified Base units - 3 (Additional time may be billed in 15 minute increments = 1 unit)	$22.41	
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	$54.11	
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	$134.45	
10005-SG		$75.49	
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	$62.11	
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	$309.66	
10007-SG		$234.47	
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	$175.87	
10009	Fine needle aspiration biopsy including CT guidance, first lesion	$489.60	
10009-SG		$310.95	
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	$294.63	
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	$489.60	8
10011-SG		$310.95	
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	$294.63	8
10021	Fine needle aspiration; without imaging guidance; first lesion only	$102.62	
10021-SG		$59.77	
19000	Puncture aspiration of cyst of breast (surgical procedure only)	$114.15	
19000-SG		$78.64	
19001	Puncture aspiration; each additional cyst, used with 19000	$28.52	
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	$637.18	6
19081-SG		$581.48	
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	$514.25	6
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	$630.65	6
19083-SG		$581.48	
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	$500.30	6
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	$962.72	6
19085-SG		$581.48	
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	$765.82	6
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (surgical procedure only)	$161.46	
19100-SG		$581.48	
19101	Biopsy of breast; open, incisional	$352.78	
19101-SG		$1,128.32	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion or nipple or areolar lesion, open, 1 or more lesions	$531.92	
19120-SG		$1,128.32	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	$587.90	
19125-SG		$1,128.32	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	$170.91	
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	$255.76	7
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	$180.75	7
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	$284.13	7
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	$216.87	7

19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	$477.37	7
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	$407.82	7
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	$812.96	7
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	$647.09	7
36415	Collection of venous blood by venipuncture	$3.00	
71046	Radiological examination, chest, 2 views, frontal and lateral	$33.78	
71046-TC		$22.48	
71046-26		$11.30	
76098	Radiological examination, surgical specimen	$44.42	
76098-TC		$28.00	
76098-26		$16.41	
76641	Ultrasound, complete examination of breast including axilla, unilateral	$110.89	
76641-TC		$73.33	
76641-26		$37.56	
76642	Ultrasound, limited examination of breast including axilla, unilateral	$90.65	
76642-TC		$55.64	
76642-26		$35.01	
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	$59.33	
76942-TC		$26.53	
76942-26		$32.80	
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	$253.47	
77046-TC		$178.34	
77046-26		$75.13	
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	$260.02	
77047-TC		$177.24	
77047-26		$82.72	
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	$401.61	5
77048-TC		$293.31	
77048-26		$108.31	
77049	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	$411.09	5
77049-TC		$292.20	
77049-26		$118.89	
77053	Mammary ductogram or galactogram, single duct	$58.76	
77053-TC		$40.16	
77053-26		$18.60	
77063	Screening digital breast tomosynthesis, bilateral	$56.79	3
77063-TC		$25.79	
77063-26		$31.00	
77065	Diagnostic mammography, unilateral, includes CAD when performed	$138.85	
77065-TC		$96.54	
77065-26		$42.31	
77066	Diagnostic mammography, bilateral, includes CAD when performed	$174.86	
77066-TC		$123.07	
77066-26		$51.79	
77067	Screening mammography, bilateral, including CAD when performed	$141.82	
77067-TC		$102.07	
77067-26		$39.76	

80048	Basic metabolic panel (Calcium total)	$8.46	
80053	Comprehensive metabolic panel	$10.56	
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$3.17	
81205	Urine pregnancy test	$8.61	
85025	Complete CBC automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	$7.77	
85027	Complete CBC automated (Hgb, Hct, RBC WBC and platelet count)	$6.47	
85610	Prothrombin time	$4.29	
85730	Thromboplastine time, partial (PTT); plasma or whole blood	$6.01	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistological study to determine adequacy for diagnosis, first evaluation episode, each site	$57.85	
88172-TC		$19.90	
88172-26		$37.95	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	$159.91	
88173-TC		$85.12	
88173-26		$74.79	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	$30.73	
88177-TC		$7.37	
88177-26		$23.36	
88305	Surgical pathology, gross and microscopic examination; breast, biopsy, without microscopic assesment of surgical margins; Level IV	$72.55	
88305-TC		$32.79	
88305-26		$39.76	
88307	Surgical pathology, gross and microscopic examination; Breast, excision of lesion, requiring microscopic evaluation of surgical margins; Level V	$286.55	
88307-TC		$198.98	
88307-26		$87.58	
88360	Morphometric analysis, tumor immuhistochemistry, per specimen, manual	$129.61	
88360-TC		$85.12	
88360-26		$44.49	
88361	Morphometric analysis, tumor immuhistochemistry, per specimen, using computer assisted technology	$131.40	
88361-TC		$84.38	
88361-26		$47.02	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$17.60	
93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$8.84	

