

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Code	Description	Allowable Charges
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	\$ 51.09
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$ 152.89
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$ 27.11
88305	Surgical pathology, gross and microscopic examination	\$ 64.56
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$ 253.29
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$ 105.84
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$ 103.31
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	\$ 113.95
88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	\$ 153.47
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	\$ 235.96
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$ 93.74
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$ 58.80
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	\$ 238.67
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$ 131.86
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	\$ 115.39
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$ 340.02
88141	Cytopathology, cervical or vaginal, any reporting system, <u>requiring interpretation by physician</u>	\$ 22.51
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$ 20.26

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Laboratory Services-FY2025

Revision 1/22/2025

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Code	Description	Allowable Charges
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$ 23.04
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$ 18.19
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$ 42.22
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$ 25.37
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$ 26.61
87624	Human Papillomavirus, high-risk types (HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.)	\$ 35.09
87625	Human Papillomavirus, types 16 and 18 only (HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.	\$ 40.55
87626	Human Papillomavirus, reported high-risk types separately and pooled (HPV DNA testing is not a reimbursable test for women under 30 years of age and cannot be reimbursed along with 87624 and 87625)	\$ 70.20
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

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