

***The Wyoming Colorectal Cancer Screening Program reimburses only the following CPT codes based on the most current Wyoming Medicaid rates
Updated January 2016***

CPT CODE	Service Description	Max. Allowable Reimbursement
99070	Supplies and materials -over and above those usually included with the office visit (list drugs, trays, supplies, or materials provided) - reimbursed at a percent of the billed amount (to be determined)	75%
99201	Office visit -New patient- Problem focused	\$40.33
99202	Office visit -New patient- Expanded problem focused	\$69.70
99203	Office visit -New patient- Detailed	\$99.86
99204	Office visit -New patient Op Visit for Evaluation & Management	\$153.90
99205	Office visit -New patient Op Visit for Evaluation & Management	\$194.23
99211	Office visit -New patient- Problem focused	\$19.58
99212	Office visit -Established patient- Problem focused	\$40.33
99213	Office visit -Established patient- Expanded problem focused	\$67.36
99214	Office visit -Established patient-Op Visit for Evaluation & Management	\$95.57
99215	Office visit -Established patient-Op Visit for Evaluation & Management	\$136.28
99241	Office visit -Established patient-Problem focused	\$50.77
99242	Office visit -New or Established patient-Expanded problem focused	\$95.53
99243	Office visit -New or Established patient-Low complexity	\$130.51
99244	Office visit -New or Established patient-Moderate complexity	\$193.32
99245	Office visit -New or Established patient-High complexity	\$236.19
99386	Initial Preventive Medicine Evaluation 40-64 years	NOT ALLOW 0
99387	Initial Preventive Medicine Evaluation 65 years and older	NOT ALLOW 0
99395	Periodic Preventive Medicine Evaluation 30-39 years	\$99.86
99396	Periodic Preventive Medicine Evaluation 40-64 years	NOT ALLOW 0
99397	Periodic Preventive Medicine Evaluation 65 years and older	NOT ALLOW 0
44389	*Colonoscopy -Fiber optic colonoscopy through colostomy; with biopsy and/or collection of specimen by brushing or washing	\$388.14
44392	*Colonoscopy - Fiber optic colonoscopy through colostomy; with removal of polypoid lesion(s)	\$422.74
45378	*Colonoscopy -Colonoscopy, fiber optic, beyond splenic flexure; diagnostic, with or without colon decompression	\$385.13
45380	*Colonscopy -Flexible, proximal to splenic flexure; with biopsy, single or multiple	\$464.86
45381	*Colonoscopy -With directed submucosal injection(s) any substance	\$452.07
45382	*Colonoscopy -Flexible, proximal to splenic flexure; with control of bleeding (EG, injection, bipolar cautery, unipolar cautery, laser, stapler, plasma coagulator)	\$608.53
45383	*Colonoscopy -Fexible, proximal to splenic flexure; with ablation of tumor(s), polyps(s), or other lesion(s) not amenable to removal by	\$553.62

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	hot biopsy forceps, bipolar cautery or snare technique	
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	\$455.46
45385	*Colonoscopy - Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$524.28
45386	*Colonoscopy - Removal of Tumor(s) with dilation by balloon, 1 or more strictures	\$637.11
G0121	*Colonoscopy - Individual not meeting for high risk	\$385.13
46600	*Colonoscopy -Diagnostic Anoscopy SPX	\$73.71
A4550	Surgical Tray -(includes suture), purchase only	\$30.00
88305	Pathology -Level IV-Surgical Pathology, gross and microscopic examination	\$109.82
88312	Pathology -Special Stains-Group I for microorganisms(EG, gridley, acid fast, methenaine silver), including interpretation and report, each	\$109.45
88313	Pathology -Special Stains- Group II, all other (EG iron, trichrome), except immunocytochemistry and immunoperoxidas stains, including interpretation and report each	\$80.49
88342	Pathology -Immunocytochemistry (including tissue immunoperoxidase), each antibody	\$106.81
00810	Anesthesia -Intestinal endoscopic procedures	\$27.04xea+135.20
99144	Anesthesia - Mod Sedation Service (other than those services described by codes 00100-01999) provided by the same physician 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 patients level of consciousness & physiological status; age 5 or older, first 30 min ultra-service time	\$23.53
99145	Anesthesia -Moderate sedation services; each additional 15 minutes intra-service time (list separately in addition to code for primary service)	\$9.41
93000	Electrocardiogram -Routine ECG, at least 12 leads, interpretation and report	\$19.93
93005	Electrocardiogram -with interpretation and report; tracing only, without interpretation and report	\$10.53
93010	Electrocardiogram -with interpretation and report; interpretation and report only	\$9.40
36415	Lab -Collection of venous blood by venipuncture	\$2.70
80048	Lab -Basic Metabolic Panel (calcium, total) this panel must include	\$9.67

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	the following: calcium(82310), carbon dioxide(82374), chloride(82435), creatinine(82565), glucose(82947), potassium(84132), sodium(84295), urea nitrogen (BUN)(84520) do not use 80048 in addition to 80053	
80053	Lab-Comprehensive Metabolic Panel	\$13.29
85014	Lab-Blood smear exam-Hematocrit (HCT)	\$2.40
85018	Lab-Blood smear exam-Hemoglobin (HGB)	\$2.00
85025	Lab-Blood smear exam complete (CBS), automated (HGB, HCT, RBC, WBC and Platelet count) and automated differential WBC count	\$9.85
85610	Lab-Prothrombin time (PT)	\$4.00
85730	Lab-Thromboplastin time, Partial (PTT); plasma or whole blood	\$7.54
88347	Lab-Immunofluorescent study, each antibody indirect method	\$81.24
	Facility Fees - ACS Group 2	
82274 QW	Fecal Occult Blood – Hemosure One Step Test	\$20.00
	The following are alternative reimbursement codes that will only be reimbursed on a case-by -case basis upon review by WCCSP staff	
45330	Sigmoidoscopy -with or without collection of specimen reimbursement allowed only if colonoscopy is incomplete	\$132.39
45331	Sigmoidoscopy -with biopsy and/or collection of specimen reimbursement allowed only if colonoscopy is incomplete	\$166.61
45333	Sigmoidoscopy -with removal of polypoid lesion(s) reimbursement allowed only if colonoscopy is incomplete	\$279.82
45338	Sigmoidoscopy -with removal of tumor(s), polyp(s) or other lesion(s) by snare technique reimbursement allowed only if colonoscopy is incomplete	\$310.66
45339	Sigmoidoscopy -with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique reimbursement allowed only if colonoscopy is incomplete	\$337.74
45340	Sigmoidoscopy -with ablation of tumor(s) with dilation by balloon, 1 or more strictures reimbursement allowed only if colonoscopy is incomplete	\$452.82
74261	CT Colonography -Diagnostic including image post processing without contrast material reimbursement allowed only if colonoscopy is incomplete	\$240.50
74262	CT Colonography -Diagnostic with contrast material reimbursement allowed only if colonoscopy is incomplete	\$326.64
74263	CT Colonography -Screening reimbursement allowed only if colonoscopy is incomplete	\$0.00
74270	Radiology -Contrast Barium Enema, with or without KUB reimbursement allowed only if colonoscopy is incomplete	\$187.85

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74280	Radiology -Air contrast with specific high density barium, with or without glucagon reimbursement allowed only if colonoscopy is incomplete	\$257.10
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* For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% of the allowable Medicaid reimbursement amount for the service of the highest cost, 50% of the allowable Medicaid reimbursement amount for the second service and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques.

The Wyoming Colorectal Cancer Screening Program CPT code set is updated at least annually and is available on the website <http://wdh.state.wy.us/phsd/ccp/index.html>