93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$8.75	
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - breast procedures.	40 % of charges	
99156	Consious Sedation -10-22 minutes for 5 individuals years or older	$80.92	
99157	Consious Sedation - For each additional 15 minutes	$66.02	9
G0279	Tomosynthesis, mammograph	$56.79	4
G0279-TC		$25.79	
G0279-26		$31.00	
J1100	Dexamethasone sodium phosphate (1 mg) injection	$0.12	
J1200	Diphenhydramine hcl injection up to (50 mg)	$0.89	
J2175	Meperidine hydrochloride per (100 mg)	$4.72	
J2250	Midazolam hydrochloride injection per (1 mg)	$0.12	
J2405	Ondansetron hydrochloride injection per (1 mg)	$0.09	
J3010	Fentanyl citrate injection (0.1 mg)	$0.98	
J7120	Ringers Lactate Infusion up to (1000 cc)	$2.36	

Notes:

End Notes:	
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP. The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who has just been newly diagnosed with breast cancer in order to determine treatment.
6	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
9	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.

Cervical Cancer Screening and Diagnostic Approved CPT Codes			
Modifier			
TC	Technical Component		
26	Professional Component		
SG	Facility Fee (SFL modifier code)		
51	Multiple Procedures (This applies to physician charges)		
59	Distinct Procedural Service (This applies to physician charges)		
		FY20	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**	**End Notes**
	Office Visits		
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$47.28	
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$78.36	
99203	New patient; detailed history, exam, straight forward high complexity medical decision-making (30 minutes face to face)	$110.89	
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$169.30	1
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$213.86	1
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$23.85	
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$46.91	
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$77.23	
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$111.95	
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$110.89	2
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$110.89	2
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$110.89	2
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$77.23	2
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$77.23	2
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$77.23	2

CPT	Screening and Diagnostic services		
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified. Base units - 6 (Additional time may be billed in 15 minute increments = 1 unit)	$22.41	
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	$177.91	
57452	Colposcopy of the cervix including upper/adjacent vagina	$126.33	
57452-SG		$62.26	
57454	Colposcopy of the cervix including upper/adjacent vagina with biopsy of the cervix and endocervical curettage	$172.32	
57454-SG		$73.18	
57455	Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix	$162.55	
57455-SG		$77.91	
57456	Colposcopy of the cervix including upper/adjacent vagina with endocervical curettage	$152.67	
57456-SG		$49.83	
57460	Colposcopy of the cervix including upper/adjacent vagina with loop electrode biopsy(s) of the cervix *	$322.02	
57460-SG		$200.61	
57461	Colposcopy with loop electrode conization of the cervix *	$361.13	
57461-SG		$214.08	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulgurations (separate procedure)	$150.81	
57500-SG		$99.03	
57505	Endocervical curettage (not done as part of a dilation and curettage)	$135.34	
57505-SG		$84.47	
57520	Conization of cervix with or without fulguration, with or without dilation and curettage, with or without repair; Cold Knife Cone, or laser *	$351.19	
57520-SG		$1,246.22	
57522	Conization of cervix, with or without fulguration with or without dilation and curettage, with or without repair; cold knife cone or laser; Loop Electrode Excision *	$302.05	
57522-SG		$1,246.22	
58100	Endometrial sampling biopsy with or without endocervical sampling (biopsy) without cervical dilation any method (seperate procedure)	$102.53	
58100-SG		$50.98	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy	$53.39	
76830	Ultrasound, transvaginal (non-obstetric)	$127.49	
76830-26	Ultrasound, transvaginal (non-obstetric) (professional component)	$35.74	
76830-TC	Ultrasound, transvaginal (non-obstetric) (technical component)	$91.75	
76856	Ultrasound, pelvic (non-obstetric), real time with image documentation; complete	$113.49	
76856-26	Ultrasound, Pelvic (nonobstetric), real time with image documentation; complete (professional component)	$35.37	
76856-TC	Ultrasound, Pelvic (nonobstetric), real time with image documentation; complete (technical component)	$78.12	
87624	Human Papillomavirus, high-risk types	$35.09	3
87625	Human Papillomavirus, types 16 and 18 only	$40.55	3
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician; (any reporting system)	$26.76	
88142	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	$20.26	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening and re-screening under physician supervision	$23.04	
88164	Cytopathology, slides, cervical or vaginal (the Bestheda System); manual screening under physicians supervision	$15.12	
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	$42.22	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system under physician's supervision.	$25.37	
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening or review cervical biopsy under physicians supervision.	$26.61	
88305	Surgical pathology, gross and microscopic examination, not requiring microscopic evaluation of surgical margins, Level IV	$72.55	
88305-TC		$32.79	
88305-26		$39.76	

