Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Consults and office visits				
Initial consult	99244	81.40	99241 to 99245	Yes
Office Visit	99214	37.50	99211 to 99215	No
Office Visit, Prolonged, Initial	99354	52.30	99354-99354	Yes
Office Visit, Prolonged - Each additional 30 minutes	99355	49.90	99355	Yes
Nutrition Counseling	Z5020	33.48	Z5020	No
Inpatient consults and follow-up visits				
Initial consult	99254	65.01	99251 to 99255	Yes
Hospital Care, Initial, Level 2	99222	65.20	99221 to 99223	Yes
Follow-up, Hospital Care, Level 2	99232	37.80	99231 to 99236	Yes
Hospital Discharge, Management, 30 minutes or less	99238	37.60	99238 to 99239	Yes
Counseling - Outpatient				
Office visit - Short	90804	29.18	90804	Yes
Office visit - Short w/med eval	90805	32.98	90805	Yes
Office visit - Intermediate	90806	46.44	90806	Yes
Office visit - Intermediate w/med eval	90807	49.22	90807	Yes
Office visit - Long	90808	74.30	90808	Yes
Office visit - Long w/med eval	90809	78.76	90809	Yes
Counseling - Inpatient				
Office visit - Short	90816	31.08	90816	Yes
Office visit - Short w/med eval	90817	34.16	90817	Yes
Office visit - Intermediate	90818	46.44	90818	Yes
Office visit - Intermediate w/med eval	90819	49.22	90819	Yes
Office visit - Long	90821	74.30	90821	Yes
Office visit - Long w/med eval	90822	78.76	90822	Yes
Urological Procedures - Professional & Technical (where applicable)				
AUS (Artificial Urethral Sphincter), Placement of	53445	By Report (K&O)	53400 to 53520	Yes
AUS, Removal of	53446	K-$595.31 O-$119.14	53400 to 53520	Yes
AUS, Remove/Replace of	53448	K-$1064.03 O-$212.96	53400 to 53520	Yes
AUS, Repair of	53449	K-$533.88 O-$106.85	53400 to 53520	Yes
Bilateral Orchiectomy	54520	K-$253.16 O-$50.63	54500 to 54560	Yes
Biopsy (Bx), Prostate Needle	55700	87.49	55700 to 55725	Yes
Bladder US Residual Urin	51798	K-$59.20 O-$11.84	51725 to 51798	Yes
Catheterization	51701	109.71	51700 to 51720	No
Cystoscopy	52000	86.75	52000 to 52005	Yes
Cystoscopy w/Double J Stent	52332	550.63	52320 to 52355	Yes
Insert Ureteral Tube	50393	167.91	50393	No
Dilation w F&F	53620	126.95	53600 to 53665	No
Dilation w F&F Subsequent	53621	122.11	53600 to 53665	No
Pelvic Lymphnode Dissection	55865	K-$969.84 O-$193.97	55801 to 55865	Yes
Placement of Supra-pubic tube	51010	176.84	51010	No
Prostatectomy, perineal radical (w/ or w/out lymphadenectomy & lymph node biopsy)	55810	K-$1065.52 O-$212.96	55801 to 55865	Yes
Pulmonary Function - **Professional**	78596-26	52.78	78596-26	Yes
Pulmonary Function - **Technical**	78596-TC	107.16	78596-TC	Yes
PVR via U/S	51798	K-$59.20 O-$11.84	51798	No
Radical R/P Prostate (w/ or w/out lymphadenectomy & lymph node biopsy)	55845	K-$1344.75 O-$267.31	55801 to 55865	Yes
Stress Test - **Professional**	94620-26	38.82	94620-26	Yes
Stress Test - **Technical**	94620-TC	37.30	94620-TC	Yes
TUR-Bladder Neck contracture	52640	378.63	52400 to 52700	Yes
TUR-Prostate	52601	744.60	52400 to 52700	Yes
U/S guidance Bx - **BASIC RATE**	76942	66.93	76942	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
U/S guidance Bx - **Professional**	76942-26	26.77	76930-26 to 76999-26	Yes
U/S guidance Bx - **Technical**	76942-TC	40.16	76930-TC to 76999-TC	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
U/S Prostate - **Professional**	76872-26	27.06	76870-26 to 76873-26	No
U/S Prostate - **Technical**	76872-TC	40.59	76870-TC to 76873-TC	No
Urethral Dilation	53600	87.12	53600 to 53665	No
Urethral Dilation Subsequent	53601	82.28	53600 to 53665	No
Uroflow - **Professional**	51741-26	27.35	51725-26 to 51798-26	No
Uroflow - **Technical**	51741-TC	42.07	51725-TC to 51798-TC	No
Anesthesia - Professional only				
Base unit 7, Average time 14 units	00865	$20.99/unit	00800-00882	No
(Total units per case is 21)				
General Anesthesia/unit	00865	$20.99/unit	00800-00882	No
Hosp Manage Cont Drug Admin	01996	37.97	01996	No
Inject Spine L/S (CD)	62311	139.24	62311	No
Establish Access to Artery	36620	42.07	36620 to 36625	No
Nuclear Medicine - Professional & Technical				
Bone scan - **Professional**	78306-26	46.54	78300-26 to 78399-26	Yes
Bone scan - **Technical**	78306-TC	94.49	78300-TC to 78399-TC	Yes
Bone scan isotope	MEDICINE	MD Cost + 10%	MEDICINE	Yes
Strontium-89	MEDICINE	MD Cost + 10%	MEDICINE	Yes
Radiology - Professional & Technical				
DEXA Scan (bone density) study - Axial - **Professional**	77080-26	23.15	77080-26	Yes
DEXA Scan (bone density) study - Axial - **Technical**	77080-TC	77.51	77080-TC	Yes
DEXA Scan (bone density) study - Peripheral - **Professional**	77081-26	10.36	77081-26	Yes
DEXA Scan (bone density) study - Peripheral - **Technical**	77081-TC	25.06	77081-TC	Yes
Cervical spine X-ray - **Professional**	72050-26	14.28	72040-26 to 72052-26	Yes
Cervical spine X-ray - **Technical**	72050-TC	29.00	72040-TC to 72052-TC	Yes
Chest x-ray **- Professional**	71010-26	6.92	71010-26 to 71555-26	Yes
Chest X-Ray - **Technical**	71010-TC	10.38	71010-TC to 71555-TC	Yes
CT Abd. W&w/o contrast **- Professional**	74170-26	76.06	74000-26 to 74190-26	Yes
CT Abd. W&w/o contrast **- Technical**	74170-TC	177.47	74000-TC to 74190-TC	Yes
CT THORAX W/O DYE - **Professional**	71250-26	69.81	71250-26	Yes
CT THORAX W/O DYE - **Technical**	71250-TC	162.90	71250-TC	Yes
CT THORAX W/DYE **- Professional**	71260-26	76.06	71260-26	Yes
CT THORAX W/DYE **- Technical**	71260-TC	177.47	71260-TC	Yes
