

Medicare Rates and CPT Codes

Listed below are allowable procedures and the corresponding CPT codes for use in the Cancer Prevention and Early Detection (CPED) CQI Follow-up Colonoscopy Sub-Strategy. These rates are based on information found on the Centers for Medicare and Medicaid website, <https://www.cms.gov/medicare/physician-fee-schedule/search/overview>.

Reimbursable Services and Procedures for January 1, 2022 - December 31, 2022

Colonoscopy CPT® codes		2022 Colorado Rates		
CPT® Code	Descriptor	Non-Facility	Prof [26]	Tech [TC]
45378	Diagnostic Colonoscopy; flexible, diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$364.86		
45380**	with biopsy, single or multiple	\$472.26		
45381	with directed submucosal injection(s), any substance	\$482.04		
45384	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	\$530.11		
45385**	with removal of tumor(s), polyp(s), or other lesions by snare technique	\$488.59		
88305	Pathology (max of 8)	\$73.98 (\$591.84)	\$37.84	\$36.14
99153	Moderate sedation, additional time	\$11.40		
G0500	Conscious sedation (Medicare only)	\$60.16		
00812	Anesthesia for screening colonoscopy = 3 base units	\$21.43/unit (\$64.29/3 units)		

** may be billed together if polyp removal is performed on different areas of the colon.