

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.

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
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,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					

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				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					

COLUMN:

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

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 12, 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 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 ON AND AFTER AUGUST 12, 2024

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 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 ON AND AFTER AUGUST 12, 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 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 ON AND AFTER AUGUST 12, 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	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

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