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; *comprehensive* history, exam, moderate complexity decision-making; 45 minutes **(Breast/Cervical Surgical Consult ONLY)**	$ 154.11
99205	New patient; comprehensive history, exam, high complexity decision-making; 60 minutes **(Breast/Cervical Surgical Consult ONLY)**	$ 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; *detailed* 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)**	$ 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; **18 to 39 years of age**	$ 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; **40 to 64 years of age**	$ 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; **65 years of age or older**	$ 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; **18 to 39 years of age**	$ 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; **40 to 64 years of age**	$ 83.59

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Code	Description	Allowable Charges
99397	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; **65 years of age or older**	$ 83.59
99459	**Pelvic examination (List separately, in addition to primary procedure)**	**$ 21.91**
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 ***and/or*** Breast and Cervical Final Diagnosis and Treatment is complete.	$ 15.00
Travel	Transportation Fee to receive services (Per Mile)	$ 0.700

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
Screening		
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
Diagnostic		
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* **(Requires prior approval)**	$ 190.80
77047*	Magnetic resonance imaging (MRI), breast, without contrast, bilateral* **(Requires prior approval)**	$ 197.07
77048*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral* **(Requires prior approval)**	$ 301.57
77049*	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral* **(Requires prior approval)**	$ 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
Breast Screening and Diagnostic Procedures		
19000	Puncture aspiration of cyst of breast	$ 86.53
19001	Puncture aspiration of cyst of breast, each additional cyst, *used with 19000*	$ 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

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

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
38505	**Needle biopsy of axillary lymph node**	**$ 153.63**
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

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

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

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Breast Cancer Screening and Diagnostic Procedures (Global Rates)

(The charges reflect technical component and 26 modifiers.)

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
Breast Lab		
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

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

Cervical Screening and Diagnostics (Global Rates)

(The charges reflect technical component and 26 modifiers.)

Code	Description	Allowable Charges
Screening		
88141	Cytopathology, cervical or vaginal, any reporting system, *requiring interpretation by physician*	$ 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 imbursed 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
Diagnostic		
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

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

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**

~Reimbursement rates are associated with Medicare Part B Rates.

Oklahoma 2025 Take Charge! (Medicare) Reimbursement Rates

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

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 semiquantitatived	$ 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.

~Reimbursement rates are associated with Medicare Part B Rates.