

### Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

Note: Take Charge reimbursement rates are effective January 1 to June 29, 2025

| Code                 | Description                                                                                                                                                                                                                           | Allowable Charges |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 99203                | New Take Charge! patient; detailed history, exam, straightforward decision-making (30 min.) (Full exam, CBE and pelvic/Pap)                                                                                                           | \$ 102.36         |
| 99204                | New patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>                                                                                       | \$ 154.11         |
| 99205                | New patient; comprehensive history, exam, high complexity decision-making; 60 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>                                                                                                  | \$ 203.72         |
| 99213                | Established Take Charge patient; expanded history, exam, straightforward decision-making (15 min.)                                                                                                                                    | \$ 83.59          |
| 99214                | Established patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes (Full exam, CBE and pelvic/Pap) May also be used by <b>Screening Provider or Breast or Cervical Diagnostics Provider</b>           | \$ 117.93         |
| 99385                | Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>18 to 39 years of age</b>     | \$ 102.36         |
| 99386                | Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>40 to 64 years of age</b>     | \$ 102.36         |
| 99387                | Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>65 years of age or older</b>  | \$ 102.36         |
| 99395                | Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>18 to 39 years of age</b>    | \$ 83.59          |
| 99396                | Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>40 to 64 years of age</b>    | \$ 83.59          |
| 99397                | Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>65 years of age or older</b> | \$ 83.59          |
| Medical Consultation | 2 hours of medical consultation services per month<br><b>(Breast/Cervical Cancer Clinical Services Advisory Team Only)</b>                                                                                                            | \$ 100.00         |
| Form Completion      | This will be paid to each contractor when procedures are entered, documents are uploaded, claims are complete <i>and/or</i> Breast and Cervical Final Diagnosis and Treatment is complete.                                            | \$ 15.00          |
| Travel               | Transportation Fee to receive services (Per Mile)                                                                                                                                                                                     | \$ 0.700          |

~Reimbursement rates are associated with Medicare Part B Rates.

Cervical Dysplasia Services-FY2025

Revision 1/22/2025

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#### Cervical Screening and Diagnostics (Global Rates)

(The charges reflect technical component and 26 modifiers.)

| Code              | Description                                                                                                                            | Allowable Charges |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Diagnostic</b> |                                                                                                                                        |                   |
| 57452             | Colposcopy of the cervix                                                                                                               | \$ 114.20         |
| 57454             | Colposcopy of the cervix, with biopsy and endocervical curettage                                                                       | \$ 153.35         |
| 57455             | Colposcopy of the cervix, with biopsy                                                                                                  | \$ 146.23         |
| 57456             | Colposcopy of the cervix, with endocervical curettage                                                                                  | \$ 136.93         |
| 57460             | Colposcopy with loop electrode biopsy(s) of the cervix                                                                                 | \$ 275.05         |
| 57461             | Colposcopy with loop electrode conization of the cervix                                                                                | \$ 308.64         |
| 57500             | Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)                     | \$ 134.00         |
| 57505             | Endocervical curettage (not done as part of a dilation and curettage)                                                                  | \$ 135.98         |
| 57520             | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | \$ 318.83         |

#### Cervical Screening and Diagnostics (Global Rates)

(The charges reflect technical component and 26 modifiers.)

| Code  | Description                                                                                                                                                            | Allowable Charges |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 57522 | Loop electrode excision procedure                                                                                                                                      | \$ 273.67         |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)                               | \$ 90.51          |
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)                                     | \$ 45.62          |
| 88305 | Surgical pathology, gross and microscopic examination                                                                                                                  | \$ 64.56          |
| 88307 | Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins                                                            | \$ 253.29         |
| 88332 | Pathology consultation during surgery, each additional tissue block, with frozen section(s)                                                                            | \$ 49.30          |
| 88331 | Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen                                                                     | \$ 91.16          |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | \$ 85.24          |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure                                                                     | \$ 99.54          |
| 81025 | Urine pregnancy test (Dysplasia services only)                                                                                                                         | \$ 8.61           |

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#### Anesthesia

| Code  | Description                                                                                                           | Allowable Charges |
|-------|-----------------------------------------------------------------------------------------------------------------------|-------------------|
| 00400 | Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified                        | \$ 19.63          |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified | \$ 19.63          |
| 99156 | Moderate anesthesia, 10-22 minutes for individuals 5 years or older                                                   | \$ 68.82          |
| 99157 | Moderate anesthesia for each additional 15 minutes                                                                    | \$ 53.36          |

#### Pathology

| Code  | Description                                                                                           | Allowable Charges |
|-------|-------------------------------------------------------------------------------------------------------|-------------------|
| 87426 | COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique              | \$ 35.33          |
| 87635 | COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitativd | \$ 51.31          |