

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

58 - Take Charge Plus.

Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants are paid at 80% of the fee listed for physician services except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations, and EPSDT preventative medical screenings which are reimbursed at 100% of the physician services fee.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

**WHP indicates procedure codes as payable for cancer, injury, or other physiological condition with histopathologic correlation only.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX(Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. BASE UNITS: The base units for anesthesia codes.

COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

Note: Refer to the Non-Emergency Medical Transportation (NEMT) fee schedule at www.lamedicaid.com for covered NEMT to family planning and related appointments.

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58	A4216	STERILE WATER SALINE AND/OR DE	.00	10 99							X	X
58	A4266	DIAGPHRAM FOR CONTRACEPTIVE USE	53.27	10 60			F					X
58	A4267	CONTRACEP SUPPLY/MALE CONDOM, EACH	.06	10 99				X				X
58	A4268	CONTRACEP SUPPLY/FEMALE CONDOM, EACH	.06	10 99				X				X
58	A4269	CONTRACEPTIVE SUPPLY, SPERMACIDE	2.42	10 99				X				X
58	G0123	SCREENING CYTOPATH, CERVICAL OR VAGI	.00	10 60			F					
58	G0141	SCR C/V CYTO,AUTOSYS AND MD	18.94	10 60			F					
58	HR250	PHARMACY, GENERAL CLASSIFICATION	CCR	10 99				X				X
58	HR258	PHARMACY, IV SOLUTIONS	CCR	10 99				X				X
58	HR259	PHARMACY, OTHER PHARMACY	CCR	10 99								X
58	HR260	IV THERAPY	CCR	10 99				X				X
58	HR270	MED/SURG SUPPLY/DEVICE-GEN CLS	CCR	10 99				X				X
58	HR271	TEMPKIT/PROBE COVERS/SERVICE	CCR	10 99				X				X
58	HR272	STERILE SUPPLY	CCR	10 99				X				X
58	HR300	LABORATORY-GEN CLASSIFICATION	CCR	10 99								X
58	HR301	CHEMISTRY	CCR	10 99				X				X
58	HR302	IMMUNOLOGY	CCR	10 99				X				X
58	HR305	HEMATOLOGY	CCR	10 99				X				X
58	HR306	LABORATORY-HEMATOLOGY	CCR	10 99				X				X
58	HR307	LABORATORY-UROLOGY	CCR	10 99				X				X
58	HR309	LABORATORY-OTHER LABORATORY	CCR	10 99				X				X
58	HR310	LAB PATHOLOGICAL/GE CLASSIFICATION	CCR	10 99				X				X
58	HR311	LABORATROY PATHOLOGIC/CYTOLOGY	CCR	10 99				X				X
58	HR312	LAB PATHOLOGIC/HISTOLOGY	CCR	10 99				X				X
58	HR320	RADIOLGY-DIAGNOSTIC GEN CLASS	CCR	10 99				X				X
58	HR324	CHEST X-RAY	CCR	10 99				X				X
58	HR360	OPERATING ROOM SERVICES GN CLA	CCR	10 99				X				X
58	HR402	ULTRASOUND	CCR	10 60			F	X				X
58	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC	10 99				X				X
58	HR510	CLINIC - GENERAL	HCPC	10 99								
58	HR514	OB-GYN CLINIC	HCPC	10 99								X
58	HR517	FAMILY PRACTICE CLINIC	HCPC	10 99								X
58	HR636	DRUGS REQUIRING DETAILED CODING	CCR	10 99				X				X
58	HR760	TREATMENT/OBSERVATION ROOM	CCR	10 99				X				X
58	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR	10 99				X				X
58	HR925	PREGNANCY TEST	CCR	10 60			F	X				X
58	J0171	INJECTION ADRENALIN EPINEPHRINE	.75	10 99								X
58	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	.08	10 99								X
58	J0558	INJECTION PENICILLIN G BENZATHINE A	17.58	10 99								X
58	J0561	INJECTION PENICILLIN G BENZATHINE	21.73	10 99								X
