

### 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 <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

#### 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)	\$ 47.58
77067	Screening mammography, bilateral, includes CAD	\$ 114.62
<b>Diagnostic</b>		
77065	Diagnostic mammography, unilateral, includes CAD	\$ 112.46
77066	Diagnostic mammography, bilateral, includes CAD	\$ 142.26
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to 77065 or 77066.)	\$ 43.49
77046*	Magnetic resonance imaging (MRI), breast, without contrast, unilateral* <b>(Requires prior approval)</b>	\$ 196.33
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral* <b>(Requires prior approval)</b>	\$ 202.39
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral* <b>(Requires prior approval)</b>	\$ 309.39
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral* <b>(Requires prior approval)</b>	\$ 316.21
77053	Mammary ductogram or galactogram, single duct	\$ 48.47
76098	Radiological examination, surgical specimen	\$ 38.37
76641	Ultrasound, complete examination of breast including axilla, unilateral	\$ 92.34
76642	Ultrasound, limited examination of breast including axilla, unilateral	\$ 76.70
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$ 53.05

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Breast Imaging-FY2025

5/31/2024

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#### Breast Screening and Diagnostic Procedures

Code	Description	Allowable Charges
19000	Puncture aspiration of cyst of breast	\$ 90.53
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$ 24.42
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$ 134.45
19101	Breast biopsy, open, incisional	\$ 297.76
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	\$ 476.30
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$ 525.17
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	\$ 147.73
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.)	\$ 444.15
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.)	\$ 338.34
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.)	\$ 442.01
<b>38505</b>	<b>Needle biopsy of axillary lymph node</b>	<b>\$ 157.27</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.)	\$ 332.76
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.)	\$ 673.55

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Code	Description	Allowable Charges
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.)	\$ 517.24
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.)	\$ 217.03
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.)	\$ 152.13
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.)	\$ 232.13
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.)	\$ 168.13
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.)	\$ 323.93
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.)	\$ 262.75
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.)	\$ 557.59
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.)	\$ 427.03

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Code	Description	Allowable Charges
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion	\$ 48.33
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	\$ 122.38
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion	\$ 55.83
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion	\$ 271.68
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion	\$ 127.24
10009	Fine needle aspiration biopsy including CT guidance, first lesion	\$ 380.65
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion	\$ 211.04
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	\$ 380.65
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	\$ 211.04
10021	Fine needle aspiration biopsy without imaging guidance, first lesion	\$ 92.01
<b>Breast Lab</b>		
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

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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
<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 semiquantitativd</b>	<b>\$ 51.31</b>
<b>Other</b>		

\*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.