

Maryland Cancer Fund Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: _____

Patient Name: _____ Date of Birth: _____

Diagnosis: Prostate Cancer Date of Diagnosis: 6/2/08

Comments: Treatment to be started in September 2008

Treatment Plan for (date) 9/08 to (date) 10/08 Primary Treating Physician's Name: _____

Procedure and frequency of Treatment	Date Anticipated	CPT Codes Anticipated (if applicable)	Estimated Costs	Basis for costs (Medicaid or HSCRC-regulated rate for each procedure; OR MHIP rates)
Treatment Planning III	9/08	77263 PC	\$138.46	MA
Outpatient Intermediate		99244 PC	\$148.88	MA
Outpatient Complex		99245 PC	\$180.39	MA
Sim-Aided field settings, Simple Sim x 3		77280	\$128.95 x 3 = \$386.85	HSCRC
Complex Sim x 2		77290	\$257.90 x 2 = \$515.80	HSCRC
IMRT Daily Treatment x 45		77418	\$214.94 x 45 = \$9672.30	HSCRC
Weekly Management x 9		77247 PC	\$142.32 x 9 = \$1280.88	MA
Spec. Physics Consult		77370	\$128.95	HSCRC
IMRT x 3		77301	\$1031.65 x 3 = \$3094.95	HSCRC
Basic Calculations x 21		77300	\$21.52 x 21 = \$451.92	HSCRC
Complex Treatment Device x 21		77334	\$193.45 x 21 = \$4062.45	HSCRC
IGRT x 45		77421	\$76.92 x 45 = \$3461.40	HSCRC

Sub Total for Treatment			\$23,523.23	
Indirect costs (Maximum of 7% of total for Local Health Departments, 10% for non-LHD applicants)			\$1400	
Total Requested (Treatment + Indirect)			\$21,400	