

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

Note: Take Charge! reimbursement rates are effective July 1, 2024 through 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)	\$ 66.43
99203	New Take Charge! patient; detailed history, exam, straightforward decision-making (30 min.) (Full exam, CBE and pelvic/Pap)	\$ 103.04
99204	New patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>	\$ 155.13
99205	New patient; comprehensive history, exam, high complexity decision-making; 60 minutes <b>(Breast/Cervical Surgical Consult ONLY)</b>	\$ 204.79
99211	Established patient; evaluation and management, may not require presence of physician; 5 minutes	\$ 21.04
99212	Established Take Charge! patient; history, exam, straightforward decision-making (10 min.) (Partial exam, CBE or pelvic/Pap)	\$ 51.94
99213	Established Take Charge patient; expanded history, exam, straightforward decision-making (15 min.)	\$ 84.03
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>	\$ 118.82
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 <b>and/or</b> Breast and Cervical Final Diagnosis and Treatment is complete.	\$ 15.00
Travel	Transportation Fee to receive services (Per Mile)	\$ 0.670

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

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
<b>Screening</b>		
88141	Cytopathology, cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$ 21.91
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$ 21.91
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	\$ 17.76
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.)	\$ 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
<b>Diagnostic</b>		
57452	Colposcopy of the cervix	\$ 116.48
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$ 156.11
57455	Colposcopy of the cervix, with biopsy	\$ 148.93
57456	Colposcopy of the cervix, with endocervical curettage	\$ 140.31
57460	Colposcopy with loop electrode biopsy(s) of the cervix	\$ 284.61
57461	Colposcopy with loop electrode conization of the cervix	\$ 318.00
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$ 138.85

~Reimbursement rates are associated with Medicare Part B Rates.

Cervical Dysplasia Services-FY2025

Revision 5/31/2024

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Code	Description	Allowable Charges
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$ 140.57
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$ 325.64
57522	Loop electrode excision procedure	\$ 279.66
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$ 93.08
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$ 46.67
88305	Surgical pathology, gross and microscopic examination	\$ 65.35
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$ 257.57
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$ 49.61
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$ 92.57
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$ 81.33
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$ 95.22
81025	Urine pregnancy test (Dysplasia services only)	\$ 8.61
<b>Anesthesia</b>		
<b>00400</b>	<b>Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified</b>	<b>\$ 19.28</b>
<b>00940</b>	<b>Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified</b>	<b>\$ 19.28</b>
<b>99156</b>	<b>Moderate anesthesia, 10-22 minutes for individuals 5 years or older</b>	<b>\$ 70.22</b>
<b>99157</b>	<b>Moderate anesthesia for each additional 15 minutes</b>	<b>\$ 55.53</b>
<b>Pathology</b>		
<b>87426</b>	<b>COVID-19 infectious agent detection by nuclei acid DNA or RNA; amplified probe technique</b>	<b>\$ 35.33</b>
<b>87635</b>	<b>COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitaved</b>	<b>\$ 51.31</b>