58	J0690	CEFAZOLIN SODIUM INJ 500MG	.76	10 99								X

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
TS CODE	DESCRIPTION											
58 J0694	CEFOXITIN SODIUM, 1GM		5.08	10 99								X
58 J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN		.49	10 99								X
58 J0697	STERILE CEFUROXIME SODIUM 750MG		2.03	10 99								X
58 J0698	CEFOTAXIME SODIUM/PER GM		5.03	10 99								X
58 J1050	INJECTION, MEDROXYPROGESTERONE ACETA		.30	10 60			F					X
58 J1200	DIPHENHYDRAMINE HCL INJ (BENDARY) 50MG		.80	10 99								X
58 J2510	PCN G PROCAINE AQ, UP TO 600,000 U		45.95	10 99								X
58 J2540	PCN G POTASSIUM, UP TO 600,000U		.77	10 99								X
58 J3000	STREPTOMYCIN, UP TO 1GM		32.52	10 99								X
58 J7120	RINGERS INJ, UP TO 1000 CC		2.59	10 99								X
58 J7294	SEG ACET AND ETH ESTR YEARLY	2,305.28	12 60				F		X			
58 J7295	ETH ESTR AND ETON MONTHLY	162.63	12 60				F		X			X
58 J7296	LEVONORGESTREL-RELEASING INTRAUTER	1,156.79	10 60				F					
58 J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	887.36	10 60				F					
58 J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	1,156.79	10 60				F					
58 J7300	INTRAUTERINE COPPER DEVICE	1,085.00	10 60				F		X			
58 J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	963.22	10 60				F		X			
58 J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	1,156.28	10 60				F		X			
58 Q0111	WET MOUNTS, PREPARATIONS OF VAGINAL	4.97	10 60				F					
58 Q0112	POTASSIUM MYDROXIDE PREPARATIONS	4.97	10 99									
58 S4993	CONTRACEP PILLS/BIRTH CONTROL-1 MTH	12.69	10 60				F	X				X
58 T1001	NURSING ASSESSMENT	15.18	10 99					X				
58 00851	ANES; TUBAL LIGATION/TRANSECTION	.00	21 55		X		F	X		6		X
58 00921	ANESTHESIA, VASECTOMY, UNILATERAL/BI	.00	21 99				M			3		X
58 00940	ANESTHESIA, VAGINAL PROC, NOS	.00	10 60				F			3		X
58 00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	.00	10 60				F			4		X
58 10060	DRAINAGE OF SKIN ABSCESS	65.58	10 99									
58 10140	INCISE/DRAIN SIMPLE HEMATOMA	92.18	10 99									
58 11420	EXCISE BENIGN LESION TO 0.5 CM	68.61	10 99									X
58 11421	EXCISE BENIGN LESION 0.6 TO 1 CM	89.54	10 99									X
58 11976	REMOVAL WITHOUT REINSERTION, IMPLANT	92.48	10 60				F					
58 11981	INSERTION, NON-BIODEGRADABLE DRUG DEL	83.08	10 60				F					
58 11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIV	96.07	10 60				F					
58 11983	REMOVAL WITH REINSERTION, NON BIODEGR	149.96	10 60				F					
58 17110	DESTROY FLAT WARTS, ANY METHOD, TO 15	63.45	10 99									
58 17111	DESTRUCT LESION, 15 OR MORE	75.67	10 99									
58 36415	COLLECTION OF VENOUS BLOOD BY VENIPU	2.15	10 99						X			X
58 36416	CAPILLARY BLOOD DRAW	2.53	10 99						X			
58 46900	REMOVAL OF ANAL LESION	130.56	10 99									
58 46910	REMOVAL OF ANAL LESION	135.93	10 99									
58 46916	CRYSOSURGERY-ANAL LESIONS	134.08	10 99									X

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE		DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58 46922		DESTROY ANAL LESION(S)-SURG EXCISION	141.61	10 99								
58 46924		DESTROY ANAL LESIONS,ANY METH,EXTEN.	288.92	10 99								
58 49329		**WHP LAPARO PROC, ABDM/PER/OMENT	.00	10 99	X		F					
58 54050		TREATMENT OF PENIS LESION	80.09	10 99			M					
