

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

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

Code	Description	Allowable Charges
99202	New Take Charge! patient; history, exam, straightforward decision-making (20 min.) (Partial clinical exam, CBE or pelvic/Pap)	\$ 65.36
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
99211	Established patient; evaluation and management, may not require presence of physician; 5 minutes	\$ 20.78
99212	Established Take Charge! patient; history, exam, straightforward decision-making (10 min.) (Partial exam, CBE or pelvic/Pap)	\$ 51.34
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

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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
<b>99459</b>	<b>Pelvic examination (List separately, in addition to primary procedure)</b>	<b>\$ 21.91</b>
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><b>and/or</b></i> Breast and Cervical Final Diagnosis and Treatment is complete.	\$ 15.00
Travel	Transportation Fee to receive services (Per Mile)	\$ 0.700

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#### Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
<b>Screening</b>		
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure 77067)	\$ 47.29
77067	Screening mammography, bilateral, includes CAD	\$ 113.51
<b>Diagnostic</b>		
77065	Diagnostic mammography, unilateral, includes CAD	\$ 111.36
77066	Diagnostic mammography, bilateral, includes CAD	\$ 140.27
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066.)	\$ 40.08
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral* <b>(Requires prior approval)</b>	\$ 190.80
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral* <b>(Requires prior approval)</b>	\$ 197.07
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral* <b>(Requires prior approval)</b>	\$ 301.57
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral* <b>(Requires prior approval)</b>	\$ 307.73
77053	Mammary ductogram or galactogram, single duct	\$ 49.57
76098	Radiological examination, surgical specimen	\$ 38.20
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$ 90.64
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$ 75.48
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$ 53.27
<b>Breast Screening and Diagnostic Procedures</b>		
19000	Puncture aspiration of cyst of breast	\$ 86.53
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$ 23.86
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$ 129.98
19101	Breast biopsy, open, incisional	\$ 285.76
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$ 471.98
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$ 520.80

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#### Breast Cancer Screening and Diagnostic Procedures (Global Rates)

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Code	Description	Allowable Charges
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	\$ 146.28
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion (Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.)	\$ 430.40
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion (This code is to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. It should not be used in conjunction with 19281–19288.)	\$ 324.75
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion (Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.)	\$ 425.19
<b>38505</b>	<b>Needle biopsy of axillary lymph node</b>	<b>\$ 153.63</b>
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion. (Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.)	\$ 318.34
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion (Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.)	\$ 646.35
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion. (Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.)	\$ 493.95
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 213.27

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#### Breast Cancer Screening and Diagnostic Procedures (Global Rates)

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Code	Description	Allowable Charges
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 148.29
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 226.74
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 161.79
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 311.09
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 250.65
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 534.41
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion (Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.)	\$ 407.41
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$ 48.61
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$ 119.74
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$ 55.15
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$ 267.78
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$ 126.24

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Code	Description	Allowable Charges
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$ 368.83
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	\$ 208.19
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	\$ 368.83
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	\$ 208.19
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	\$ 90.29
<b>Breast Lab</b>		
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	\$ 51.09
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$ 152.89
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$ 27.11
88305	Surgical pathology, gross and microscopic examination	\$ 64.56
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$ 253.29
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$ 105.84
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$ 103.31
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	\$ 113.95
88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	\$ 153.47
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	\$ 235.96
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$ 93.74
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$ 58.80
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	\$ 238.67
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$ 131.86
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	\$ 115.39
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$ 340.02

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

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Code	Description	Allowable Charges
<b>Screening</b>		
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$ 22.51
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$ 20.26
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	\$ 23.04
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$ 18.19
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	\$ 42.22
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$ 25.37
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	\$ 26.61
87624	Human Papillomavirus, high-risk types (HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age and cannot be reimbursed along with 87626)	\$ 35.09
87625	Human Papillomavirus, types 16 and 18 only (HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.	\$ 40.55
87626	Human Papillomavirus, reported high-risk types separately and pooled (HPV DNA testing is not a reimbursable test for women under 30 years of age and cannot be reimbursed along with 87624 and 87625)	\$ 70.20
<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

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Code	Description	Allowable Charges
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
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

### 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



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#### 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

#### Other

Code	Description	Allowable Charges
G0136	Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months	\$ 17.04
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month	\$ 72.83
G0022	Community health integration services, each additional 30 minutes per calendar month	\$ 45.60

\*Breast MRI can be reimbursed by Take Charge! in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the Take Charge! to assess the extent of disease in a women who has just been newly diagnosed with breast cancer in order to determine treatment.