88307	Cervix-surgical pathology, gross and microscopic examination, cervix conization, Level V	$286.55	
88307-TC		$198.98	
88307-26		$87.58	
88331	Pathology consultation during surgery; first tissue block, with frozen section(s) single specimen	$101.79	
88331-TC		$35.74	
88331-26		$66.05	
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s)	$56.43	
88332-TC		$23.58	
88332-26		$32.84	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional antibody strain procedure (List separately in addition to code for primary procedure)	$95.87	
88341-TC		$65.96	
88341-26		$29.21	
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	$109.06	
88342-TC		$71.85	
88342-26		$37.21	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$17.60	
93005	ECG with tracing only without interpretation or report	$8.84	
93010	ECG interpretation and report only	$8.75	
99156	Consious Sedation -10-22 minutes for 5 individuals years or older	$80.92	
99157	Consious Sedation - For each additional 15 minutes	$66.02	4
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - cervical procedures.	40% of charges	
Notes:			

* Prior to the diagnostic LEEP or cone biopsy, you must request a pre-authorization form. Contact Melissa Keiper, Nurse Consultant, at (302) 744-1040. Complete form and fax to SFL at (302) 739-2546. Nurse Consultant will verify procedure and return within 3 business days.

End Notes:	
1	All consultations should be billed through the standard “new patient” office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not appropriate for the NBCCEDP. The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.
4	Example: If procedure is 50 minutes, code 99156 + (99157 x 2). No separate charge allowed if procedure <10 minutes.

Delaware Screening for Life Program
Reimbursable CPT Codes and Rates
Effective January 1, 2019 - December 31, 2019

Colorectal Cancer Screening and Diagnostic Approved CPT Codes			
Modifier			
TC	Technical Component		
26	Professional Component		
SG	Facility Fee (SFL modifier code)		
51	Multiple Procedures (This applies to physician charges.)		
53	Discontinued Procedure		
59	Distinct Procedural Service (This applies to physician charges)	**FY20**	
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**	**End Notes**
	Office Visits		
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$47.28	
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$78.36	
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$110.89	
99204	New patient; comprehensive history, exam, moderate complexity medical decision-making (45 minutes face to face)	$169.30	
99205	New patient; comprehensive history, exam, high complexity medical decision-making (60 minutes face to face)	$213.86	
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$23.85	
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$46.91	
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$77.23	
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$110.89	
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$110.89	1
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$110.89	1
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$77.23	0
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$77.23	1

