Voucher Expires ___**05/17/2024**_____ **Date Issued:** _____

COLORECTAL EXAM VOUCHER
MONTGOMERY COUNTY CANCER PREVENTION & TOBACCO PROGRAM
(240) 777-1750 • (240) 777-4819 (fax)

Make an appointment for your free Sigmoidoscopy or Colonoscopy Exam with a participating doctor. Sign below and take this voucher with you to give to the doctor. (*Firme este formulario, y llévelo con usted a la cita con el médico.*)

I authorize my medical providers and county and state cancer screening programs to release information regarding my medical records related to services provided by this program. (*Yo autorizo a los médicos de este programa, del condado y el estado a proporcionar cualquier tipo de información medica relacionada con los servicios brindados.)*

If I need follow-up, I agree to allow Cancer Program staff to assist in arranging appointments, transportation or other services to assure that I receive necessary health care in a timely manner. **(***Si necesito hacerme un examen complementario, autorizo al personal del Programa de Cáncer en asistirme y hacer las citas u otros servicios para asegurar que yo reciba el cuidado necesario de la salud.)*

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Patient's Signature (Su Firma) **CDB/Referral #** Date (Fecha)

TO THE DOCTOR OR NURSE PRACTITIONER
This patient is eligible to receive sigmoidoscopy or colonoscopy, or other exams, as noted, at no cost.

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____

The following services were provided on (DATE):_____

Doctor Signature: _____

Doctor's Printed Name: _____

Office Fees	Procedure Fees	Facility Fees
CPT	**CPT**	**CPT**
❑ 99202…….. $83.52	❑ 45378…… $205.76	❑ G0105, G0121, 45331, 45333,45335, 45378……**$423.57**
❑ 99203…….. $128.52	❑ 45380…… $223.50	
❑ 99212…….. $65.40	❑ 45384…… $253.77	
❑ 99213…….. $103.35	❑ 45385…… $282.33	
❑ 99214…….. $145.72	❑ 88305……... $83.21	❑ 45332, 45334, 45379, 45380, 45381, 45382, 45384, 45385, 45388…..…… **$551.93**
❑ 99215…….. $203.57	❑ U0002…… $51.31	
	❑ U0003…… $75.00	
	❑ U0004…… $75.00	
	❑ U0005……... $25.00	❑ 45390…..…… **$1,208.73**
	❑ 87426…… $35.33	❑ G0104,45330…..... **$150.16**
	❑ 87635……... $51.31	

ENCLOSE REPORTS OF EXAM, PROCEDURE, AND BIOPSY AND RETURN TO: CANCER CRUSADE,

C/O T'Kia Pearson, 1401 Rockville Pike, Suite 4100 – 4th Floor Rockville, MD 20852

PATIENTS WITH INSURANCE ARE NOT ELIGIBLE FOR REIMBURSEMENT UNDER THIS STATE PROGRAM.

Effective 07/01/2023

MONTGOMERY COUNTY CANCER PREVENTION & TOBACCO PROGRAM
REIBURSEMENTS RATES*

Office Visit Codes

CODE	DESCRIPTION
99201	**New Patient :** Problem focused history & examination with straightforward medical decision for a new patient (or not seen in last 3 years) approximately 10 minutes.
99202	**New Patient:** Expanded problem focused history & examination with straightforward medical decision approximately 20 minutes.
99203	**New Patient:** Detailed history & examination requiring low complexity medical decision approximately 30 minutes.
99212	**Established Patient:** Problem focused history and examination with straightforward medical decision.
99213	**Established Patient:** Expanded problem focused history & examination with low complexity medical decision.
99214	**Established Patient:** Detailed history & examination requiring moderately complex medical decision.

Procedure and Facility Codes

45378	**Colonoscopy, flexible:** proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression.
45380	**Colonoscopy, flexible:** proximal to splenic flexure; with biopsy, single or multiple.
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
45385	**Colonoscopy, flexible:** proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.

COVID-19 Testing Codes

U0001	Only used for tests developed by CDC
U0002	Labs performing non-CDC lab test for SARS-CoV-2/2019-nCoV
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (Covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC

*** Note: Rates are specific to the Montgomery County Cancer Prevention & Tobacco Program. The Maryland State cancer program specifies that no reimbursement for *screening* may be greater than that paid by Medicare for the same service. Payment for *treatment* services beyond the initial colonoscopy are reimbursed at the Medicaid rate.**