

Colon Fee Schedule

July 1, 2010 – June 30, 2011

CPT	Modifier	Procedure Code Description	Professional Non-Facility (office) Fee	Professional Facility Fee	Hospital Outpatient	Ambulatory Surgery Center	Lab
45330	Global	Diagnostic sigmoidoscopy	\$ 134.63	\$ 62.20	\$ 421.57	\$ 96.16	
45331	Global	Sigmoidoscopy and biopsy	\$ 169.50	\$ 75.54	\$ 421.57	\$ 264.39	
45333	Global	Sigmoidoscopy & polypectomy	\$ 283.44	\$ 109.61	\$ 674.92	\$ 385.60	
45334	Global	Sigmoidoscopy for bleeding	\$ 165.22	\$ 165.22	\$ 674.92	\$ 385.60	
45335	Global	Sigmoidoscopy w/submuc inj	\$ 244.64	\$ 91.56	\$ 421.57	\$ 264.39	
45338	Global	Sigmoidoscopy w/tumr remove	\$ 312.81	\$ 141.71	\$ 674.92	\$ 385.60	
45339	Global	Sigmoidoscopy w/ablate tumr	\$ 325.97	\$ 186.98	\$ 674.92	\$ 385.60	
45378	Global	Diagnostic colonoscopy	\$ 390.81	\$ 216.97	\$ 664.70	\$ 410.21	
45380	Global	Colonoscopy and biopsy	\$ 467.96	\$ 260.85	\$ 664.70	\$ 410.21	
45381	Global	Colonoscopy, submucous inj	\$ 455.67	\$ 247.39	\$ 664.70	\$ 410.21	
45382	Global	Colonoscopy/control bleeding	\$ 615.28	\$ 333.39	\$ 664.70	\$ 410.21	
45383	Global	Lesion removal colonoscopy	\$ 558.93	\$ 335.77	\$ 664.70	\$ 410.21	
45384	Global	Lesion remove colonoscopy	\$ 461.77	\$ 271.89	\$ 664.70	\$ 410.21	
45385	Global	Lesion removal colonoscopy	\$ 527.01	\$ 309.71	\$ 664.70	\$ 410.21	
74270	Global	Contrast x-ray exam of colon	\$ 130.80	\$ 130.80	\$ 94.79		
74270TC	TC	Contrast x-ray exam of colon	\$ 95.00	\$ 95.00			
7427026	26	Contrast x-ray exam of colon	\$ 35.80	\$ 35.80			
74280	Global	Contrast x-ray exam of colon	\$ 204.68	\$ 204.68	\$ 153.31		
74280TC	TC	Contrast x-ray exam of colon	\$ 153.34	\$ 153.34			
7428026	26	Contrast x-ray exam of colon	\$ 51.34	\$ 51.34			
82270	Global	Occult blood, feces (FOBT)			\$ 4.66		\$ 4.66
82274	Global	Assay test for blood, fecal (FIT)			\$ 22.78		\$ 22.78
cprep	--	Colon Prep Kit (maximum \$100) Note: actual amount should be entered into claim billed amount			\$ 100.00		\$ 100.00
stamp	--	Stamped envelope for FOBT/FIT			\$ 1.46		\$ 1.46
88300	Global	Surgical path, gross	\$ 24.97	\$ 24.97	\$ 18.24		
88300TC	TC	Surgical path, gross	\$ 20.61	\$ 20.61			
8830026	26	Surgical path, gross	\$ 4.36	\$ 4.36			
88302	Global	Tissue exam by pathologist	\$ 51.86	\$ 51.86	\$ 18.24		
88302TC	TC	Tissue exam by pathologist	\$ 45.28	\$ 45.28			
8830226	26	Tissue exam by pathologist	\$ 6.58	\$ 6.58			
88304	Global	Tissue exam by pathologist	\$ 65.33	\$ 65.33	\$ 38.70		
88304TC	TC	Tissue exam by pathologist	\$ 54.28	\$ 54.28			

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8830426	26	Tissue exam by pathologist	\$ 11.05	\$ 11.05			
88305	Global	Tissue exam by pathologist	\$ 108.21	\$ 108.21	\$ 38.70		
88305TC	TC	Tissue exam by pathologist	\$ 70.34	\$ 70.34			
8830526	26	Tissue exam by pathologist	\$ 37.88	\$ 37.88			
88307	Global	Tissue exam by pathologist	\$ 221.68	\$ 221.68	\$ 58.61		
88307TC	TC	Tissue exam by pathologist	\$ 140.81	\$ 140.81			
8830726	26	Tissue exam by pathologist	\$ 80.87	\$ 80.87			
88309	Global	Tissue exam by pathologist	\$ 335.49	\$ 335.49	\$ 58.61		
88309TC	TC	Tissue exam by pathologist	\$ 194.31	\$ 194.31			
8830926	26	Tissue exam by pathologist	\$ 141.17	\$ 141.17			
88312	Global	Special stains	\$ 104.84	\$ 104.84	\$ 18.24		
88312TC	TC	Special stains	\$ 78.17	\$ 78.17			
8831226	26	Special stains	\$ 26.67	\$ 26.67			
88342	Global	Immunohistochemistry	\$ 103.90	\$ 103.90	\$ 38.70		
88342TC	TC	Immunohistochemistry	\$ 61.72	\$ 61.72			
8834226	26	Immunohistochemistry	\$ 42.18	\$ 42.18			
99201	Global	Office/outpatient visit, new	\$ 40.64				
99202	Global	Office/outpatient visit, new	\$ 70.01				
99203	Global	Office/outpatient visit, new	\$ 101.10				
99211	Global	Office/outpatient visit, est	\$ 20.15				
99212	Global	Office/outpatient visit, est	\$ 40.64				
99213	Global	Office/outpatient visit, est	\$ 68.09				
99386	Global	Prev visit, new, age 40-64	\$ 101.10				
99396	Global	Prev visit, est, age 40-64	\$ 68.09				
Below - Use for consultation visits							
99204		Office/outpatient visit, new	\$ 156.02				
99205		Office/outpatient visit, new	\$ 195.86				
99214		Office/outpatient visit, est	\$ 101.95				
99215		Office/outpatient visit, est	\$ 137.17				
00810	3 base + rate x (# time units)*	Anesthesia, lower GI (\$200 BCCHP maximum)		\$21.12/unit			

*Notes: TC=technical; 26=professional; bundled=this code should not be used for hospital/outpatient settings since it should be included/bundled in another CPT code; time units=15 minute intervals

The BCCHP Fee Schedule uses a limited set of the federal Healthcare Common Procedure Coding System (HCPCS) codes for identifying procedures and services performed by providers. The BCCHP Fee Schedule and payment policies do not contain full text descriptions of Current Procedural Terminology (CPT®) or HCPCS codes and modifiers. Providers must bill according to the full text descriptions published in the CPT® and HCPCS books, which can be purchased from private sources.