58 54056		DESTROY PENILE LESION;CRYOSURGERY	83.27	10 99			M					
58 54100		BIOPSY OF PENIS	124.59	10 99			M					
58 55250		VASECTOMY, UNILATERAL OR BILATERAL	292.18	21 99	X		M					
58 56405		INCISION AND DRAINAGE OF VULVA OR PE	69.40	10 60			F					
58 56420		INCISION AND DRAINAGE OF FEMALE GENI	79.00	10 60			F					X
58 56501		DESTROY VULVA LESION(S);SIMPLE	82.41	10 60			F					
58 56605		BIOPSY OF VULVA OR PERINEUM (SEPARAT	53.49	10 60			F					
58 57061		DESTROY VAGINAL LESIONS;SIMPLE	71.52	10 60			F					
58 57150		TREAT VAGINA INFECTION	32.20	10 60			F					X
58 57170		DIAPHRAGM FITTING WITH INSTRUCTIONS	44.93	10 60			F					
58 57452		EXAMINATION OF VAGINA	70.45	10 60			F					
58 57454		VAGINA EXAMINATION & BIOPSY	100.35	10 60			F					
58 57455		BIOPSY OF CERVIX W/SCOPE	92.68	10 60			F					
58 57456		ENDOCERV CURETTAGE W/SCOPE	87.46	10 60			F					
58 57460		COLPOSCOPY (VAGINOSCOPY);	187.13	10 60			F					
58 57461		CONZ OF CERVIX W/SCOPE,LEEP	210.84				F					
58 57505		ENDOCERVICAL CURETTAGE	64.13	10 60			F					
58 57510		CAUTERIZATION OF CERVIX	85.80	10 60			F					
58 57511		CRYOCAUTERY OF CERVIX	92.91	10 60			F					
58 57513		LASER SURGERY	91.77	10 99								
58 57720		REVISION OF CERVIX	196.86	10 60			F					
58 57800		DILATION OF CERVICAL CANAL	38.58	10 60			F					
58 58100		BIOPSY OF UTERUS LINING	70.99	10 60			F					
58 58110		BX DONE W/COLPOSCOPY ADD-ON	31.99	10 60			F					
58 58120		DILATION AND CURETTAGE	160.31	12 99			F					
58 58300		INSERT INTRAUTERINE DEVICE	50.77	10 60			F					
58 58301		REMOVE INTRAUTERINE DEVICE	62.38	10 60			F					
58 58340		INJECT FOR UTERUS/TUBE X-RAY	79.93	10 60	X		F		X			
58 58562		HYSTEROSCOPY, REMOVE FB	223.32		X		F					
58 58565		HYSTEROSCOPY, STERILIZATION	1,207.68	21 55	X		F		X			
58 58600		DIVISION OF FALLOPIAN TUBE	238.25	21 55	X		F					
58 58605		DIVISION OF FALLOPIAN TUBE	216.33	21 55	X		F					
58 58611		LIG/TRANSEC FALLOP TUBE NOT SEP PROC	52.64	21 55	X		F		X			
58 58615		OCCCLUSION OF FALLOPIAN TUBE, DEVICE	163.60	21 55	X		F					
58 58660		LAPAROSCOPY, LYSIS	440.76		X		F					
58 58670		LAPAROSCOPY, TUBAL CAUTERY	239.86	21 55	X		F					
58 58671		LAPAROSCOPY, TUBAL BLOCK	239.87	21 55	X		F					

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE		DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58 62320		INJECTION(S), OF DIAGNOSTIC OR THERA	120.74	10 99								
58 62326		INJECTION(S), INCLUDING INDWELLING C	111.29	10 99								
58 64435		INJECTION FOR NERVE BLOCK	89.13	10 99					X			X
58 71045		RADIOLOGICAL EXAMINATION,CHEST;SINGL	14.02									X
58 71046		RADIOLOGICAL EXAMINATION,CHEST;2 V	21.30									X
58 71047		RADIOLOGICAL EXAMINATION,CHEST;3 V	27.17									X
58 71048		RADIOLOGICAL EXAMINATION,CHEST;4 OR	29.18									
58 72190		X-RAY EXAM OF PELVIS	24.69	10 99								
58 74018		RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	19.05									X
58 74019		RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	23.24									X
58 74021		RADIOLOGICAL EXAMINATION,ABDOMEN;3	27.26									X
58 74740		HYSTEOSALPINGOGRAPHY	8.21	10 60			F					
58 76830		ECHOGRAPHY, TRANSVAGINAL	72.87	10 60			F					
58 76831		ECHO EXAM, UTERUS	73.17	10 60			F					
58 76856		ECHOGRAPHY, PELVIC, REAL TIME	73.10	10 60			F	X				
