

### Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

Note: Take Charge reimbursement rates are effective January 1 to June 29, 2025

Code	Description	Allowable Charges
99203	New Take Charge! patient; detailed history, exam, straightforward decision-making (30 min.) (Full exam, CBE and pelvic/Pap)	\$ 102.36
99204	New patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>	\$ 154.11
99205	New patient; comprehensive history, exam, high complexity decision-making; 60 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>	\$ 203.72
99213	Established Take Charge patient; expanded history, exam, straightforward decision-making (15 min.)	\$ 83.59
99214	Established patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes (Full exam, CBE and pelvic/Pap) May also be used by <b>Screening Provider or Breast or Cervical Diagnostics Provider</b>	\$ 117.93
99385	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>18 to 39 years of age</b>	\$ 102.36
99386	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>40 to 64 years of age</b>	\$ 102.36
99387	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>65 years of age or older</b>	\$ 102.36
99395	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>18 to 39 years of age</b>	\$ 83.59
99396	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>40 to 64 years of age</b>	\$ 83.59
99397	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; <b>65 years of age or older</b>	\$ 83.59
Medical Consultation	2 hours of medical consultation services per month <b>(Breast/Cervical Cancer Clinical Services Advisory Team Only)</b>	\$ 100.00
Form Completion	This will be paid to each contractor when procedures are entered, documents are uploaded, claims are complete <i>and/or</i> Breast and Cervical Final Diagnosis and Treatment is complete.	\$ 15.00
Travel	Transportation Fee to receive services (Per Mile)	\$ 0.700

~Reimbursement rates are associated with Medicare Part B Rates.

Cervical Dysplasia Services-FY2025

Revision 1/22/2025

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#### Cervical Screening and Diagnostics (Global Rates)

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
<b>Diagnostic</b>		
57452	Colposcopy of the cervix	\$ 114.20
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$ 153.35
57455	Colposcopy of the cervix, with biopsy	\$ 146.23
57456	Colposcopy of the cervix, with endocervical curettage	\$ 136.93
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$ 275.05
57461	Colposcopy with loop electrode conization of the cervix	\$ 308.64
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$ 134.00
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$ 135.98
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$ 318.83

#### Cervical Screening and Diagnostics (Global Rates)

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
57522	Loop electrode excision procedure	\$ 273.67
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$ 90.51
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$ 45.62
88305	Surgical pathology, gross and microscopic examination	\$ 64.56
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$ 253.29
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$ 49.30
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$ 91.16
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$ 85.24
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$ 99.54
81025	Urine pregnancy test (Dysplasia services only)	\$ 8.61

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#### Anesthesia

Code	Description	Allowable Charges
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	\$ 19.63
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	\$ 19.63
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	\$ 68.82
99157	Moderate anesthesia for each additional 15 minutes	\$ 53.36

#### Pathology

Code	Description	Allowable Charges
87426	COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique	\$ 35.33
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitativd	\$ 51.31