# LEGEND

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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.

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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.

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, 2024 THROUGH AUGUST 11, 2024

COLUMN:

| 1 TS | 2 CODE | 3 DESCRIPTION | 4 FEE | 5 AGE MIN | 5 AGE MAX | 6 MED REV | 7 PA | 8 SEX | 9 PSR | 10 SL | 11 BASE UNITS | 12 X-OVERS | 13 UVS >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 | RADILOLGY-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 |

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TAKE CHARGE PLUS FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| 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 | 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,T0 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 |

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TAKE CHARGE PLUS FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| 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 | 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 | OCCLUSION 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 | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN | MAX | MED REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >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 | HYSTEROSALPINGOGRAPHY | 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 | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

COLUMN:

| 1 TS | 2 CODE | 3 DESCRIPTION | 4 FEE | 5 AGE MIN | 5 AGE MAX | 6 MED REV | 7 PA | 8 SEX | 9 PSR | 10 SL | 11 BASE UNITS | 12 X-OVERS | 13 UVS >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 | | | | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

COLUMN:

| 1 TS | 2 CODE | 3 DESCRIPTION | 4 FEE | 5 AGE MIN | 5 AGE MAX | 6 MED REV | 7 PA | 8 SEX | 9 PSR | 10 SL | 11 BASE UNITS | 12 X-OVERS | 13 UVS >001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| 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 | | | | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | | 6 MED | 7 | 8 | 9 | 10 | 11 BASE | 12 X- | 13 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 | CHYLMD 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 | CHYLMD 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 | CHYLMD PNEUM, DNA, DIR PROBE | 20.05 | 10 | 99 | | | | | | | | |
| 58 | 87486 | CHYLMD PNEUM, DNA, AMP PROBE | 35.09 | 10 | 99 | | | | | | | | |
| 58 | 87490 | CHYLMD TRACH, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 | 87491 | CHYLMD 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 | | | | | | | | |

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TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | | 6 MED | 7 | 8 | 9 | 10 | 11 BASE | 12 X- | 13 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 | CHYLMD 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 ADMINS, 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 | | | | | | | | |

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FEES EFFECTIVE FOR DOS JANUARY 1, 2024 THROUGH AUGUST 11, 2024

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | | 6 MED | 7 | 8 | 9 | 10 | 11 BASE | 12 X- | 13 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 |

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