

Oral Cancer	Procedure	CPT Code	Reimbursement Rate*						Medicaid^ All Maryland
			Region 99		Medicare@		DC Metro		
			In-Facility	Not In-Facility	In-Facility	Not In-Facility	In-Facility	Not In-Facility	
	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth without repair	40810	\$116.66	\$181.16	\$123.41	\$192.83	\$135.33	\$215.33	\$136.27
	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with simple repair	40812	\$180.18	\$253.88	\$190.14	\$269.47	\$207.17	\$298.59	\$191.82
	Excision of lesion of mucosa & sub-mucosa, vesibule of mouth with complex repair	40814	\$278.72	\$342.50	\$294.43	\$363.09	\$321.45	\$400.57	\$265.56
	Biopsy of Tongue, anterior 2/3	41100	\$101.81	\$151.77	\$107.30	\$161.08	\$116.50	\$178.48	\$120.76
	Biopsy of Tongue, posterior 1/3	41105	\$104.27	\$153.17	\$109.90	\$162.53	\$119.21	\$179.86	\$117.40
	Biopsy of Floor of Mouth	41108	\$83.71	\$131.55	\$88.33	\$139.82	\$96.27	\$155.60	\$99.00
	Excision of lesion of tongue, without closure	41110	\$122.03	\$189.00	\$128.82	\$200.91	\$140.63	\$223.69	\$142.31
	Excision of lesion of tongue, with closure, anterior 2/3	41112	\$231.29	\$297.55	\$244.35	\$315.67	\$267.42	\$349.61	\$227.68
	Excision of lesion or tumor, dentoalveolar structures without repair	41825	\$115.98	\$185.08	\$122.57	\$196.94	\$134.15	\$219.85	\$140.12
	Excision of lesion or tumor, dentoalveolar structures with simple repair	41826	\$188.70	\$262.76	\$199.23	\$278.94	\$217.47	\$309.33	\$180.96
	Biopsy of palate or uvula	42100	\$101.47	\$135.13	\$107.00	\$143.24	\$116.50	\$158.26	\$107.07
	Excision of lesion of palate or uvula, without closure	42104	\$127.71	\$189.02	\$134.72	\$200.71	\$146.79	\$222.82	\$138.47

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Examinations									
	Periodic Oral Examination	D0120	BR*	BR*	BR*	BR*	BR*	BR*	\$29.08
	X-Ray Panoramic Maxilla/Mandible film	D0330							\$42.00
	Limited oral evaluation - problem focused	D0140							\$43.20
Tumors/Cysts/Neoplasms									
	Excision benign tumor up to 1.25 CM	D7410							\$84.00
	Excision benign tumor over 1.25 CM	D7411							not on list
	Excision malignant tumor up to 1.25 CM	D7440							\$108.00
	Excision malignant tumor over 1.25 CM	D7441							B.R. + not on list
Removal Cysts/Neoplasms									
	Remove odontogenic cyst or tumor up to 1.25 CM	D7450							\$97.00
	Remove odontogenic cyst or tumor over 1.25 CM	D7451							\$125.00
	Remove nonodontogenic cyst or tumor up to 1.25 CM	D7460							\$95.00
	Remove nonodontogenic cyst or tumor over 1.25 CM	D7461							\$125.00
	Destruction lesion(s) physical/chemical methods	D7465							B.R. + not on list

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			Region 99					All
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Other Procedures								
Comprehensive Oral Evaluation	D0150						\$51.50	
Detailed & extensive oral evaluation - problem focused, by report	D0160						\$43.20	
Biopsy Oral Tissue Hard including lab report	D7285						\$85.00	
Biopsy Oral Tissue Soft including lab report	D7286						\$231.00	
Anesthesia								
Regional Block	D9211						NCSP ++	
Local Anesthesia	D9215						NCSP ++	
General Anesthesia (first 30 minutes)	D9220						\$134.00	
General Anesthesia (additional 15 minutes)	D9221						\$74.00	
Intravenous (conscious) sedation, first 30 minutes	D9241						\$76.00	
Intravenous (conscious) sedation, each additional 15 minutes	D9242						\$70.00	

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Computerized axial tomography, maxillofacial area; without contrast material	70450	\$189.75	189.75	\$202.73	202.73	\$229.56	229.56	\$179.18	
-26 Modifier	70450-26	\$42.73	\$42.73	\$44.43	\$44.43	\$47.23	\$47.23	\$31.28	
-TC Modifier	70450-TC	\$147.02	\$147.02	\$158.30	\$158.30	\$182.33	\$182.33		
Computerized axial tomography, soft tissue neck; without contrast material	70486	\$248.34	\$248.34	\$265.19	\$265.19	\$300.29	\$300.29	\$192.98	
-26 Modifier	70486-26	\$56.68	\$56.68	\$58.84	\$58.84	\$62.58	\$62.58	\$41.41	
-TC Modifier	70486-TC	\$191.66	\$191.66	\$206.36	\$206.36	\$237.71	\$237.71	\$151.57	
Computerized axial tomography, soft tissue neck; without contrast material(s)	70490	\$245.89	\$245.89	\$262.30	\$262.30	\$296.28	\$296.28	\$198.48	
-26 Modifier	70490-26	\$64.14	\$64.14	\$66.63	\$66.63	\$70.88	\$70.88	\$47.22	
-TC Modifier	70490-TC	\$181.74	\$181.74	\$195.68	\$195.68	\$225.40	\$225.40	\$151.26	
Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)	70540	\$410.65	\$410.65	\$439.56	\$439.56	\$500.15	\$500.15	\$320.69	
	70540-26	\$67.32	\$67.32	\$69.96	\$69.96	\$74.33	\$74.33	\$49.23	
	70540-TC	\$343.33	\$343.33	\$369.60	\$369.60	\$425.82	\$425.82	\$271.46	

Notes:

B.R + "By Report" means the physician sends in a report with their claim. It is reviewed by Medical Assistance who then assigns a reimbursement rate for the procedure. For 80502, the reimbursement amount is \$47.49 and for 88309: \$233.64, 88309-26: \$99.90, 88309-TC: \$133.74.

NCSP ++ Not covered as a separate procedure