WYOMING CANCER PROGRAM

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The Wyoming Cancer Program provides limited coverage for the purpose of screening and early detection of colorectal cancer.

The following (Current Procedural Terminology) CPT codes listed are not all-inclusive and provide a general list of commonly used codes for The Wyoming Colorectal Cancer Screening Program. These codes must be paired with an approved diagnosis code that is covered by the program.

When questions arise regarding the appropriate use of a CPT Code, please contact the program to discuss.

**At-Home Stool Testing may be covered if a patient is not eligible for Cologuard assistance

CPT CODE	OFFICE VISITS
99202	**Office visit** -New patient- Expanded problem focused
99203	**Office visit** -New patient- Detailed
99204	**Office visit** -New patient Op Visit for Evaluation & Management
99205	**Office visit** -New patient Op Visit for Evaluation & Management
99211	**Office visit** -New patient- Problem focused
99212	**Office visit** -Established patient- Problem focused
99213	**Office visit** -Established patient- Expanded problem focused
99214	**Office visit** -Established patient-Op Visit for Evaluation & Management
99215	**Office visit**-Established patient-Op Visit for Evaluation & Management
99241	**Office visit**-Established patient-Problem focused
99242	**Office visit**-New or Established patient-Expanded problem focused
99243	**Office visit**-New or Established patient-Low complexity
99244	**Office visit**-New or Established patient-Moderate complexity
99245	**Office visit**-New or Established patient-High complexity
99395	**Periodic Preventive Medicine Evaluation** 30-39 years
CPT CODE	**COLONOSCOPY**
A4550	**Surgical Tray**-(includes suture), purchase only
44388	***Colonoscopy-**Colonoscopy through stoma; Diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) *Procedure by Physician*
44389	***Colonoscopy**-Colonoscopy through stoma; with biopsy, single or multiple *Procedure by Physician*
44392	***Colonoscopy**- Fiber optic colonoscopy through colostomy; with removal of polypoid lesion(s). *Procedure by Physician*

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44394	***Colonoscopy**-Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45378	***Colonoscopy-**Colonoscopy, fiber optic, beyond splenic flexure; Diagnostic, with or without colon decompression. *Procedure by Physician*
45380	***Colonoscopy-**Flexible, proximal to splenic flexure; with biopsy, single or multiple. *Procedure by Physician*
45381	***Colonoscopy**-With directed submucosal injection(s) any substance. *Procedure by Physician*
45382	***Colonoscopy**-Flexible, proximal to splenic flexure; with control of bleeding (EG, injection, bipolar cautery, unipolar cautery, laser, stapler, plasma coagulator). *Procedure by Physician*
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. *Procedure by Physician*
45385	***Colonoscopy**- Flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique. *Procedure by Physician*
45386	***Colonoscopy**- Removal of Tumor(s) with dilation by balloon, 1 or more strictures. *Procedure by Physician*
45388	***Colonoscopy**- Removal of Tumor(s) with dilation by balloon, 1 or more strictures. *Procedure by Physician*
45390	***Colonoscopy w/Resection –** Flexible w/Endoscopic Mucosal
G0105	***Colonoscopy –** Colonoscopy of Individual of high risk. *Procedure by Physician*
G0121	***Colonoscopy**- Individual not meeting for high risk. *Procedure by Physician*
46600	***Colonoscopy**-Diagnostic Anoscopy SPX. *Procedure by Physician*
CPT CODE	**LAB**
36415	**Lab**-Collection of venous blood by venipuncture
80048	**Lab**-Basic Metabolic Panel (calcium, total) this panel must include 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
81528**	**Lab-**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 a Positive or Negative Result
82270**	**Lab-**Blood, occult, by peroxidase activity (e.g., Guaiac), feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
82271**	**Lab-**Blood, occult, by peroxidase activity (EG Guaiac), qualitative, other sources
82274**	**Lab-**Blood, occult, by fecal-hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
85014	**Lab-**Blood smear exam-Hematocrit (HCT)
85018	**Lab**-Blood smear exam-Hemoglobin (HGB)

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85025	**Lab**-Blood smear exam complete (CBS), automated (HGB, HCT, RBC, WBC and Platelet count) and automated differential WBC count
85610	**Lab**-Prothrombin time (PT)
85730	**Lab-**Thromboplastin time, Partial (PTT); plasma or whole blood
G0328	**Lab-**Colorectal cancer screening; fecal-occult blood testing, Immunoassay, 1-3 simultaneous determinations
CPT CODE	**PATHOLOGY**
88305	**Pathology**-Level IV-Surgical Pathology, gross and microscopic examination. *Procedure by Physician* ***(Examples of pathology not approved would be: Duodenal, Gastric or any Esophageal biopsies)***
88312	**Pathology** -Special Stains-Group I for micro-organisms (EG, gridley, acid fast, methenaine silver), including interpretation and report, each. *Procedure by Physician* ***(Examples of pathology not approved would be: Duodenal, Gastric or any Esophageal biopsies)***
88313	**Pathology** -Special Stains- Group II, all other (EG iron, trichrome), except immunocytochemistry and immunoperoxidas stains, including interpretation and report each. *Procedure by Physician* ***(Examples of pathology not approved would be: Duodenal, Gastric or any Esophageal biopsies)***
88342	**Pathology**-Immunocytochemistry (including tissue immunoperoxidase), each antibody. *Procedure by Physician* ***(Examples of pathology not approved would be: Duodenal, Gastric or any Esophageal biopsies)***
CPT CODE	**ANESTHESIA**
00811	**Anesthesia-**For procedure on large bowel using an endoscope
00812	**Anesthesia**-Intestinal endoscopic procedures
00813	**Anesthesia**- Combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum. *This CPT code is only allowable when it is in conjunction with a colonoscopy screening.
CPT CODE	**ELECTROCARDIOGRAM**
93000	**Electrocardiogram**-Routine ECG, at least 12 leads, interpretation and report
93005	**Electrocardiogram**-with interpretation and report; tracing only, without interpretation and report. *Procedure by Physician*
93010	**Electrocardiogram**-with interpretation and report; interpretation and report only

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The following CPT codes are reimbursable only under specific circumstances and MUST be approved by the Wyoming Cancer Program. Please contact the program prior to services being provided to ensure coverage.

Prior authorization can be discussed by calling 1-800-264-1296.

CPT CODE	PREAUTHORIZATION REQUIRED
45330	**Sigmoidoscopy**-with or without collection of specimen reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
45331	**Sigmoidoscopy**-with biopsy and/or collection of specimen reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
45333	***Sigmoidoscopy**-with removal of polypoid lesion(s)* reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
45338	***Sigmoidoscopy**-with removal of tumor(s), polyp(s) or other lesion(s) by snare technique reimbursement allowed only if colonoscopy is incomplete. Procedure by Physician*
45340	**Sigmoidoscopy**-with ablation of tumor(s) with dilation by balloon, 1 or more strictures reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
74261	**CT Colonography-**Diagnostic including image post processing without contrast material reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
74262	**CT Colonography**-Diagnostic with contrast material reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
74270	**Radiology**-Contrast Barium Enema, with or without KUB reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*
74280	**Radiology**-Air contrast with specific high density barium, with or without glucagon reimbursement allowed only if colonoscopy is incomplete. *Procedure by Physician*

The Wyoming Colorectal Cancer Screening Program CPT code list will be updated annually, every July or as needed and is available on our website here.

Diagnosis codes that support program approved procedures can be found on the Wyoming Cancer Program website here.

Please refer to the Noridian Medicare website for fee schedule here.

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