CT THORAX W/O & W/DYE **- Professional**	71270-26	76.06	71270-26	Yes
CT THORAX W/O & W/DYE **- Technical**	71270-TC	177.47	71270-TC	Yes
CT guidance for placement of radiation therapy field - **Professional**	76370-26	54.49	76370-26	Yes
CT guidance for placement of radiation therapy field - **Technical**	76370-TC	81.73	76370-TC	Yes
CT Pelvis w/o Dye - **Professional**	72192-26	69.81	72010-26 to 72295-26	Yes
CT Pelvis w/o Dye - **Technical**	72192-TC	162.90	72010-TC to 72295-TC	Yes
CT Pelvis w&w/o contrast **- Professional**	72194-26	76.06	72010-26 to 72295-26	Yes
CT Pelvis w&w/o contrast**- Technical**	72194-TC	177.47	72010-TC to 72295-TC	Yes
CT Urogram w&w/o cont. **- Professional**	74400-26	25.64	74400-26 to 74485-26	Yes
CT Urogram w&w/o cont.**- Technical**	74400-TC	40.10	74400-TC to 74485-TC	Yes
CT Maxillofacial W/O & W/DYE - **Professional**	70488-26	69.05	70486-26 to 70488-26	Yes
CT Maxillofacial W/O & W/DYE - **Technical**	70488-TC	161.11	70486-TC to 70488-TC	Yes
CXR PA/lateral - **Professional**	71034-26	21.64	71030-26 to 71035-26	Yes
CXR PA/lateral - **Technical**	71034-TC	21.64	71030-TC to 71035-TC	Yes
Cystogram **- Professional**	74430-26	11.43	74400-26 to 74485-26	Yes
Cystogram - **Technical**	74430-TC	26.66	74400-TC to 74485-TC	Yes
Injection for bladder X-ray	51600	K-256.89	51600	Yes
KUB - **Professional**	74000-26	6.06	74000-26 to 74022-26	Yes
KUB - **Technical**	74000-TC	11.24	74000-TC to 74022-TC	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
MRI cervical spine w/ & w/o contrast - **Professional**	72156-26	194.25	72148-26 to 72197-26	Yes
MRI cervical spine w/ & w/o contrast - **Technical**	72156-TC	776.99	72148-TC to 72197-TC	Yes
MRI thoracic spine w/ & w/o contrast - **Professional**	72157-26	194.25	72148-26 to 72197-26	Yes
MRI thoracic spine w/ & w/o contrast - **Technical**	72157-TC	776.99	72148-TC to 72197-TC	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
MRI lumbar spine w/ & w/o contrast - **Professional**	72158-26	194.05	72148-26 to 72197-26	Yes
MRI lumbar spine w/ & w/o contrast - **Technical**	72158-TC	776.19	72148-TC to 72197-TC	Yes
MRI pelvis w/o contrast - **Professional**	72195-26	132.81	72195-26	Yes
MRI pelvis w/o contrast - **Technical**	72195-TC	309.89	72195-TC	Yes
MRI pelvis w/ contrast - **Professional**	72196-26	140.56	72196-26	Yes
MRI pelvis w/ contrast - **Technical**	72196-TC	421.67	72196-TC	Yes
MRI pelvis w & w/o contrast - **Professional**	72197-26	189.75	72197-26	Yes
MRI pelvis w & w/o contrast - **Technical**	72197-TC	758.99	72197-TC	Yes
MRI Brain W/O & W/Dye - **Professional**	70553-26	190.60	70553-26	Yes
MRI Brain W/O & W/Dye - **Technical**	70553-TC	762.41	70553-TC	Yes
MRI Orbit W/O & W/Dye - **Professional**	70543-26	188.24	70543-26	Yes
MRI Orbit W/O & W/Dye - **Technical**	70543-TC	752.97	70543-TC	Yes
Pelvic Ultrasound - **Professional**	76856-26	27.06	76856-26 to 76857-26	Yes
Pelvic Ultrasound - **Technical**	76856-TC	40.59	76856-TC to 76857-TC	Yes
Percutaneous nephrostomy w/CT **- Professional**	76360-26	71.25	76360-26	Yes
Percutaneous nephrostomy w/CT - **Technical**	76360-TC	106.88	76360-TC	Yes
Percutaneous nephrostomy w/fluro **- Professional**	74475-26	41.53	74400-26 to 74485-26	Yes
Percutaneous nephrostomy w/fluro - **Technical**	74475-TC	62.30	74400-TC to 74485-TC	Yes
Change kidney tube	50398	40.58	50398	Yes
Needle localization by X-ray - **Professional**	77002-26	25.27	77002-26	Yes
Needle localization by X-ray - **Technical**	77002-TC	41.24	77002-TC	Yes
X-ray control catheter change - **Professional**	75984-26	27.09	75984-26	Yes
X-ray control catheter change - **Technical**	75984-TC	40.64	75984-TC	Yes
Plain X-ray Films				
Acromioclavicular Joint, plain x-ray - **Professional**	73050-26	10.00	73050-26	Yes
Acromioclavicular Joint, plain x-ray - **Technical**	73050-TC	20.29	73050-TC	Yes
Ankle, plain x-ray - **Professional**	73610-26	8.30	73600-26 to 73610-26	Yes
Ankle, plain x-ray - **Technical**	73610-TC	16.84	73600-TC to 73610-TC	Yes
Arm, Lower, plain x-ray - **Professional**	73090-26	7.69	73090-26	Yes
Arm, Lower, plain x-ray - **Technical**	73090-TC	13.09	73090-TC	Yes
Arm, Upper, plain x-ray - **Professional**	73092-26	7.69	73092-26	Yes
Arm, Upper, plain x-ray - **Technical**	73092-TC	13.09	73092-TC	Yes
Clavicle, plain x-ray - **Professional**	73000-26	6.86	73000-26	Yes
Clavicle, plain x-ray - **Technical**	73000-TC	13.92	73000-TC	Yes
Coccyx, plain x-ray - **Professional**	72220-26	9.35	72220-26	Yes
Coccyx, plain x-ray - **Technical**	72220-TC	17.35	72220-TC	Yes
Elbow, plain x-ray - **Professional**	73080-26	8.57	73070-26 to 73080-26	Yes
Elbow, plain x-ray - **Technical**	73080-TC	17.41	73070-TC to 73080-TC	Yes
Femur, plain x-ray - **Professional**	73550-26	9.09	73550-26	Yes
Femur, plain x-ray - **Technical**	73550-TC	16.89	73550-TC	Yes
Fibula, plain x-ray - **Professional**	73590-26	7.27	73590-26	Yes
Fibula, plain x-ray - **Technical**	73590-TC	13.51	73590-TC	Yes
Foot, plain x-ray - **Professional**	73630-26	8.48	73620-26 to 73630-26	Yes
Foot, plain x-ray - **Technical**	73630-TC	15.74	73620-TC to 73630-TC	Yes
Hand, plain x-ray - **Professional**	73130-26	8.55	73120-26 to 73130-26	Yes
Hand, plain x-ray - **Technical**	73130-TC	16.59	73120-TC to 73130-TC	Yes
Head, plain x-ray - **Professional**	70350-26	5.54	70350-26	Yes
Head, plain x-ray - **Technical**	70350-TC	11.76	70350-TC	Yes
