

## Sage Program Reimbursement Rates

(Effective Jan 1, 2019 through Dec 31, 2019)

Code	Description of Service	Allowable Rates
<b>New Patient</b>		
99201	History, exam, straight forward decision-making; 10 minutes	\$45.64
99202	Expanded history; exam, straightforward decision-making; 20 minutes	\$49.86
99203	Detailed history, exam, straightforward decision-making; 30 minutes	\$74.50
<b>Established Patient</b>		
99211	Evaluation and management; 5 minutes	\$9.17
99212	Evaluation and management, problem focused history, problem focused examination straightforward medical decision-making; 10 minutes.	\$25.11
99213	Expanded history and exam straight forward decision-making; 15 minutes	\$50.45
99214	Established Patient, detailed exam (25 minutes)	\$77.95
G0101	Pelvic exam with breastexam	\$27.07
99385 - 99387	Will be reimbursed at or below the 99203 rate	
99395 - 99397	Will be reimbursed at or below the 99213 rate	
<b>Cervical Screening</b>		
88150, 88164, P3000	Conventional Screening Pap	\$14.99
88142, G0123	Liquid-based, thin layer prep Screening Pap	\$22.51
88143	Liquid-based, thin layer prep Screening Pap, manual screening and rescreening under physician supervision.	\$22.51
88174, G0144	Liquid-based, thin layer prep Screening Pap, screening by automated system.	\$25.37
88175, G0145	Liquid-based, thin layer prep Screening Pap, screening by automated system and manual rescreening.	\$29.44
<b>Pap Smear/Pathology with Additional Interpretation</b>		
88141, G0124	Cytopathology, cervical / vaginal; requiring physician interpretation	\$32.16
P3001	Screening Pap Smear, requiring interpretation by physician	\$32.82
<b>HPV Test</b>		
87624	Human Papillomavirus (HPV) Test – high-risk types	\$38.99
87625	Human Papillomavirus (HPV) Test – types 16 & 18 only	\$40.55
<b>Colposcopy</b>		
57452	Colposcopy - Without Cervical Biopsy	\$89.95
57454	Colposcopy - With Cervical Biopsy(s) and Endocervical Curettage	\$131.58
57455	Colposcopy - With Cervical Biopsy(s)	\$107.04
57456	Colposcopy - With Endocervical Curettage	\$99.55
<b>Endometrial Biopsy</b>		
58100	Endometrial Biopsy	\$69.25

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Code	Description of Service	Allowable Rates		
		Global	TC	26
58110	Endometrial Biopsy performed in conjunction with Colposcopy	\$39.99		
<b>Pathology &amp; Cytology</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
88305	Surgical Cervical Pathology, Global	\$70.05	\$30.74	\$39.31
88172	Evaluation of Fine Needle Aspirate	\$57.32	\$19.81	\$37.58
88173	Interpretation and Report	\$155.68	\$82.24	\$73.44
<b>Mammography</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
77067	Screening Mammogram w/CAD Bilateral	\$138.44	\$100.33	\$38.11
77066	Diagnostic Mammogram w/CAD Bilateral	\$171.76	\$121.46	\$50.30
77065	Diagnostics Mammogram w/CAD Unilateral	\$135.64	\$94.86	\$40.77
<b>Tomosynthesis/ 3D Mammogram</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
77063	Screening digital breast Tomosynthesis	\$55.54	\$25.50	\$30.03
G0279	Diagnostic digital breast, Tomosynthesis	\$55.54	\$25.50	\$30.03
<b>Breast Ultrasound</b>		<b>Global</b>	<b>TC</b>	<b>26</b>
76641	Ultrasound breast complete, Unilateral	\$105.58	\$71.91	\$36.67
76642	Ultrasound breast limited, Unilateral	\$88.56	\$54.52	\$34.14

**\* Outpatient Breast Diagnostic Procedures** (special arrangements must be made with SAGE prior to offering these services) Itemized charges for each procedure code: Patient Breast Diagnostic Procedures (must receive prior authorization for each procedure). Please call for instructions.

The Sage Program's rates are based on CMS fee schedule and subject to adjustment whenever CMS does the same.

TC: Technical Component

26: Professional Component

## Sage Scopes Program Reimbursement Rates

(Effective Jan 1, 2019 through Dec 31, 2019)