58 76857		ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	50.11	10 99								
58 76977		US BONE DENSITY MEASURE	18.53	10 99								
58 77078		COMPUTED TOMOGRAPHY, BONE MINERAL DE	69.64	10 99								
58 77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	61.52	10 99								
58 77081		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	25.39	10 99								
58 80047		BASIC METABOLIC PANEL (CALCIUM, IONI	9.78	10 99								
58 80048		BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46	10 99								
58 80050		GENERAL HEALTH PANEL	32.90	10 99								
58 80051		BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01	10 99								
58 80053		BLOOD TEST, COMPREHENSIVE GROUP OF B	10.56	10 99								
58 80061		LIPID PANEL	11.88	10 99								
58 80069		RENAL FUNCTION PANEL	8.68	10 99								
58 80074		ACUTE HEPATITIS PANEL	47.63	10 99								
58 80076		HEPATIC FUNCTION PANEL	8.17	10 99								
58 80305		DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	11.22	10 99					X			
58 80306		DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	14.96	10 99					X			
58 80307		DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	59.86	10 99					X			
58 81000		URINALYSIS, BY DIP STICK OR TABLET	3.16	10 99								X
58 81001		URINALYSIS, BY DIP STICK OR TABLET	3.16	10 99								
58 81002		URINALYSIS, BY DIP STICK OR TABLET	2.54	10 99								X
58 81003		URINALYSIS, BY DIP STICK OR TABLET	2.24	10 99								
58 81005		URINALYSIS; QUALITATIVE RO SEMIQUANT	2.16	10 99								X
58 81007		URINALYSIS; BACTERIURIA SCREEN, EXCE	2.56	10 99								
58 81015		URINALYSIS; MICROSCOPY ONLY	3.03	10 99								X
58 81020		URINALYSIS; 2 OR 3 GLASS TEST	3.67	10 99								
58 81025		URINE PREGNANCY TEST, BY VISUAL COLO	6.31	10 60			F					

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE		DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58 81513		INFECTIOUS DISEASE, BACTERIAL VAGINO	106.97	10 60			F					
58 81514		INFECTIOUS DISEASE, BACTERIAL VAGINO	197.24	10 60			F					
58 82040		ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.94	10 99								
58 82042		ALBUMIN; URINE OR OTHER SOURCE, QUAN	5.15	10 99								
58 82043		ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.77	10 99								
58 82120		AMINES, VAGINAL FLUID, QUALITATIVE	3.75	10 99								
58 82150		AMYLASE	6.44	10 99								X
58 82247		BILIRUBIN; TOTAL	3.81	10 99								
58 82310		CALCIUM; TOTAL	5.13	10 99								X
58 82330		CALCIUM; IONIZED	13.60	10 99								
58 82435		CHLORIDE; BLOOD	4.57	10 99								X
58 82465		CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.33	10 99								
58 82550		CREATINE KINASE (CK), (CPK); TOTAL	6.48	10 99								X
58 82552		CREATINE KINASE (CK), (CPK); ISOENZY	13.34	10 99								X
58 82565		CREATININE; BLOOD	5.09	10 99								X
58 82570		CREATININE; OTHER SOURCE	5.15	10 99								
58 82575		CREATININE; CLEARANCE	9.40	10 99								
58 82607		CYANOCOBALAMIN (VITAMIN B-12);	14.99	10 99								
58 82670		ESTRADIOL	27.81	10 99								
58 82671		ESTROGENS; FRACTIONATED	32.15	10 99								
58 82672		ESTROGENS; TOTAL	21.58	10 99								
58 82677		ESTRIOL	24.07	10 99								
58 82679		ESTRONE	24.84	10 99								