Hip, plain x-ray - **Professional**	73540-26	9.70	73500-26 to 73520-26, 73540-26	Yes
Hip, plain x-ray - **Technical**	73540-TC	18.00	73500-TC to 73520-TC, 73540-TC	Yes
Humerus, plain x-ray - **Professional**	73060-26	7.27	73060-26	Yes
Humerus, plain x-ray - **Technical**	73060-TC	13.51	73060-TC	Yes
Jaws, plain x-ray - **Professional**	70355-26	12.61	70355-26	Yes
Jaws, plain x-ray - **Technical**	70355-TC	25.59	70355-TC	Yes
Knee, plain x-ray - **Professional**	73564-26	9.14	73560-26 to 73564-26, 73580-26	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Knee, plain x-ray - **Technical**	73564-TC	18.56	73560-TC to 73564-TC, 73580-TC	Yes
Leg, plain x-ray - **Professional**	73592-26	7.27	73592-26	Yes
Leg, plain x-ray - **Technical**	73592-TC	13.51	73592-TC	Yes
Mandible, plain x-ray - **Professional**	70100-26	8.28	70100-26 to 70110-26	Yes
Mandible, plain x-ray - **Technical**	70100-TC	16.82	70100-TC to 70110-TC	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Neck, plain x-ray - **Professional**	70360-26	6.92	70360-26	Yes
Neck, plain x-ray - **Technical**	70360-TC	10.38	70360-TC	Yes
Pelvis, plain x-ray - **Professional**	73540-26	9.70	72170-26 to 72190-26, 73540-26	Yes
Pelvis, plain x-ray - **Technical**	73540-TC	18.00	72170-TC to 72190-TC, 73540-TC	Yes
Ribs, plain x-ray - **Professional**	71101-26	14.12	71100-26 to 71111-26	Yes
Ribs, plain x-ray - **Technical**	71101-TC	28.66	71100-TC to 71111-TC	Yes
Sacroiliac Joint, plain x-ray - **Professional**	72202-26	10.70	72200-26 to 72202-26, 73542-26	Yes
Sacroiliac Joint, plain x-ray - **Technical**	72202-TC	19.86	72200-TC to 72202-TC, 73542-TC	Yes
Sacrum, plain x-ray - **Professional**	72220-26	9.35	72220-26	Yes
Sacrum, plain x-ray - **Technical**	72220-TC	17.35	72220-TC	Yes
Scapula, plain x-ray - **Professional**	73010-26	8.18	73010-26	Yes
Scapula, plain x-ray - **Technical**	73010-TC	16.61	73010-TC	Yes
Shoulder, plain x-ray - **Professional**	73030-26	8.57	73020-26 to 73030-26, 73050-26	Yes
Shoulder, plain x-ray - **Technical**	73030-TC	17.41	73020-TC to 73030-TC, 73050-TC	Yes
Skull, plain x-ray - **Professional**	70260-26	15.13	70250-26 to 70260-26	Yes
Skull, plain x-ray - **Technical**	70260-TC	30.71	70250-TC to 70260-TC	Yes
Spine, plain x-ray - **Professional**	72090-26	8.83	72020-26, 72090-26	Yes
Spine, plain x-ray - **Technical**	72090-TC	17.15	72020-TC, 72090-TC	Yes
Cervical, plain x-ray - **Professional**	72050-26	14.28	72040-26 to 72052-26	Yes
Cervical, plain x-ray - **Technical**	72050-TC	29.00	72040-TC to 72052-TC	Yes
Lumbosacral, plain x-ray - **Professional**	72110-26	16.39	72100-26 to 72120-26	Yes
Lumbosacral, plain x-ray - **Technical**	72110-TC	33.27	72100-TC to 72120-TC	Yes
Thoracic, plain x-ray - **Professional**	72072-26	11.36	72070-26 to 72074-26	Yes
Thoracic, plain x-ray - **Technical**	72072-TC	23.06	72070-TC to 72074-TC	Yes
Thoracolumbar, plain x-ray - **Professional**	72080-26	10.90	72080-26	Yes
Thoracolumbar, plain x-ray - **Technical**	72080-TC	19.39	72080-TC	Yes
Total, plain x-ray - **Professional**	72010-26	24.45	72010-26	Yes
Total, plain x-ray - **Technical**	72010-TC	36.67	72010-TC	Yes
Sternum, plain x-ray - **Professional**	71130-26	8.57	71120-26 to 71130-26	Yes
Sternum, plain x-ray - **Technical**	71130-TC	17.41	71120-TC to 71130-TC	Yes
Tibia, plain x-ray - **Professional**	73590-26	7.27	73590-26	Yes
Tibia, plain x-ray - **Technical**	73590-TC	13.51	73590-TC	Yes
Wrist, plain x-ray - **Professional**	73110-26	8.55	73100-26 to 73110-26	Yes
Wrist, plain x-ray - **Technical**	73110-TC	16.59	73100-TC to 73110-TC	Yes
Renal Ultrasound - **Professional**	76770-26	29.06	76770-26 to 76775-26	Yes
Renal Ultrasound - **Technical**	76770-TC	51.66	76770-26 to 76775-TC	Yes
Urethrocystogram - **Professional**	74450-26	13.70	74450-26	Yes
Urethrocystogram - **Technical**	74450-TC	27.82	74450-TC	Yes
X-RAY Spine - **Professional**	72010-26	24.45	72010-26	Yes
X-RAY Spine - **Technical**	72010-TC	36.67	72010-TC	Yes
Extremity Study - **Professional**	93970-26	47.11	93970-26	Yes
Extremity Study - **Technical**	93970-TC	121.13	93970-TC	Yes
Pathology - Professional & Technical				
Cytokeratin Immuno Stain - **Professional**	88342-26	59.63	88342-26	No
Cytokeratin Immuno Stain - **Technical**	88342-TC	14.91	88342-TC	No
Frozen Section Single - **Professional**	88331-26	41.32	88300-26 to 88399-26	No
Frozen Section Single - **Technical**	88331-TC	10.33	88300-TC to 88399-TC	No
Frozen Section add't same - **Professional**	88332-26	15.51	88300-26 to 88399-26	No
Frozen Section add't same - **Technical**	88332-TC	3.88	88300-TC to 88399-TC	No
Lymph Node Biopsy - **Professional**	88305-26	48.20	88300-26 to 88399-26	No
Lymph Node Biopsy - **Technical**	88305-TC	12.05	88300-TC to 88399-TC	No
Prostate Neeedle Bx- **Professional**	88305-26	48.20	88300-26 to 88399-26	No
Prostate Neeedle Bx -**Technical**	88305-TC	12.05	88300-TC to 88399-TC	No
Prostate Radical Resection - **Professional**	88309-26	148.38	88300-26 to 88399-26	No

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Prostate Radical Resection -**Technical**	88309-TC	37.09	88300-TC to 88399-TC	No
Prostate TUR - **Professional**	88305-26	48.20	88300-26 to 88399-26	No
Prostate TUR -**Technical**	88305-TC	12.05	88300-TC to 88399-TC	No

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Regional Lymph Node Dissection - **Professional**	88307-26	70.11	88307-26	No
