PROCEDURE/DIAGNOSIS/REVENUE CODES

TAKE CHARGE offers a limited benefit package of services which includes professional services, outpatient services, and laboratory/radiology and pharmaceutical services. With the exception of the services billed by pharmacists, all services must be billed using one of the diagnosis codes listed below.

Diagnosis Code	Description
V25.01	Prescription of Oral Contraceptives
V25.02	Initiation of Other Contraceptive Measures
V25.03	Encounter for Emergency Contraceptive Counseling and Prescription
V25.09	Other
V25.1	Insertion of Intrauterine Contraceptive Device
V25.2	Sterilization
V25.3	Menstrual Extraction
V25.40	Contraceptive Surveillance, Unspecified
V25.41	Contraceptive Pill
V25.42	Intrauterine Contraceptive Device
V25.43	Implantable Sub Dermal Contraceptive
V25.49	Other Contraceptive Method
V25.5	Insertion of Implantable Sub Dermal Contraceptive
V25.9	Unspecified Contraceptive Management

Revenue Codes	Description
HR250	Pharmacy, General Classification
HR258	Pharmacy, IV Solutions
HR259	Pharmacy, Other Pharmacy
HR260	IV Therapy
HR270	Med/Surg Supply/Device-Gen. Cls
HR271	Tempkit/Probe Covers/Service
HR272	Sterile Supply
HR300	Laboratory-Gen Classification*
HR301	Chemistry*
HR302	Immunology*
HR305	Hematology*
HR306	Laboratory-Hematology*
HR307	Laboratory-Urology*
HR309	Laboratory-Other Laboratory*

HR310	Lab Pathological/Gen Classification*
HR311	Laboratory Pathologic/Cytology*
HR312	Lab Pathologic/Histology***
HR490	Ambulatory Surgical Care General
HR510	Outpatient Clinics
HR514	OB-GYN Clinic*
HR517	Family Practice Clinic*
HR760	Treatment/Observation Room
HR920	Other Diag Serv Gen Classification

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*Bill with appropriate FPW HCPC code (see list)
**Bill with appropriate but non-specific HCPC code

Procedure Code	Description
00851	Anes; Tubal Ligation/Transection
11975	Insertion or Reinsertion, Implantabl
11976	Removal without Reinsertion, Implantbl
11977	Removal with Reinsertion, Implantabl
36415	Venipuncture Multiple Patients
57170	Diaphragm Fitting With Instructions
58300	Insert Intrauterine Device
58301	Remove Intrauterine Device
58600	Division of Fallopian Tube
58615	Occlusion of Fallopian Tube, Device
58670	Laparoscopy, Tubal Cautery
58671	Laparoscopy, Tubal Block
62311	Inject Spine L/S (Cd)
62319	Inject Spine W/Cath L/S (Cd)
71010	Chest Single View
71020	Chest Two Views
76830	Echography Transvagnal
76856	Echography, Pelvic, Real Time
80048	Basic Metabolic Panel
80050	General Health Screen Panel
80051	Electrolyte Panel
80061	Lipid Profile
81000	Urinalysis with Microscopy
81001	Urinalysis, Auto, W/Scope
81002	Routine Urine Analysis