58 82728		FERRITIN	13.55	10 99								
58 82746		FOLIC ACID; SERUM	14.63	10 99								
58 82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.91	10 99								X
58 82948		GLUCOSE; BLOOD, REAGENT STRIP	3.16	10 99								X
58 82950		GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.74	10 99								
58 82962		GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.70	10 99								X
58 83001		GONADOTROPIN; FOLLICLE STIMULATING H	18.50	10 99								
58 83002		GONADOTROPIN; LUTEINIZING HORMONE	18.42	10 99								
58 83020		ASSAY HEMOGLOBIN	12.82	10 99								X
58 83690		ASSAY BLOOD LIPASE	6.86	10 99								
58 83986		PH; BODY FLUID, NOT OTHERWISE SPECIF	3.56	10 99								X
58 84075		ASSAY ALKALINE PHOSPHATASE	5.15	10 99								
58 84132		ASSAY BLOOD POTASSIUM	4.57	10 99								X
58 84144		ASSAY PROGESTERONE	20.76	10 99								
58 84146		RIA ASSAY FOR PROLACTIN	19.28	10 99								
58 84155		ASSAY SERUM PROTEIN	3.64	10 99								
58 84157		ASSAY OF PROTEIN, OTHER	4.00	10 99								
58 84207		ASSAY VITAMIN B-6	14.07	10 99								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
TS CODE	DESCRIPTION		FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	UVS
58 84233	RECEPTOR ASSAY; ESTROGEN (ESTRADIOL)		64.10	10 99								
58 84234	RECEPTOR ASSAY; PROGESTERONE		64.55	10 99								
58 84252	ASSAY VITAMIN B-2		20.15	10 99								
58 84295	ASSAY BLOOD SODIUM		4.80	10 99								X
58 84402	TESTOSTERONE;		25.34	10 99								
58 84425	ASSAY VITAMIN B-1		21.13	10 99								
58 84443	RIA ASSAY OF TS HORMONE		16.72	10 99								
58 84520	ASSAY BUN		3.93	10 99								X
58 84550	ASSAY BLOOD URIC ACID		4.49	10 99								
58 84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE		14.97	10 99								
58 84703	GONADOTROPIN, CHORIONIC; QUALITATIVE		7.47	10 99								
58 85004	AUTOMATED DIFF WBC COUNT		6.47	10 99								
58 85007	DIFFERENTIAL WBC COUNT		2.49	10 99								X
58 85008	BLOOD COUNT;		3.43	10 99								
58 85009	DIFFERENTIAL WBC COUNT		3.70	10 99								X
58 85013	BLOOD COUNT;		2.36	10 99								
58 85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR		2.36	10 99								X
58 85018	HEMOGLOBIN, COLORIMETRIC		2.36	10 99								X
58 85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AMT		7.73	10 99					X			
58 85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT		6.44	10 99								X
58 85032	MANUAL CELL COUNT, EACH		4.31	10 99								X
58 85041	RED BLOOD CELL (RBC) COUNT		3.00	10 99								X
58 85045	RETICULOCYTE COUNT FLOW CYTOMETRY		3.99	10 99								
58 85048	WHITE BLOOD CELL (WBC) COUNT		2.53	10 99								
58 85610	PROTHROMBIN TIME		3.92	10 99								X
58 85651	RBC SEDIMENTATION RATE		3.53	10 99								
58 85652	RBC SED RATE, AUTO		2.68	10 99								
58 85730	THROMBOPLASTIN TIME, PARTIAL		5.97	10 99								X
58 86255	FLUORESCENT ANTIBODY; SCREEN		11.29	10 99								
58 86318	IMMUNOASSAY FOR CHEM. CONSTITUENT		12.88	10 99								
58 86382	NEUTRALIZATION TEST, VIRAL		16.83	10 99								
58 86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU		10.15	10 99								
58 86592	SYPHILIS TEST(S), QUALITATIVE		4.24	10 99								
58 86593	SYPHILIS TEST, QUANTITATIVE		4.39	10 99								
58 86628	ANTIBODY;		11.96	10 99								
58 86631	ANTIBODY;		11.78	10 99								