Regional Lymph Node Dissection - **Technical**	88307-TC	17.53	88307-TC	No
Review of pathology slides - level IV - **Professional**	88305-26	48.20	88300-26 to 88399-26	No
Review of pathology slides - level IV - **Technical**	88305-TC	12.05	88300-TC to 88399-TC	No
Review of pathology slides - level V - **Professional**	88307-26	70.11	88300-26 to 88399-26	No
Review of pathology slides - level V - **Technical**	88307-TC	17.53	88300-TC to 88399-TC	No
Hospital Reimbursements				
In Patient - Greater than 24 hours (1 Day)	PER DIEM	1,800.00	Medicare Per Diem	Yes
Out Patient - Less than 24 hours (1 Day)	PER DIEM	900.00	Medicare Per Diem	Yes
Use of Hospital Exam or Treatment Room	Z7500	23.77	Z7500	Yes
Radical R/P Prostate w/cc (Major Male Pelvic Procedures w CC/MCC)	MS DRG #707/DRG#334	Hospital to Provide Documentation	Medicare DRG	Yes
Radical R/P Prostate w/o cc (Major Male Pelvic Procedures w/o CC/MCC)	MS DRG #708/DRG#335	Hospital to Provide Documentation	Medicare DRG	Yes
TUR Prostate w/cc (Transurethral Prostatectomy w/CC/MCC)	MS DRG #713/DRG#336	Hospital to Provide Documentation	Medicare DRG	Yes
TUR Prostate w/o cc (Transurethral Prostatectomy w/o CC/MCC)	MS DRG #714/DRG#337	Hospital to Provide Documentation	Medicare DRG	Yes
Emergency Services - Professional				
Emergency Services	99285	108.08	99281-99288	N/A
Outpatient Services				
autologous blood - collection & storage (used at surgery)	P9010	400.00	P9010	Yes
autologous blood - collection - Not used for surgery	86890/86891	190.00	86850 to 86999	Yes
Blood Type, ABO only - **Professional**	86900-26	0.66	86900	Yes
Blood Type, ABO only - **Technical**	86900-TC	2.64	86900	Yes
RBC Antibody Screen - **Professional**	86850-26	1.59	86850	Yes
RBC Antibody Screen - **Technical**	86850-TC	6.34	86850	Yes
Blood Typing, RH(D) - **Professional**	86901-26	1.06	86901	Yes
Blood Typing, RH(D) - **Technical**	86901-TC	4.26	86901	Yes
Observation Care	99220	87.40	99220	Yes
Transfusion - 1 hour	1X7700	13.00	1x7700	No
1 hour	PX7700	13.00	PX7700	No
each additional hour	1X7702	7.00	1X7702	No
each additional hour	PX7702	7.00	PX7702	No
Transfusion RBC Leukocytes Reduced	P9016	185.15	P9016	Yes
IV Hydration				
Hydration IV Infusion, Initial	96360	51.30	96360	Yes
Hydration IV Infusion, Add-on	96361	14.60	96361	Yes
IV, IM & SQ Medication Administration [excluding chemotherapy meds]				
Therapy/PROPH/DIAG IV Infusion, Initial	96365	62.60	96365	Yes
Therapy/PROPH/DIAG IV Infusion, Add-on	96366	19.27	96366	Yes
IV Infusion Additional Hour	96367	31.05	96367	Yes
Therapy/DIAG Concurrent Infusion	96368	17.96	96368	Yes
Therapy/PROPH/DIAG Injection, SQ/IM	96372	18.75	96372	Yes
Therapy/PROPH/DIAG Injection, IV Push	96374	49.82	96374	Yes
Therapy/PROPH/DIAG Injection Add-on	96375	21.29	96375	Yes
Chemotherapy - IV, IM & SQ Medication Administration				
Chemotherapy, Anti-NEOPL, SQ/IM	96401	10.66	96401	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Chemotherapy, IV Push, Single drug	96409	17.96	96409	Yes
Chemotherapy, IV Push, Additional Drug	96411	17.96	96411	Yes
Chemotherapy, IV Infusion, First Hour	96413	28.59	96413-90415	Yes
Chemotherapy, IV Infusion, Additional Hour	96415	21.49	96415	Yes
Chemotherapy, IV Infusion, Each Additional Sequence	96417	28.59	96417	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Chemotherapy Agents [BRAND NAME MEDICATION TO BE PROVIDED ONLY IF GENERIC MEDICATION UNAVAILABLE]				
Oral				
Warfarin [Coumadin] Oral	MEDICINE	Pre-Existing Contract	US Script	Yes
Estramustine [Emcyt] Oral	MEDICINE	Pre-Existing Contract	US Script	Yes
Ketoconazole [Nizoral] Oral	MEDICINE	Pre-Existing Contract	US Script	Yes
Megace [Megestrol] Oral	MEDICINE	Pre-Existing Contract	US Script	Limited: 20mg w/quantity ≤ 60 tablets per month; Pre-authorization not required.
Prednisone [Hydrocortisone] Oral	MEDICINE	Pre-Existing Contract	US Script	Yes
IV				
Benadryl [Diphenhydramine] Oral, IV	MEDICINE	Oral-US Script; IV-MD Cost+10%	MEDICINE	Yes
Carboplatin [Paraplatin] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Dexamethasone Sodium Phosphate IV (J1100)	MEDICINE	IV-MD Cost + 10%	MEDICINE	Yes
Granisetron [Kytril] IV, Oral	MEDICINE	Oral-US Script; IV-MD Cost+10%	MEDICINE	Yes
Heparin IV (J1644)	MEDICINE	IV-MD Cost + 10%	MEDICINE	Yes
Mitoxantrone [Novantrone] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Neulasta [Pegfilgrastim] Subcutaneous (SC) injection	MEDICINE	Injection-MD Cost+10%	MEDICINE	Yes
Aredia [Pamidronate disodium] (Powder for injection)	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Tagamet [Cimetadine] IM, IV, Oral	MEDICINE	Oral-US Script; IV or IM-MD Cost+10%	MEDICINE	Yes
Taxol [Paclitaxel] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Taxotere [Docetaxel] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Vinorelbine [Navelbine] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
Zofran [Ondansetron] IV, Oral	MEDICINE	Oral-US Script; IV-MD Cost+10%	MEDICINE	Yes
Zometa [Zoledronic Acid] IV	MEDICINE	IV-MD Cost+10%	MEDICINE	Yes
IM				
Compazine [Prochlorperazine] Oral, IM, Suppository	MEDICINE	Oral or Suppository - US Script; IM-MD Cost+10%	MEDICINE	Yes
Medications [BRAND NAME MEDICATION TO BE PROVIDED ONLY IF GENERIC MEDICATION UNAVAILABLE]				
Narcotics - Pain Medications - Oral				
Tylenol #3 [Acetaminophen with Codeine] Oral	MEDICINE	US Script	MEDICINE	No
Dilaudid [Hydromorphone] (2,4,8 mg) Oral	MEDICINE	US Script	MEDICINE	No