99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$77.23	1
CPT	**Screening and Diagnostic services**		
5311-SG	**For hospital use only - Level 1 Lower Endoscopy ***	$763.88	
5312-SG	**For hospital use only - Level 2 Lower Endoscopy***	$1,004.22	
5313-SG	**For hospital use only - Level 3 Lower GI Endoscopy***	$2,344.18	
5571-SG	**For hospital use only - Level 1 Imaging with Contrast ***	$182.22	
5522-SG	**For hospital use only - Level 1 Imaging without Contrast ***	$112.08	
00810	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum	$22.41	6
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified Base units - 5 (Additional time may be billed in 15 minute increments = 1 unit)	$22.41	
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy Base units - 5 (Additional time may be billed in 15 minute increments = 1 unit)	$22.41	
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy, not otherwise specified Base units - 6 (Additional time may be billed in 15 minute increments = 1 unit)	$22.41	7
36415	Collection of venous blood by venipuncture	$3.00	
45300	Proctosigmoidoscopy, rigid; diagnostic , with or without collection of specimen(s) by brushing or washing (separate procedure)	$129.28	
45300-SG		$95.02	
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	$183.05	
45330-SG		$146.73	
45331	Flexible sigmoidoscopy with biopsy single or multiple.	$287.91	
45331-SG		$382.43	
45333	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by hot biopsy forceps or bipolar cautery	$327.86	
45333-SG		$389.39	
45334	Sigmoidoscopy, diagnostic flexible; with control of bleeding - any method	$552.75	
45334-SG		$511.90	
45335	Sigmoidoscopy, diagnostic flexible; diagnostic, with directed submucosal injection(s) any substance	$278.75	
45335-SG		$389.39	
45338	Sigmoidoscopy, diagnostic flexible; with removal of tumor(s), polyp(s), other lesion(s), by snare technique	$296.27	
45338-SG		$511.90	
45346	Sigmoidoscopy, with ablation of tumor(s), polyp(s), other lesion(s) (Includes pre- and post-dilation and guide wire passage, when performed.)	$2,882.19	
45346-SG		$511.90	

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45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression	$345.37	
45378-SG		$389.39	
45380	Colonoscopy flexible, proximal to splenic flexure, diagnostic with biopsy single or multiple	$445.06	
45380-SG		$511.90	
45381	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with directed submucosal injection (s), any substance	$441.75	
45381-SG		$511.90	
45382	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with control of bleeding any method	$735.20	
45382-SG		$511.90	
45384	Colonoscopy, flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by hot forceps or bipolar cautery	$496.38	
45384-SG		$511.90	
45385	Colonoscopy flexible, proximal to splenic flexure, diagnostic with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	$464.42	
45385-SG		$511.90	
45380-51	Modifier 51 is for the physician fee only. - Any combination of CPT codes 45380, 45381, 45382, 45383, 45384, and 45385 can be billed as **multiple procedures** on the same day. First highest procedure is reimbursed at 100%, with second and subsequent procedures reimbursed at 50%. Modifier 59 is for the physician fee only. - First highest procedure is reimbursed at 100%, with second and subsequent procedures reimbursed at 50%. Also, modifier 53 (physician) or 73,74 (Facility) for an incomplete colonoscopy.	$222.53	
45380-59		$222.53	
45381-51		$220.88	
45381-59		$220.88	
45382-59		$367.60	
45382-51		$367.60	
45384-51		$248.19	
45384-59		$248.19	
45385-51		$232.21	
45385-59		$232.21	
45388	Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s). Includes pre-and post dilation and guide wire passage when performed.	$3,052.06	
45388-SG		$511.90	
45390	Colonnoscopy, flexible; with endoscopic mucosal resection	$350.14	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contract material(s)	$238.59	5
74261-TC		$114.60	
74261-26		$123.99	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contract material(s),including non-contrast images if performed	$315.18	5
74262-TC		$186.08	
74262-26		$129.09	
74270	Radiological examination, colon; barium enema, with or w/out KUB barium enema	$159.36	5
74270-TC		$105.75	
74270-26		$53.61	
74280	Radiological examination, colon; air contrast with specific high density barium, with or without glucagons	$229.25	5
74280-TC		$164.34	
74280-26		$64.91	
80048	Basic metabolic panel	$8.46	
80053	Comprehensive metabolic panel	$10.56	