Code	Description of Service	Allowable Rates		
<b>Visits</b>				
99201	History, exam, straight forward decision-making; 10 minutes	\$45.64		
99202	Expanded history; exam, straightforward decision-making; 20 minutes	\$49.86		
99203	Detailed history, exam, straightforward decision-making; 30 minutes	\$74.50		
99211	Evaluation and management; 5 minutes	\$9.17		
99212	Evaluation and management, problem-focused history; 10 minutes.	\$25.11		
99213	Expanded history and exam straight forward decision-making; 15 minutes	\$50.45		
99386 - 99387	Will be reimbursed at or below the 99203 rate			
99396 - 99397	Will be reimbursed at or below the 99213 rate			
<b>Moderate Sedation</b>		<b>PFS</b>	<b>OPPS</b>	<b>ASC</b>
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older	\$5.32	Bundled	Bundled
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic services that the sedation supports; initial 15 minutes	\$12.19	Bundled	Bundled
+ 99153	each additional 15 minutes – listed separately, in addition to the primary code	\$10.70	Bundled	Bundled
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older.	\$77.45	Bundled	Bundled
+ 99157	each additional 15 minutes – listed separately, in addition to the primary code	\$63.48	Bundled	Bundled
<b>Prep Kit</b>		<b>PFS</b>	<b>OPPS</b>	<b>ASC</b>
99070	Supplies and materials provided by the physician	\$28.99	\$28.99	\$28.99
<b>Colorectal Cancer Screening and Diagnostics Procedures</b>				
G0121	Screening colonoscopy on average risk individual	\$185.06	\$744.89	\$364.69
45378	Colonoscopy, flexible; diagnostic including collection of specimens(s) by brushing or washing, when performed.	\$185.06	\$744.89	\$364.69
45380	Colonoscopy, flexible; with biopsy, single or multiple.	\$201.47	\$979.79	\$479.70
45381	Colonoscopy, flexible; with directed submucosal injection(s) any substance.	\$201.47	\$979.79	\$479.70
45382	Colonoscopy, flexible; with control of bleeding, any method.	260.30	\$979.79	\$479.70
45384	Colonoscopy, flexible; with removal of tumors, polyps(s) or other lesions(s) by hot biopsy forceps.	\$227.27	\$979.79	\$147.81
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$255.37	\$979.79	\$479.70
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (included pre- and post-dilation and guide wire passage when performed)	\$270.73	\$979.79	\$479.70
45390	Colonoscopy, flexible, with endoscopic mucosal resection.	\$322.30	\$979.79	\$364.69
G0105	Will be reimbursed at or below the G0121 rate.			
<b>Fecal test</b>				
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening	\$4.38	\$4.38	\$4.38
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations (Fecal Immunochemical Test)	\$17.67	\$17.67	\$17.67
<b>Pathology</b>		<b>Global</b>	<b>Tech.</b>	<b>Prof.</b>
88300	Surgical Pathology, gross examination only (surgical specimen)	\$33.58	\$12.14	\$4.46
88302	Surgical Pathology, gross and microscopic examination (review level II)	\$31.50	\$23.82	\$7.34
88304	Surgical pathology, gross and microscopic examination (review level III)	\$40.98	\$29.28	\$11.70

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Code	Description of Service	Allowable Rates		
88305	Surgical pathology, gross and microscopic examination, colon, colorectal polyp biopsy (review level IV)	\$70.05	\$30.74	\$39.31
88307	Surgical Pathology, gross and microscopic examination (review level III)	\$274.51	\$188.27	\$26.24
88309	Surgical pathology, gross and microscopic examination, colon, segmental resection for tumor or total resection (review level VI)	\$416.65	\$264.18	\$152.47
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$108.69	\$71.91	\$36.78
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$95.01	\$65.22	\$29.79
<b>Anesthesiology</b>		<b>Formula</b>		
00811	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum; not otherwise specified. <b>Base (B): 4 units</b>	[B+(Times/15min)] *\$21.44* X%		
00812	Anesthesia for lower intestinal endoscopy procedures, endoscope introduced distal to duodenum; screening colonoscopy. <b>Base (B): 3 units</b>			
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified. <b>Base (B): 6 units</b>			
<b>Electrocardiogram</b>		<b>Rate</b>		
93000	Routine ECG with at least 12 leads; with interpretation and report	\$16.95		
93005	Routine ECG with at least 12 leads; tracing only, without interpretation and report	\$8.51		
93010	Routine ECG with at least 12 leads; tracing only interpretation and report	\$8.44		
93040	Rhythm ECG, one to three leads; with interpretation and report	\$12.59		
93041	Rhythm ECG, one to three leads; tracing only without interpretation and report	\$5.11		
93042	Rhythm ECG, one to leads; interpretation and report only	\$6.99		
<b>Lab Work</b>				
80048	Basic metabolic panel (calcium, total). This panel must include the following: calcium, total (82310), carbon dioxide (82374), creatinine (82565), glucose (82947), potassium (84132) and sodium (84295)	\$9.40		
80053	Comprehensive metabolic panel. This panel must include the following: albumin (82040), bilirubin total (82247), calcium (82310), carbon dioxide bicarbonate (82374), chloride (82435), creatinine (82565), glucose (82947), phosphatase alkaline (84075), potassium (84132), total protein (84155), sodium (84295), transferase alanine amino (84460), transferase aspartate amino (84450), and urea nitrogen (84520)	\$11.74		
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$8.63		
85027	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$7.18		
85610	Prothrombin time	\$4.37		
85730	Thromboplastin time, partial (PTT); plasma, or whole blood	\$6.67		

\* Sage Scopes rates are based on CMS rates and subject to adjustment whenever CMS does the same

### Anesthesia (x) percentages by Modifier:

AA	Anesthesia personally provided by a physician	100%
QZ	Anesthesia personally provided by CRNA	100%
AD	Anesthesia supervised by a physician	100%
QY	Medical direction of Anesthesia services by a physician	50%
QK	Medical direction of multiple Anesthesia services by a physician	50%
QX	Anesthesia services provided by a CRNA under medical direction by a physician	50%