Vicodin [Hydrocodone & Acetaminophen] Oral	MEDICINE	US Script	MEDICINE	No
Roxinal or MS Contin [Morphine Sulphate] (15mg*, 30mg**, 60mg, 90mg, 100mg) Oral	MEDICINE	US Script	MEDICINE	No
Norco [Hydrocodone & Acetaminophen] Oral	MEDICINE	US Script	MEDICINE	No
OxyContin, [Oxycodone HCl] Oral	MEDICINE	US Script	MEDICINE	No
Endocet, Percocet, Roxicet [Oxycodone & Acetaminophen] Oral	MEDICINE	US Script	MEDICINE	No
Non-Narcotic Medications - Oral				
DDAVP [Desmopressin acetate]	MEDICINE	US Script	MEDICINE	Yes
Detrol [Tolterodine]	MEDICINE	US Script	MEDICINE	No
Detrol LA [Tolterodine LA]	MEDICINE	US Script	MEDICINE	No
Ditropan [Oxybutynin Cl]	MEDICINE	US Script	MEDICINE	No
Ditropan XL [Oxybutynin Cl XL] 10mg	MEDICINE	US Script	MEDICINE	No
Ditropan XL [Oxybutynin Cl XL] 15mg	MEDICINE	US Script	MEDICINE	No
Cardura [Doxazosin Mesylate]	MEDICINE	US Script	MEDICINE	Yes
Flomax [Tamsulosin HCl]	MEDICINE	US Script	MEDICINE	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Hytrin [Terazosin HCl] (1,2, 5mg)	MEDICINE	US Script	MEDICINE	No
Advil, Motrin [Ibuprofin] (400mg, 600mg, 800mg)	MEDICINE	US Script	MEDICINE	No
Iron Sulfate Ferrous Sulfate [Feosol]	MEDICINE	US Script	MEDICINE	Yes
Naproxyn [Naproxen] (250mg, 375mg, 500mg)	MEDICINE	US Script	MEDICINE	No
Neurontin [Gabapentin]	MEDICINE	US Script	MEDICINE	Yes
Urispas [Flavoxate]	MEDICINE	US Script	MEDICINE	Yes
Methylprednisolone [Medrol® dose pack]	MEDICINE	US Script	MEDICINE	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
GI Medications				
Anusol HC 2% [Hydrocortisone] Suppository	MEDICINE	US Script	MEDICINE	No
Hydrocortisone 2.5% Rectal Cream	MEDICINE	US Script	MEDICINE	No
Compazine [Prochlorperazine] Oral & Suppository	MEDICINE	US Script	MEDICINE	Yes
DSS [Docusate] Oral	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Fleet Phosphsoda Oral 90cc	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Lomotil [Diphenoxylate Atropine] Oral	MEDICINE	US Script	MEDICINE	Yes
Proctofoam [Pramoxine HCl] Rectal solution	MEDICINE	US Script	MEDICINE	No
Silvadene Crème [Sulfadiazine] Topical	MEDICINE	US Script	MEDICINE	Yes
Antidepression/Antianxiety and Sleep Agents - Oral				
Ativan [Lorazepam] 0.5 mg, 1mg, 2mg	MEDICINE	US Script	MEDICINE	Yes
Ambien – Oral [Zolpidem tartrate]	MEDICINE	US Script	MEDICINE	Yes
Venlafaxine [Effexor] 25mg	MEDICINE	US Script	MEDICINE	Yes
Elavil [Amitriptyline]	MEDICINE	US Script	MEDICINE	Yes
Tofranil [Imipramine] 25mg	MEDICINE	US Script	MEDICINE	Yes
Prozac [Fluoxetine]	MEDICINE	US Script	MEDICINE	Yes
Valium [Diazepam] Oral	MEDICINE	US Script	MEDICINE	Yes
Xanax [Alprazolam] Oral	MEDICINE	US Script	MEDICINE	Yes
Wellbutrin [Bupropion HCl]	MEDICINE	US Script	MEDICINE	Yes
Zoloft [Sertraline HCl]	MEDICINE	US Script	MEDICINE	Yes
Hormone Therapy [BRAND NAME MEDICATION TO BE PROVIDED ONLY IF GENERIC MEDICATION UNAVAILABLE]				
Injectible Medication				
Depo-Provera [Medroxyprogesterone Acetate]	MEDICINE	MD Cost+10%	MEDICINE	Yes
Eligard [7.5 mg]	MEDICINE	MD Cost+10%	MEDICINE	Yes
Lupron [Leuprorelin acetate] 7.5mg dose	MEDICINE	IMPACT to provide to MD	MEDICINE	Yes
Trelstar [Triptorelin Pamoate] 3.75mg or 11.25mg	MEDICINE	IMPACT to provide to MD	MEDICINE	Yes
Oral Medication				
Casodex [Bicalutamide]	MEDICINE	US Script	MEDICINE	Yes
DES [Diethylestilbesterol]	MEDICINE	US Script	MEDICINE	Yes
Eulexin [Flutamide]	MEDICINE	US Script	MEDICINE	Yes
Antibiotics - Oral [BRAND NAME MEDICATION TO BE PROVIDED ONLY IF GENERIC MEDICATION UNAVAILABLE]				
Augmentin (solution/suspension) (pediatric drops) (capsules) (chewable tabs)	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Cipro [Ciprofloxacin]	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Bactrim, Bactrim DS, Septra, Septra DS [Trimethoprim/sulfamethoxazole]	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Keflex [Cephalexin]	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Levaquin [Levofloxacin]	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Erythromycin	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Neomycin	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is required. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Miscellaneous Medication [BRAND NAME MEDICATION TO BE PROVIDED ONLY IF GENERIC MEDICATION UNAVAILABLE]				
Acyclovir – Oral [Zovirax]	MEDICINE	US Script	MEDICINE	Yes
Arinesp – Injectible [Darbepoetin Alfa]	MEDICINE	MD Cost+10%	MEDICINE	Yes
Darvocet – Oral [Propoxyphene / Acetominophen]	MEDICINE	US Script	MEDICINE	Yes
Decadron – Oral [Dexamethasone]	MEDICINE	US Script	MEDICINE	Yes
Duragesic [Fentanyl [25mcg/50 mcg/75 mcg/100 mcg] -transdermal patches]	MEDICINE	US Script	MEDICINE	Yes
Actiq [Fentanyl transmucosal lollipop] [200mcg/400mcg/600mcg/800mcg]	MEDICINE	US Script	MEDICINE	Yes
Fleets Enema [Bisacodyl] Rectal solution	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Neupogen [Filgrastim G-CSF] Injectible	MEDICINE	MD Cost+10%	MEDICINE	Yes
Golytely [Polyethylene glycol] Oral solution	MEDICINE	US Script	MEDICINE	Yes
Klonopin [clonazepam] - Oral	MEDICINE	US Script	MEDICINE	Yes
Lasix [Furosemide] Oral	MEDICINE	US Script	MEDICINE	Yes
Nitrofurantoin [Furadantin, Macrobid, Microdantin] Oral	MEDICINE	US Script	MEDICINE	Limited: During business hours pre-authorization is reqired. After business hours patient can receive enough medication until the next business day when pre-authorization can be obtained.
