

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 (Breast/Cervical Surgical Consult ONLY)	\$ 155.13
99205	New patient; comprehensive history, exam, high complexity decision-making; 60 minutes (Breast/Cervical Surgical Consult ONLY)	\$ 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 Screening Provider or Breast or Cervical Diagnostics Provider)	\$ 118.82
Medical Consultation	2 hours of medical consultation services per month (Breast/Cervical Cancer Clinical Services Advisory Team Only)	\$ 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)	\$ 0.670

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Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

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
38505	Needle biopsy of axillary lymph node	\$ 157.27
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
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

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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
Breast Lab		
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

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Code	Description	Allowable Charges
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
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
Anesthesia		
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified	\$ 19.28
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	\$ 19.28
99156	Moderate anesthesia, 10-22 minutes for individuals 5 years or older	\$ 70.22
99157	Moderate anesthesia for each additional 15 minutes	\$ 55.53
Pathology		
87426	COVID-19 infectious agent detection by nucleic acid DNA or RNA; amplified probe technique	\$ 35.33
87635	COVID-19 infectious agent antigen detection by immunoassay technique; qualitative or semiquantitaved	\$ 51.31