TAKE CHARGE PLUS FEE SCHEDULE
FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 2024

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.

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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	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

TAKE CHARGE PLUS FEE SCHEDULE
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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	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

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 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	**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	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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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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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	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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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	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								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 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								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 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								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 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								

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM AUGUST 12, 2024 THROUGH DECEMBER 31, 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