Flagyl [Metronidazole]	MEDICINE	US Script	MEDICINE	Yes
Miralax [Polyethylene Glycol Powder] Oral	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Nystatin [Mycostatin, Nilstat] Oral	MEDICINE	US Script	MEDICINE	Yes
Phenazopyridine [Pyridium] Oral	MEDICINE	US Script	MEDICINE	No
Phenergan [Promethazine] Oral/Suppository	MEDICINE	US Script	MEDICINE	Yes
K-Dur [Potassium Chloride] Oral	MEDICINE	US Script	MEDICINE	Yes
Epogen or Procrit [Erythropoietin] Injectible	MEDICINE	MD Cost+10%	MEDICINE	Yes
Rocephin [Ceftriaxone sodium] Injectible	MEDICINE	MD Cost+10%	MEDICINE	Yes
Restoril [Temazepam] Oral	MEDICINE	US Script	MEDICINE	Yes
Senokot [Standardized Senna Concentrate] Oral	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Senokot S [Docusate Sodium and Standardized Senna Concentrate]	MEDICINE	US Script	MEDICINE	Limited: Prescription dosage only; Pre-authorization not required
Tigan [Trimethobenzamide HCl] Injection and Suppository	MEDICINE	Suppository-US Script; Injection-MD Cost+10%	MEDICINE	Yes
Zofran [Ondansetron] Oral	MEDICINE	US Script	MEDICINE	Yes
Medical procedures				
EKG with interpretation - outpt hosp billing	93010	12.30	93000 to 93278	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
ECG Rhythm Strip	93040	13.07	93040 to 93042	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Surgical procedures - Professional & Technical				
CT guided biopsy of groin nodule - **Professional**	76360-26	71.25	76360-26	Yes
CT guided biopsy of groin nodule - **Technical**	76360-TC	106.88	76360-TC	Yes
Excision w/needle of nodule	38505	70.74	38500 to 38505	Yes
Direct Vision Internal Urethrotomy	52276	381.24	52276	Yes
Insertion of central venous access under fluoroscopy - **Professional**	75998-26	24.41	75998-26	Yes
Insertion of central venous access under fluoroscopy - **Technical**	75998-TC	36.61	75998-TC	Yes
Insertion of central venous cathether	36561	K-$260.00	36555 to 36571	Yes
Repair of central venous cathether	36575	K-$45.64	36575 to 36576	Yes
Repair of central venous cathether	36576	K-$114.88	36575 to 36576	Yes
Partial Replacement of central venous cathether	36578	K-$147.24	36578	Yes
Complete Replacement of central venous cathether	36582	K-$330.28	36580 to 36585	Yes
Removal of central venous cathether	36596	K-$167.29	36589, 36596	Yes
Reposition of central venous cathether	36597	K-$44.68	36597	Yes
LRP	55866	K-$953.26 O-$190.65	55866	Yes
Outpatient Blood Transfusions [2 units]	36430	221.59	36430	Yes
Pre-Chemo Echocardiogram - **Professional**	93312-26	116.81	93312-26 to 93318-26	Yes
Pre-Chemo Echocardiogram - **Technical**	93312-TC	38.93	93312-TC to 93318-TC	Yes
Pre-op 2D Echocardiogram - **Professional**	93307-26	60.04	93307-26	Yes
Pre-op 2D Echocardiogram - **Technical**	93307-TC	90.06	93307-TC	Yes
Renal angiogram - **Professional**	75722-26	85.47	75722-26 to 75724-26	Yes
Renal angiogram - **Technical**	75722-TC	173.53	75722-TC to 75724-TC	Yes
Placement of catheter into artery	36247	K-$289.65 O-$58.05	36247	Yes
Transcatheter occlusion or embolization	37204	K-$740.50 O-$148.18	37203 to 37209	Yes
Follow-up angiography - **Professional**	75898-26	34.29	75898-26	Yes
Follow-up angiography - **Technical**	75898-TC	69.61	75898-TC	Yes
Retrograde study - **Professional**	74420-26	18.62	74400-26 to 74420-26	Yes
Retrograde study - **Technical**	74420-TC	37.80	74400-TC to 74420-TC	Yes
Stent placement	52282	328.74	52282	Yes
Zometa infusion supplies	1X7700	13.00	1X770	No
	PX7700	13.00	PX7700	No
	1X7702	7.00	1X7702	No
	PX7702	7.00	PX7702	No
Laboratory tests				
CBC	LABS	Quest Laboratory Only	LABS	No
PSA	LABS	Quest Laboratory Only	LABS	No
SMAC	LABS	Quest Laboratory Only	LABS	No
Basic metabolic panel	LABS	Quest Laboratory Only	LABS	No
Electrolyte panel	LABS	Quest Laboratory Only	LABS	No
Other blood lab procedures	LABS	Quest Laboratory Only	LABS	Yes
Hepatic function panel	LABS	Quest Laboratory Only	LABS	No
Comprehensive metabolic panel	LABS	Quest Laboratory Only	LABS	No
Urine/urinalysis	LABS	Quest Laboratory Only	LABS	No
Urine C/S	LABS	Quest Laboratory Only	LABS	No
Protime (PT) - type & cross-match	LABS	Quest Laboratory Only	LABS	No
PTT	LABS	Quest Laboratory Only	LABS	No
Venipuncture	LABS	Quest Laboratory Only	LABS	No
Ultrasensitive PSA	LABS	Quest Laboratory Only	LABS	Yes
Serum testosterone	LABS	Quest Laboratory Only	LABS	Yes
LDH	LABS	Quest Laboratory Only	LABS	Yes
Serum Magnesium	LABS	Quest Laboratory Only	LABS	No
Serum Phosphorous	LABS	Quest Laboratory Only	LABS	No
Free & total testosterone	LABS	Quest Laboratory Only	LABS	Yes
Culture, Bacteria, Other	LABS	Quest Laboratory Only	LABS	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Drug Screen, Qualitate/Multi - **Professional**	80100-26	3.16	80100-26	Yes
Drug Screen, Qualitate/Multi - **Technical**	80100-TC	12.63	80100-TC	Yes
Medical Transportation				
Ambulance	Med Transport	Pre-Existing Contract	Med Transport	Yes
Taxi/Bus	Med Transport	Pre-Existing Contract	Med Transport	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Home Health Care				
Skilled Nursing Visits [up to 40 visits]	Z6900	74.86	Z6900	Yes
Hospice (up to 6 weeks)	Z7100	121.98	Z7100	Yes
Brachy Therapy		**Limited to Individually Approved Providers Only**		
Radiation Oncologist - Professional				
CONSULT				
Consultation Dictated for Complex	99245	102.20	99241 to 99245	Yes
Ultrasound Volume - **Professional**	76872-26	27.06	76872-26	Yes
Ultrasound Volume - **Technical**	76872-TC	40.59	76872-TC	Yes
PRE PLAN				
Complex Treatment Planning - **Professional**	77263-26	84.04	77263-26	Yes
Complex Treatment Planning - **Technical**	77263-TC	126.06	77263-TC	Yes
Ultrasound transrectal volume study - **Professional**	76873-26	47.50	76873-26	Yes
Ultrasound transrectal volume study - **Technical**	76873-TC	60.45	76873-TC	Yes
Complex Simulation - **Professional**	77290-26	62.36	77280-26 to 77299-26	Yes
Complex Simulation - **Technical**	77290-TC	93.53	77280-TC to 77299-TC	Yes
PLANNING				
3D Simulation - **Professional**	77295-26	162.63	77280-26 to 77299-26	Yes
3D Simulation - **Technical**	77295-TC	650.50	77280-TC to 77299-TC	Yes
Basic Physics support - **Professional**	77300-26	50.42	77300-26 to 77399-26	Yes
Basic Physics support - **Technical**	77300-TC	75.64	77300-TC to 77399-TC	Yes
Special Procedure - **Professional**	77470-26	101.46	77470-26	Yes
Special Procedure - **Technical**	77470-TC	152.19	77470-TC	Yes
DAY OF IMPLANT				
Intersititial Implant Complex	77778	1,069.60	77778-26	Yes
Fluoroscopy <1 hour - **Professional**	76000-26	13.98	76000-26	Yes
Fluoroscopy <1 hour - **Technical**	76000-TC	13.98	76000 TC	Yes