58 86632	ANTIBODY;		12.63	10 99								
58 86645	ANTIBODY;		16.77	10 99								
58 86687	HTLVI, ANTIBODY DETECTION; IMMUNOASSA		8.34	10 99								
58 86688	ANTIBODY;		10.52	10 99								
58 86689	CONFIRMATORY TEST		19.28	10 99								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58	86694	ANTIBODY;	14.33	10 99								
58	86695	ANTIBODY;	13.14	10 99								
58	86696	HERPES SIMPLEX TYPE 2	19.35	10 99								
58	86698	ANTIBODY;	12.43	10 99								
58	86701	ANTIBODY;	8.84	10 99								
58	86702	ANTIBODY;	10.60	10 99								
58	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	10.52	10 99								
58	86704	HEP B CORE AB TEST, IGG & M	12.05	10 99								
58	86705	HEP B CORE AB TEST, IGM	11.77	10 99								
58	86706	HEPATITIS B SURFACE AB TEST	10.74	10 99								
58	86707	HEPATITIS BE AB TEST	11.57	10 99								
58	86762	ANTIBODY;	14.33	10 99								
58	86787	ANTIBODY;	11.16	10 99								
58	86803	HEPATITIS C AB TEST	14.27	10 99					X			
58	86804	HEP C AB TEST, CONFIRM	15.49	10 99								
58	86900	BLOOD TYPING;	2.98	10 99								
58	86901	BLOOD TYPING;	2.99	10 99								
58	86904	BLOOD TYPING;	9.46	10 99								X
58	86905	BLOOD TYPING;	3.80	10 99								X
58	87015	SPECIMEN CONCENTRATION	6.65	10 99								X
58	87040	BLOOD CULTURE FOR BACTERIA	10.28	10 99								X
58	87070	CULTURE SPECIMEN, BACTERIA	8.57	10 99								X
58	87071	CULTURE BACTERI AEROBIC OTHR	9.38	10 99								
58	87073	CULTURE BACTERIA ANAEROBIC	9.38	10 99								
58	87075	CULTURE SPECIMEN, BACTERIA	9.42	10 99								X
58	87076	BACTERIA IDENTIFICATION	8.08	10 99								
58	87077	CULTURE AEROBIC IDENTIFY	8.08	10 99								X
58	87081	BACTERIA CULTURE SCREEN	6.59	10 99								
58	87086	URINE CULTURE, COLONY COUNT	8.03	10 99								
58	87088	URINE BACTERIA CULTURE	8.06	10 99								
58	87102	FUNGUS ISOLATION CULTURE	8.36	10 99								
58	87110	CULTURE,CHLAMYDIA	19.49	10 99								
58	87147	CULTURE TYPING, SEROLOGIC	4.28	10 99								
58	87164	DARK FIELD EXAMINATION	10.69	10 99								
58	87184	ANTIBIOTIC SENSITIVITY, EACH	6.87	10 99								X
58	87186	ANTIBIOTIC SENSITIVITY, MIC	8.61	10 99								
58	87205	SMEAR, STAIN & INTERPRET	4.24	10 99								X
58	87206	SMEAR, STAIN & INTERPRET	5.34	10 99								X
58	87207	SMEAR, STAIN & INTERPRET	5.96	10 99								X
58	87210	SMEAR, STAIN & INTERPRET	4.24	10 99								X
58	87220	TISSUE EXAMINATION FOR FUNGI	4.24	10 99								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE		DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58 87252		VIRUS ID;TISSUE CULT.INOCULATION/OBS	25.93	10 99								
58 87253		VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.10	10 99								X
58 87254		VIRUS INOCULATION, SHELL VIA	19.46	10 99								X
58 87255		GENET VIRUS ISOLATE, HSV	33.86	10 99								X
58 87270		CHYLM D TRACH AG, DFA	11.98	10 99								
58 87273		HERPES SIMPLEX 2, AG, IF	11.98	10 99								
58 87274		HERPES SIMPLEX AG, DFA	11.98	10 99								
58 87320		CHYLM D TRACH AG, EIA	13.13	10 99								
58 87340		HEPATITIS B SURFACE AG, EIA	10.33	10 99								
58 87350		HEPATITIS B AG, EIA	11.53	10 99								
58 87389		INFECTIOUS AGENT ANTIGEN DETECTION B	23.00	10 99								
58 87390		HIV-1 AG, EIA	19.29	10 99								
