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	
Form Completion	This will be paid to each contractor when procedures are entered, documents are uploaded, claims are complete and/or Breast and Cervical Final Diagnosis and Treatment is complete.	\$	15.00
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode	\$	51.13
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$	151.29
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$	27.15
88305	Surgical pathology, gross and microscopic examination	\$	65.35
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$	257.57
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$	108.31
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$	107.79
88364	In situ hybridization (eg,FISH), per specimen; each additional single probe stain procedure	\$	119.15
88365	In situ hybridization (eg,FISH), per specimen; initial single probe stain procedure	\$	158.28
88366	In situ hybridization (eg,FISH), per specimen; each multiplex probe stain procedure	\$	242.10
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$	100.29
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$	61.27
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	\$	255.05
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$	132.60
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	\$	114.77
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$	350.91
88141	Cytopathology, cervical or vaginal, any reporting system, <u>requiring</u> interpretation by physician	\$	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

 $[\]sim\!$ Reimbursement rates are associated with Medicare Part B Rates. Laboratory Services-FY2025

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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
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