Simple Treatment Device (template) - **Professional**	77332-26	21.45	77300-26 to 77399-26	Yes
Simple Treatment Device (template) - **Technical**	77332-TC	32.18	77300-TC to 77399-TC	Yes
Handling and Loading	77790	152.80	77790-26	Yes
Ultrasound Volume Study - **Professional**	76873-26	47.50	76873-26	Yes
Ultrasound Volume Study - **Technical**	76873-TC	60.45	76873-TC	Yes
3D Simulation - **Professional**	77295-26	162.63	77280-26 to 77299-26	Yes
3D Simulation - **Technical**	77295-TC	650.50	77280-TC to 77299-TC	Yes
POST PROCEDURE				
Follow up CT scan - **Professional**	76380-26	46.44	76380-26	Yes
Follow up CT scan - **Technical**	76380-TC	113.69	76380-TC	Yes
Complex Simulation - **Professional**	77290-26	62.36	77280-26 to 77299-26	Yes
Complex simulation - **Technical**	77290-TC	93.53	77280-TC to 77299-TC	Yes
Brachytherapy isodose plan - **Professional**	77328-26	103.25	77300-26 to 77399-26	Yes
Brachytherapy isodose plan - **Technical**	77328-TC	154.87	77300-TC to 77399-TC	Yes
Urologist / Radiation Oncologist - Professional/Technical				
Transperineal placement of needles or catheters	55875	K-$718.22 O-$143.64	55875	Yes
Ultrasound Guidance for interstitial radioelement application - **Professional**	76965-26	102.96	76965-26	Yes
Ultrasound Guidance for interstitial radioelement application - **Technical**	76965-TC	136.48	76965-TC	Yes
Hospital				

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Special medical radiation physics consultation - **Professional**	77370-26	38.08	77300-26 to 77399-26	Yes
Special medical radiation physics consultation - **Technical**	77370-TC	57.11	77300-TC to 77399-TC	Yes
Continuing medical physics consulation; support - **Professional**	77336-26	22.03	77300-26 to 77399-26	Yes
Continuing medical physics consulation; support - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	Yes
Seeds with PD103	C1720	Hospital Cost + 7%	C1720	Yes
Seeds with I125	C1718	Hospital Cost + 7%	C1718	Yes

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Prostate 3-D Radiation Treatment				
Estimate: 8 Weeks of Radiation Treatment - Professional & Technical				
Consultation - Comp	99244	81.40	99241 to 99245	Yes
Treatment Plan - Complex **- Professional**	77263-26	84.04	77261-26 to 77263-26	Yes
Treatment Plan - Complex **- Technical**	77263-TC	126.06	77261-TC to 77263-TC	Yes
Simulation - Complex **- Professional**	77290-26	62.36	77280-26 to 77299-26	Yes
Simulation - Complex **- Technical**	77290-TC	93.53	77280-TC to 77299-TC	Yes
3-D Tumor Reconstruction **- Professional**	77295-26	162.63	77280-26 to 77299-26	No
3-D Tumor Reconstruction - **Technical**	77295-TC	650.50	77280-TC to 77299-TC	Yes
Basic Dosimetry - **Professional**	77300-26	50.42	77300-26 to 77399-26	No
Basic Dosimetry - **Technical**	77300-TC	75.64	77300-TC to 77399-TC	No
Treatment Devices - Complex - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Treatment Devices - Complex - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Weekly Treatment Mgmt.	77427	114.37	77427 to 77499	No
Portfilm - **Professional**	77417-26	22.92	77417-26	No
Portfilm - **Technical**	77417-TC	34.38	77417-TC	No
Continuing Physics (MRP) - **Professional**	77336-26	22.03	77300-26 to 77399-26	No
Continuing Physics (MRP) - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	No
Radiation Treatment Complex	77413	50.62	77401 to 77418	No
Post Prostatectomy with 3-D Treatment Plan - Professional & Technical				
Consultation - Comp	99244	81.40	99241 to 99245	Yes
Treatment Plan - Complex - **Professional**	77263 -26	84.04	77261-26 to 77263-26	Yes
Treatment Plan - Complex - **Technical**	77263 -TC	126.06	77261-TC to 77263-TC	Yes
Simulation - Complex **- Professional**	77290-26	62.36	77280-26 to 77299-26	Yes
Simulation - Complex - **Technical**	77290-TC	93.53	77280-TC to 77299-TC	Yes
3-D Tumor Reconstruction **- Professional**	77295-26	162.63	77280-26 to 77299-26	No
3-D Tumor Reconstruction - **Technical**	77295-TC	650.50	77280-TC to 77299-TC	Yes
Basic Dosimetry - **Professional**	77300-26	50.42	77300-26 to 77399-26	No
Basic Dosimetry - **Technical**	77300-TC	75.64	77300-TC to 77399-TC	No
Treatment Devices - Complex - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Treatment Devices - Complex - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Weekly Treatment Mgmt.	77427	114.37	77427 to 77499	No
Portfilm - **Professional**	77417-26	22.92	77401-26 to 77418-26	No
Portfilm - **Technical**	77417-TC	34.38	77401-TC to 77418-TC	No
Continuing Physics (MRP) - **Professional**	77336-26	22.03	77300-26 to 77399-26	No
Continuing Physics (MRP) - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	No
Radiation Treatment Complex	77413	50.62	77401 to 77418	No
Short Course of Palliative Radiation - Professional & Technical				
Consultation - Comp	99244	81.40	99241 to 99245	Yes
Treatment Plan - Simple - **Professional**	77261-26	53.94	77261-26	Yes
Treatment Plan - Simple - **Technical**	77261-TC	80.91	77261-TC	Yes
Simulation - Simple - **Professional**	77280-26	32.06	77280-26 to 77290-26	Yes
Simulation - Simple **- Technical**	77280-TC	48.08	77280-TC to 77290-TC	Yes
Basic Dosimetry - **Professional**	77300-26	50.42	77300-26 to 77399-26	No
Basic Dosimetry **- Technical**	77300-TC	75.64	77300-TC to 77399-TC	No
Isodose Planning - **Professional**	77305-26	32.46	77300-26 to 77399-26	No
Isodose Planning - **Technical**	77305-TC	48.68	77300-TC to 77399-TC	No
Treatment Devices - Complex - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Treatment Devices - Complex - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Weekly Treatment Mgmt.	77427	114.37	77427	No
Portfilm - **Professional**	77417-26	22.92	77417-26	No
Portfilm - **Technical**	77417-TC	34.38	77417-TC	No
Continuing Physics (MRP) - **Professional**	77336-26	22.03	77300-26 to 77399-26	No

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Continuing Physics (MRP) - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	No
Radiation Treatment Complex	77413	50.62	77401 to 77418	No

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
Complex Course of Palliative Radiation Treatment - Professional & Technical				
Consultation - Comp	99244	81.40	99241 to 99245	Yes
Treatment Plan - Intermediate - **Professional**	77262-26	58.37	77261-26 to 77263-26	Yes
Treatment Plan - Intermediate - **Technical**	77262-TC	87.55	77261-TC to 77263-TC	Yes
Simulation - Intermediate **- Professional**	77285-26	50.81	77280-26 to 77299-26	Yes
Simulation - Intermediate **- Technical**	77285-TC	76.21	77280-TC to 77299-TC	Yes
Basic Dosimetry - **Professional**	77300-26	50.42	77300-26 to 77399-26	No