81003	Urinalysis, By Dip Stick or Tablet R
81005	Urinalysis
81025	Urine Pregnancy Test, By Visual Colo
82948	Stick Assay of Blood Glucose
82962	Glucose, Blood, By Glucose Monitoring
83020	Assay Hemoglobin
84520	Assay Bun
84550	Assay Blood Uric Acid
84702	Gonadotropin, Chronic, Quantitative
84703	Gonadotropin, Chronic, Qualitative
85013	Blood Count
85014	Blood Count Other Than Spun Hematocr
85018	Hemoglobin, Colorimetric
85025	Blood Count; Plat. Count Auto/Amt
86592	Syphilis Test(S), Qualitative
86593	Syphilis Test, Quantitative
86631	Antibody
86645	Antibody
86687	Htlvi, Antibody Detection;Immunoassa
86688	Antibody
86689	Confirmatory Test
86701	Antibody
86702	Antibody
86703	Antibody
87070	Culture Specimen, Bacteria
87075	Culture Specimen, Bacteria
87081	Bacteria Culture Screen
87110	Culture, Chlamydia
87210	Smear, Stain & Interpret
87270	Chylmd Trach Ag, Dfa
87320	Chylmd Trach Ag, Eia
87390	Hiv-1 Ag, Eia
87391	Hiv-2 Ag, Eia
87480	Candida, Dna, Dir Probe
87481	Candida, Dna, Amp Probe
87490	Chylmd Trach, Dna, Dir Probe
87491	Chylmd Trach, Dna, Amp Probe
87590	N.Gonorrhoeae, Dna, Dir Prob
87591	N.Gonorrhoeae, Dna, Amp Prob
87620	Hpv, Dna, Dir Probe
87621	Hpv, Dna, Amp Probe

87810	Chylmd Trach Assay W/Optic
87850	N. Gonorrhoeae Assay W/Optic
88108	Cytopathology, Fluids, Washings or B
88141	Cytopath Cerv/Vag Interpret
88142	Cytopath Cerv/Vag Thin Layers
88143	Cytpath C/Vag T/Layer Redo
88147	Cytpath C/Vag Automated
88148	Cytpath C/Vag Auto Rescreen
88150	Cytopathology, Pap smear
88152	Cytopath Cerv/Vag Auto
88153	Cytpath C/Vag Redo
88154	Cytpath C/Vag Select
88155	Cytopath, (Pap); W/ Def.Hormonal Eval
88160	Cytopathology
88161	Cytopath; Prep,Screen,Interp.
88162	Cytopath..; Ext.Study, +5 Slides, Multi
88164	Cytpath Tbs C/Vag Manual
88165	Cytpath Tbs C/Vag Redo
88166	Cytpath Tbs C/Vag Auto Redo
88167	Cytpath Tbs C/Vag Select
88173	Fine Needle Aspirate..;INterp/Report
88174	Cytopathology, Cervial or Vaginal Col
88175	Cytopathology with Screening
88300	Surgical Pathology, Gross
88302	Surgical Pathology, Complete
88312	Special Stains
88313	Special Stains
93000	Routine Ecg W/At Least 12 Leads
99201	Office, New, Problem, Straightforward
99202	Office, New Pt, Expanded, Straightfowd
99203	Office, New Pt, Detailed, Low Complex
99204	Office, New Pt, Comprehen, Mod Complx
99205	Office, New Pt, Comprehen, High Compx
99211	Office, Est. Pt, Minimal Problems
99212	Office, Est. Pt, Problem, Straitforwd
99213	Office, Est. Pt, Expanded, Low Complex
99214	Office, Est. Pt, Detailed, Mod Complx
99215	Office, Est. Pt, Comprehen, High Complx
99241	Off Consult, Nre Pt, Prblm, Strtfwd
99242	Off Conslt, Nre Pt, Xpnd Pblm, Strtfwd
99243	Off Cnslt, Nre Pt, Dtld, Lo Cmplxy
99244	Off Cnslt, Nre Pt, Cmphsv, Mod Cmplxy
99245	Off Cnslt, Nre Pt, Cmphsv, Hi Cmplxy

A4267	Contracep Supply/Male Condom, Each (Restricted To Provider Type 71)
A4268	Contracep Supply/Female Condom, Each (Restricted To Provider Type 71)
A4269	Contraceptive Supply, Spermacide (Restricted To Provider Type 71)
J1055	Depo-Provera Inj 150mg
J1056	Lunelle Monthly Contraception Inj
J7300	Intrauterine Copper Contraceptive
J7302	Mirena
Q0111	Wet Mounts, Preparations of Vaginal
Q0112	Potassium Mydroxide Preparations
S4993	Contracep Pills/Birth Control-1 Mth00851 (Restricted to provider type 71)