58 87391		HIV-2 AG, EIA	19.29	10 99								
58 87480		CANDIDA, DNA, DIR PROBE	20.05	10 99								
58 87481		CANDIDA, DNA, AMP PROBE	35.09	10 99								X
58 87485		CHYLM D PNEUM, DNA, DIR PROBE	20.05	10 99								
58 87486		CHYLM D PNEUM, DNA, AMP PROBE	35.09	10 99								
58 87490		CHYLM D TRACH, DNA, DIR PROBE	21.93	10 99								
58 87491		CHYLM D TRACH, DNA, AMP PROBE	35.09	10 99								X
58 87495		CYTOMEG, DNA, DIR PROBE	21.93	10 99								
58 87496		CYTOMEG, DNA, AMP PROBE	35.09	10 99								
58 87497		CYTOMEG, DNA, QUANT	42.84	10 99								
58 87510		GARDNER VAG, DNA, DIR PROBE	20.05	10 60			F					
58 87511		GARDNER VAG, DNA, AMP PROBE	35.09	10 60			F					
58 87528		HSV, DNA, DIR PROBE	20.05	10 99								
58 87529		HSV, DNA, AMP PROBE	35.09	10 99								
58 87530		HSV, DNA, QUANT	42.84	10 99								
58 87531		HHV-6, DNA, DIR PROBE	21.93	10 99								
58 87532		HHV-6, DNA, AMP PROBE	35.09	10 99								
58 87533		HHV-6, DNA, QUANT	41.55	10 99								
58 87534		HIV-1, DNA, DIR PROBE	21.92	10 99								
58 87535		DETECTION TEST FOR HIV-1 VIRUS	35.09	10 99								
58 87536		DETECTION TEST FOR HIV-1 VIRUS	84.69	10 99								
58 87537		HIV-2, DNA, DIR PROBE	21.92	10 99								
58 87538		DETECTION TEST FOR HIV-2 VIRUS	35.09	10 99								
58 87563		MYCOPLASMA GENITALIUM, AMPLIFIED PRO	26.32	10 99								
58 87590		N.GONORRHOEAE, DNA, DIR PROB	21.93	10 99								
58 87591		N.GONORRHOEAE, DNA, AMP PROB	35.09	10 99								X
58 87623		INFECTIOUS AGENT DETECTION BY NUCLEI	35.09	10 99								
58 87624		INFECTIOUS AGENT DETECTION BY NUCLEI	35.09	10 99								
58 87625		INFECTIOUS AGENT DETECTION BY NUCLEI	35.82	10 99								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2025 THROUGH MAY 15, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE		DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
58 87660		TRICHOMONAS VAGIN, DIR PROBE	20.05	10 60			F					
58 87797		DETECT AGENT NOS, DNA, DIR	21.93	10 99								
58 87800		DETECT AGNT MULT, DNA, DIREC	39.90	10 99								
58 87801		DETECT AGNT MULT, DNA, AMPLI	69.85	10 99								
58 87806		INFECTIOUS AGENT ANTIGEN DETECTION B	22.95	10 99								
58 87808		INFECTIOUS AGENT ANTIGEN DETECTION B	13.26	10 99			F					
58 87810		CHYLM D TRACH ASSAY W/OPTIC	13.13	10 99								
58 87850		N. GONORRHOEAE ASSAY W/OPTIC	13.13	10 99								
58 87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22	10 99								
58 88108		CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	45.70	10 99								
58 88141		CYTOPATH CERV/VAG INTERPRET	20.10	21 99			F					
58 88142		CYTOPATH CERV/VAG THIN LAYER	15.03	21 99			F					
58 88143		CYTPATH C/VAG T/LAYER REDO	13.68	21 99			F					
58 88147		CYTPATH C/VAG AUTOMATED	10.52	21 99			F					
58 88148		CYTPATH C/VAG AUTO RESCREEN	10.52	21 99			F					
58 88150		CYTOPATHOLOGY, PAP SMEAR	10.52	21 99			F	X				
58 88152		CYTOPATH CERV/VAG AUTO	10.52	21 99			F					
58 88153		CYTPATH C/VAG REDO	10.52	21 99			F					
58 88155		CYTOPATH, (PAP);W/ DEF.HORMONAL EVAL	5.96	21 99			F	X				
58 88160		CYTOPATHOLOGY	33.36	10 99								
58 88161		CYTOPATH...;PREP,SCREEN,INTERP.	36.39	10 99								
58 88162		CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	49.92	10 99								