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81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$3.17	
81528	Oncology (colorectal) screening, quantitative real time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as positive or negative result (FIT-DNA).	$508.87	3
82270	Blood, occult, by perioxidase activity (eg. Guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	$4.38	2
82274	Blood, occult, by Fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	$15.92	2
85025	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	$7.77	
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	$6.47	
85610	Prothromben time	$4.29	
85730	Thromboplastin time, partial (PTT); plasma or whole blood	$6.01	
88300	Surgical Pathology, gross examination only (surgical specimen)	$16.17	
88300-TC		$11.42	
88300-26		$4.75	
88302	Level II - Surgical pathology, gross and microscopic examination	$31.99	
88302-TC		$24.69	
88302-26		$7.30	
88304	Level III- surgical pathology, gross and microscopic examination	$42.63	
88304-TC		$30.58	
88304-26		$12.04	
88305	Level IV - Surgical pathology, gross and microscopic examination colon, colorectal polyp biopsy	$72.55	
88305-TC		$32.79	
88305-26		$39.76	
88307	Level - V - Surgical pathology, gross and microscopic examination requiring microscopic evaluation of surgical margins, segmental resection, other than for tumor	$286.55	
88307-TC		$198.98	
88307-26		$87.58	
88309	Level VI - Surgical pathology, gross and microscopic examination, colon, segmental resection for tumor or total resection	$435.13	
88309-TC		$280.78	
88309-26		$154.35	
88341	Pathology: immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (list separately in addition to code for primary procedure)	$95.87	
88341-TC		$65.96	
88341-26		$29.91	
88342	Pathology: immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure	$109.06	
88342-TC		$71.85	
88342-26		$37.21	
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$17.60	
93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$8.84	

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93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$8.75	
93040	Rhythm ECG, one to three leads, with interpretation and report	$13.19	
93041	Rhythm ECG, one to three leads, tracing only without interpretation and report	$5.90	
93042	Rhythm ECG, one to three leads, interpretation and report only	$7.29	
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - colorectal procedures.	40% of charges	
G0104	Colorectal cancer screening flexible sigmoidoscopy	$183.05	
G0104-SG		$146.73	
G0105	Colorectal cancer screening colonoscopy on individual at high risk	$345.00	4
G0105-SG		$389.39	
G0121	Colorectal cancer screening: colonoscopy on average risk individual not meeting criteria for high risk	$345.74	
G0121-53		$172.87	
G0121-SG		$389.39	
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	$18.05	
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that 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 (additional time may be reported with 99153 as appropriate).	$58.90	
99152	Moderate sedation services provided by the same physician or other qualified health care professional 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	$52.56	
99153	Moderate sedation services provided by the same physician or other qualified health care professional 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).	$11.05	
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	$80.92	
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service).	$66.02	
J1100	Dexamethasone sodium phosphate (1 mg) injection	$0.12	
J1200	Diphenhydramine hcl injection up to (50 mg)	$0.89	
J2175	Meperidine hydrochloride per (100 mg)	$4.72	
J2250	Midazolam hydrochloride injection per (1 mg)	$0.12	

J2405	Ondansetron hydrochloride injection per (1 mg)	$0.09	
J3010	Fentanyl citrate injection (0.1 mg)	$0.98	
J7120	Ringers Lactate Infusion up to (1000 cc)	$2.36	
Notes:			
Hospital billing for outpatient facility fees codes 0143-SG, 0146-SG, 0147-SG, 0158-SG are being replaced with 5311-SG, 5312-SG, 5571-SG, 5522-SG			
End Notes			
1	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening within the CRCCP. Reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the 993XX Preventive Medicine Evaluation visits themselves are not appropriate for the CRCCP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate		
2	Codes 82271 (other sources) and 82272 (performed for other than colorectal neoplasm screening) are not included as they do not adhere to guideline-recommended screening.		
3	Programs considering use of FIT-DNA should obtain prior approval from CDC.		
4	G0105 may be used for screening colonoscopy on clients considered to be at increased risk for CRC due to a family history of CRC or adenomatous polyps. The Medicare definition of high risk includes both those considered to be a increased risk (personal or family history of CRC or adenomatous polyps) or high risk (family history of FAP or Lynch Syndrome or personal history of inflammatory bowel disease) as defined by CRCCP policies and procedures.		
5	G0106 (colorectal cancer screening; barium enema; as an alternative to G0104; screening sigmoidoscopy), G0120 (colorectal cancer screening; barium enema; as an alternative to G0105; screening colonoscopy), and G0122 (colorectal cancer screening; barium enema) are not included as barium enema is no longer recommended by USPSTF as a colorectal cancer screening test. Colonoscopy should be performed as a diagnostic test to evaluate an abnormal FIT or gFOBT. Barium enema or CT colonography can be used as alternatives if a colonoscopy cannot be completed.		
6	If the 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. Propofol may be approved for routine program use if its use is standard in the programs service area and contracted providers cannot perform moderate sedation (programs should obtain prior approval from CDC).		
7	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 program's MAB.		