Basic Dosimetry - **Technical**	77300-TC	75.64	77300-TC to 77399-TC	No
Isodose Planning - **Professional**	77305-26	32.46	77300-26 to 77399-26	No
Isodose Planning - **Technical**	77305-TC	48.68	77300-TC to 77399-TC	No
Treatment Devices - Complex - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Treatment Devices - Complex - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Weekly Treatment Mgmt.	77427-26	114.37	77427 to 77499	No
Portfilm - **Professional**	77417-26	22.92	77417-26	No
Portfilm - **Technical**	77417-TC	34.38	77417-TC	No
Continuing Physics (MRP) - **Professional**	77336-26	22.03	77300-26 to 77399-26	No
Continuing Physics (MRP) - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	No
Radiation Treatment Complex	77413	50.62	77401 to 77418	No
IMRT - 8100 cGy with image guided treatment - Professional & Technical				
Consultation - Comp	99244	81.40	99241 to 99245	Yes
Treatment Plan - Complex - **Professional**	77263-26	84.04	77261-26 to 77263-26	Yes
Treatment Plan - Complex - **Technical**	77263-TC	126.06	77261-TC to 77263-TC	Yes
Simulation - Complex **- Professional**	77290-26	62.36	77280-26 to 77299-26	Yes
Simulation - Complex **- Technical**	77290-TC	93.53	77280-TC to 77299-TC	Yes
Weekly Treatment Mgmt. - Complex - **Professional**	77470-26	101.46	77427-26 to 77499-26	No
Weekly Treatment Mgmt. - Complex - **Technical**	77470-TC	152.19	77427-TC to 77499-TC	No
Immobolization Treatment Device - One Time - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Immobolization Treatment Device - One Time - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Treatment Devices - Complex - **Professional**	77334-26	51.92	77300-26 to 77399-26	No
Treatment Devices - Complex - **Technical**	77334-TC	77.88	77300-TC to 77399-TC	No
Design MLC Device for IMRT - **Professional**	77338-26	342.09	77338-26	Yes
Design MLC Device for IMRT - **Technical**	77338-TC	85.52	77338-TC	Yes
Basic Dosimetry - **Professional**	77300-26	50.42	77300-26 to 77399-26	No
Basic Dosimetry - **Technical**	77300-TC	75.64	77300-TC to 77399-TC	No
Intensity Modulated Treatment delivery - **Professional**	77418-26	209.50	77401-26 to 77418-26	No
Intensity Modulated Treatment delivery - **Technical**	77418-TC	314.26	77401-TC to 77418-TC	No
Ultrasound Guidance Placement of RT Fields - **Professional**	76950-26	23.03	76930-26 to 76965-26	No
Ultrasound Guidance Placement of RT Fields - **Technical**	76950-TC	34.54	76930-TC to 76965-TC	No
Intensity Modulated Dosimetry - **Professional**	77301-26	494.87	77300-26 to 77399-26	No
Intensity Modulated Dosimetry - **Technical**	77301-TC	742.31	77300-TC to 77399-TC	No
Continuing Physics (MRP) - **Professional**	77336-26	22.03	77300-26 to 77399-26	No
Continuing Physics (MRP) - **Technical**	77336-TC	33.05	77300-TC to 77399-TC	No
Weekly Treatment Mgmt.	77427	114.37	77427-26 to 77499-26	No
Special Physicis Consultation - **Professional**	77370-26	38.08	77300-26 to 77399-26	No
Special Physicis Consultation - **Technical**	77370-TC	57.11	77300-TC to 77399-TC	No
Therapeutic Radiology Port Film - **Professional**	77417-26	22.92	77401-26 to 77418-26	No
Therapeutic Radiology Port Film - **Technical**	77417-TC	34.38	77401-TC to 77418-TC	No

Description of Items	CPT code	Allowable Reimbursement Rate	CPT CODE Range for this service	Requires Pre-Authorization
General Radiation Oncology Services - Professional & Technical				
B-mode acquisition and targeting (BAT) - Prostate Localization for RT - **Professional**	76950-26	23.03	76930-26 to 76965-26	Yes
B-mode acquisition and targeting (BAT) - Prostate Localization for RT - **Technical**	76950-TC	34.54	76930-TC to 76965-TC	Yes
Gold Seed Codes for IGRT				
Placement of interstitial device(s) for radiation therapy guidance (e.g. fiducial markers				
dosimeter). Prostate (via needle approach). Single or multiple	55876	K- $132.28 O- $26.46	55876	Yes
Echo guided ultrasound for placement of seeds - **Basic Rate**	76942	66.93	76942	Yes
Echo guided ultrasound for placement of seeds - **Professional Rate**	76942-26	26.80	76942-26	Yes
Echo guided ultrasound for placement of seeds - **Technical Rate**	76942-TC	40.16	76942-TC	Yes
Stereoscopic Xray guidance IGRT (Daily)	77421	144.98	77421	Yes
CT scan for therapy guide (Daily)	77014	152.15	77014	Yes
Block, Other Peripheral - **Professional Rate**	64450-26	K - $49.14	76930 to 76999	Yes
Sterile Tray	A4450	25.00	A4450	Yes
Implantable Tissue Marker	A4648	Cost plus 10%	A4648	Yes
Fluoroscopic guidance for needle placement - **Professional**	77002-26	25.27	77002-26	Yes
Fluoroscopic guidance for needle placement - **Technical**	77002-TC	41.24	77002-TC	Yes
CT guidance for needle placement - **Professional**	77012-26	115.85	77012-26	Yes
CT guidance for needle placement - **Technical**	77012-TC	173.79	77012-TC	Yes
Magnetic resonance guidance for needle placement - **Professional**	77021-26	75.75	77021-26	Yes
Magnetic resonance guidance for needle placement - **Technical**	77021-TC	369.81	77021-TC	Yes
Computed tomography guidance for placement of radiation therapy fields - **Professional**	77014-26	30.43	77014-26	Yes
Computed tomography guidance for placement of radiation therapy fields - **Technical**	77014-TC	121.72	77014-TC	Yes
LRP				
Laparo Radical Prostatectomy	55866	K - $953.26 O - $190.65	55866	Yes
Laparaoscopy Lymphadenectomy	38571	K - $481.76 O - $ 96.43	38571	Yes
Laparo Radical Prostatectomy w/cc (Major Male Pelvic Procedures w CC/MCC)	MS DRG #707/DRG#334	Hospital to Provide Documentation	Medicare DRG	Yes
Laparo Radical Prostatectomy w/o cc (Major Male Pelvic Procedures w/o CC/MCC)	MS DRG #708/DRG#335	Hospital to Provide Documentation	Medicare DRG	Yes

CPT Code	Procedure Code-Professional	Allowable Reimbursement Rate
71100-71111	71100	9.42
	71101	14.12
	71110	12.61
	71111	17.90
72040-72052	72040	8.57
	72050	14.28
	72052	18.21
72070-72074	72070	9.99
	72072	11.36
	72074	13.30
72100-72120	72100	10.90
	72110	16.39
	72114	20.17
	72120	11.42
72170-72190,73540	72170	7.57
	72190	11.04
72200-72202,73542	72200	7.57
	72202	10.70
73020-73030,73050	73020	5.71
	73030	8.57
	73050	9.99
73100-73110	73100	5.88
	73110	8.55
73500-73520,73540	73500	7.57
	73510	9.88
	73540	9.69
	73540	9.69
	73542	17.98
73560-73564,73580	73560	6.66
	73562	8.18
	73564	9.14
	73580	23.53

CPT Code	Procedure Code-Technical	Allowable Reimbursement Rate
70100-70110-TC	70100	16.82
	70110	25.59
70250-70260-TC	70250	17.41
	70260	30.71
71100-71111-TC	71100	19.12
	71101	28.66
	71110	25.59
	71111	36.34
71120-71130-TC	71120	17.41
	71130	17.41
72020,72090-TC	72020	11.59
72040-75052-TC	72040	17.41
	72050	29.00