58 88164		CYTPATH TBS C/VAG MANUAL	10.52	21 99			F					
58 88165		CYTPATH TBS C/VAG REDO	10.52	21 99			F					
58 88166		CYTPATH TBS C/VAG AUTO REDO	10.52	21 99			F					
58 88167		CYTPATH TBS C/VAG SELECT	10.52	21 99			F					
58 88172		CYTOPATHOLOGY, EVALUATION OF FINE NE	33.44	10 99								
58 88173		FINE NEEDLE ASPIRATE..;INTERP/REPORT	85.60	10 99								
58 88174		CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	16.15	21 99			F					
58 88175		CYTOPATHOLOGY WITH SCREENING	20.34	21 99								
58 88300		SURGICAL PATHOLOGY, GROSS	14.19	10 99								X
58 88302		PATHOLOGY EXAMINATION OF TISSUE USIN	28.35	10 99								X
58 88305		PATHOLOGY EXAMINATION OF TISSUE USIN	65.14	10 99								X
58 88307		PATHOLOGY EXAMINATION OF TISSUE USIN	129.86	10 99								
58 88312		SPECIAL STAIN INCLUDING INTERPRETATI	58.29	10 99								
58 88313		SPECIAL STAIN INCLUDING INTERPRETATI	43.68	10 99								
58 88342		IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	61.93	10 99			F					X
58 90471		IMMUNIZATION ADMIN, ONE VACC, (SC/IM)	14.70	10 99								
58 90472		IMMUNIZATION ADMIN, EA ADDL VACCINE	9.13	10 99								X
58 90649		HUMAN PAPILLOMA VIRUS VACCINE, TYPES	159.75	10 99								
58 90650		HUMAN PAPILLOMA VIRUS VACCINE, TYPES	131.84	10 99								

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	
58 90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	268.02	09 45									
58 93000	ROUTINE ECG W/AT LEAST 12 LEADS	13.72	10 99									X
58 99050	SVCS @ TIME OTHER THAN REG SCHED HRS	13.38	10 99									
58 99152	MODERATE SEDATION SERVICES PROVIDED	35.55	10 20	X								
58 99153	MODERATE SEDATION SERVICES PROVIDED	7.49	10 20	X								X
58 99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	42.77	10 99									
58 99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	62.18	10 99									
58 99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	96.56	10 99									
58 99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	122.19	10 99									
58 99211	OFFICE,EST PT, MINIMAL PROBLEMS	12.36	10 99									X
58 99212	ESTABLISHED PATIENT OFFICE OR OTHER	24.83	10 99									X
58 99213	ESTABLISHED PATIENT OFFICE OR OTHER	41.53	10 99									
58 99214	ESTABLISHED PATIENT OFFICE OR OTHER	62.65	10 99									
58 99215	ESTABLISHED PATIENT OFFICE OR OTHER	84.93	10 99									
58 99221	INITIAL HOSPITAL INPATIENT OR OBSERV	62.52	10 99									
58 99222	INITIAL HOSPITAL INPATIENT OR OBSERV	85.35	10 99									
58 99223	INITIAL HOSPITAL INPATIENT OR OBSERV	125.54	10 99									
58 99231	SUBSEQUENT HOSP INPATIENT OR OBSERV	25.81	10 99									
58 99232	SUBSEQUENT HOSP INPATIENT OR OBSERV	46.42	10 99									
58 99233	SUBSEQUENT HOSP INPATIENT OR OBSERV	66.52	10 99									
58 99238	HOSP INPATIENT OR OBSERVATION DISCHA	45.85	10 99									
58 99239	HOSP INPATIENT OR OBSERVATION DISCHA	66.67	10 99									
58 99385	INIT COMP PREV MED 18-39 YRS	76.67	18 39					X				
58 99386	INIT COMP PREV MED 40-64 YRS	89.97	40 64					X				
58 99395	ESTABLISHED PATIENT PERIODIC PREVENT	66.65	18 39					X				
58 99396	ESTABLISHED PATIENT PERIODIC PREVENT	73.03	40 64					X				
58 99459	PELVIC EXAMINATION (LIST SEPARATELY	14.72	10 99			F						X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.