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Lung Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
		FY20
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$47.28
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$78.36
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$110.89
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$169.30
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$213.86
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$23.85
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$46.91
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$77.23
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$111.95
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$110.89
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$110.89

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99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$110.89
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$77.23
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$77.23
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$77.23
CPT	**Screening and Diagnostic services**	
31628	Bx w/transbronchial lung bx, single lobe	$381.31
31629	Bx w/transbronchial needle asp bx, trachea, main stem and/or lobar bronchis(i).	$184.55
31632	Bx w/transbronchial lung bx, each addtl lobe	$66.51
31633	Bx w/transbronchial needle asp bx, each addtl lobe	$82.57
32096	Thoracotomy, with diag bx of lung infiltrates, unilateral	$845.80
32097	Thoracotomy, with diag bx of lung nodules or masses, unilateral	$846.54
32607	Thoracoscopy, w/diag bx of lung infiltrates, unilateral	$325.79
32608	Thoracoscopy, w/diag bx of lung nodules or masses, unilateral	$400.26
32200	Incision, cyst, Pneumonostomy, w/open drainage of abscess or cyst	$1,198.42
32140	Incision, w/cyst removal, includes pleural procedure when performed	$1,044.72
32405	Bx, lung or mediastinum, percutaneous needle	$416.21
71045	Radiologic examination, chest; single view	$26.43
71045-TC		$16.95
71045-26		$9.48
71046	Radiologic examination, chest, 2 views	$33.78
71046-TC		$22.48
71046-26		$11.30
71047	Radiologic examination, chest, 3 views	$42.60
71047-TC		$28.67
71047-26		$14.23
71048	Radiologic examination, chest, 4 or more views views	$46.26
71048-TC		$29.48
71048-26		$16.78

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71250	Computed tomography thorax, w/o contrast	$163.35
71250-TC		$103.54
71250-26		$59.81
71260	Computed tomography thorax, with contrast	$202.73
71260-TC		$138.18
71260-26		$64.55
71270	Computed tomography thorax, w/o contrast, followed by contrast material and further sections	$239.87
71270-TC		$168.76
71270-26		$71.11
71550	MRI chest	$313.53
71550-TC		$237.67
71550-26		$75.86
71551	MRI chest, with contrast material	$452.66
71551-TC		$363.32
71551-26		$89.35
71552	MRI chest, w/o contrast material	$505.81
71552-TC		$389.85
71552-26		$115.96
78811	Position emission tomography (PET) imaging, limited area (chest)	$1,376.90
78811-TC		$1,298.87
78811-26		$78.03
78814	Position emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging	$1,582.89
78814-TC		$1,473.16
78814-26		$109.73
76380	Computed tomography, limited or localized follow-up study	$131.39
76380-TC		$81.43
76380-26		$49.95
76604	Ultrasound, chest, real time with image documentation	$81.85
76604-TC		$51.96
76604-26		$29.90
G0296	Visit to determ ldct elig	$30.31
G0297	Low-dose computer tomography	$246.33
G0297-TC		$193.45
G0297-26		$52.88
Notes:		

Prostate Cancer Screening and Diagnostic Approved CPT Codes		
Modifier		
TC	Technical Component	
26	Professional Component	
SG	Facility Fee (SFL modifier code)	
51	Multiple Procedures (This applies to physician charges)	
59	Distinct Procedural Service (This applies to physician charges)	
		FY20
CPT	**CPT Code - Service Description**	**SFL Reimbursement Rate**
	Office Visits	
99201	New patient; problem focused history, exam, straightforward medical decision-making (10 minutes face to face)	$47.28
99202	New patient; expanded problem focused history, exam, straightforward medical decision-making (20 minutes face to face)	$78.36
99203	New patient; detailed history, exam, medical decision-making of complexity (30 minutes face to face)	$110.89
99204	New patient: comprehensive history, exam, moderate complexity decision-making; 45 minutes	$169.30
99205	New patient: comprehensive history, exam, highcomplexity decision-making; 60 minutes	$213.86
99211	Established patient; evaluation and management, may not require presence of physician, presenting problems are minimal (5 minutes face to face)	$23.85
99212	Established patient; problem focused history, exam, straightforward decision-making (10 minutes face to face); Requires 2 of 3 components	$46.91
99213	Established patient; expanded problem focused history, exam, straightforward medical decision-making (15 minutes face to face)	$77.23
99214	Established Patient; detailed history, exam, moderately complex decision-making; 25 minutes	$111.95
99385	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18 - 39	$110.89
99386	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$110.89
99387	Initial comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$110.89
99395	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 18-39	$77.23
99396	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 40-64	$77.23
99397	Periodic comprehensive preventive medicine evaluation and management; history, exam, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc.Age 65 and over	$77.23

CPT	Screening and Diagnostic services	
00902	Anesthesia for; anorectal procedure Base units -5 (Additional time might be billing in 15 minute increments= 1 unit)	$22.41
00910	Anesthesia for; transurethral procedures (including urethrocystoscopy); not otherwise specified Base units - 3 (Additional time may be billing in 15 minute increments = 1 unit)	$22.41
52000	Cystourethroscopy (separate procedure)	$219.90
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	$259.92
55700-SG		$796.68
36415	Collection of venous blood by venipuncture	$3.00
64450	Injection, anesthetic agent, other peripheral nerve or branch	$79.93
64450-SG		$39.97
71046	Radiological examination, chest, 2 views	$33.78
71046-TC		$22.48
71046-26		$11.30
76098	Radiological examination, surgical specimen	$44.42
76098-TC		$28.00
76098-26		$16.41
76872	Ultrasound, transrectal	$149.23
76872-TC		$114.60
76872-26		$34.63
80048	Basic metabolic panel	$8.46
80053	Comprehensive metabolic panel	$10.56
81001	Urinalysis, automated with microscopy for bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	$3.17
G0103	Prostate specific antigen test (PSA)	$19.31
84152	Prostate specific antigen (PSA); complexed (direct measurement)	$18.39
84153	Prostate specific antigen (PSA); complexed (direct measurement) Total	$18.39
84154	Prostate specific antigen (PSA); complexed (direct measurement) Free	$18.39
85025	Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count	$7.77
85027	Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)	$6.47
85610	Prothromben time	$4.29
85730	Thromboplastine time, partial (PTT); plasma or whole blood	$6.01
88300	Level I- surgical pathology, gross examination only	$16.17
88300-TC		$11.42
88300-26		$4.75
88305	Level IV- Surgical pathology, gross, microscopic examination, prostate needle biopsy, TUR	$72.50
88305-TC		$32.79
88305-26		$39.76
88307	Level - V- Surgical pathology, gross and microscopic examination prostate, except radical resection.	$286.55
88307-TC		$198.98
88307-26		$87.58
88309	Level VI- Surgical pathology, prostate, radical resection.	$435.13
88309- TC		$280.78
88309- 26		$154.35
88342	Pathology, Immunocytochemistry including tissue immunoperoxidase, each antibody	$109.06
88342- TC		$71.85
88342-26		$37.21
93000	Electrocardiogram, routine ECG with at least 12 leads: with interpretation and report	$17.60

93005	Electrocardiogram, routine ECG with at least 12 leads: with tracing only, without interpretation and report	$8.84
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	$8.75
99070	Supplies and materials, provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) - prostate procedures.	40% of charges
J1100	Dexamethasone sodium phosphate (1 mg) injection	$0.12
J1200	Diphenhydramine hcl injection up to (50 mg)	$0.89
J2175	Meperidine hydrochloride per (100 mg)	$4.72
J2250	Midazolam hydrochloride injection per (1 mg)	$0.12
J2405	Ondansetron hydrochloride injection per (1 mg)	$0.09
J3010	Fentanyl citrate injection (0.1 mg)	$0.98
J7120	Ringers Lactate Infusion up to (1000 cc)	$2.36
Notes:		