

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

58 - Take Charge Plus.

Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants are paid at 80% of the fee listed for physician services except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations, and EPSDT preventative medical screenings which are reimbursed at 100% of the physician services fee.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. BASE UNITS: The base units for anesthesia codes.

COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--------------------------------------|-------|----------------|------------|----|-----|-----|----|-------|------|-------------|-------------|
| TS CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | PA | SEX | PSR | SL | UNITS | BASE | X- OVERS | UVS >001 |
| 58 A4216 | STERILE WATER SALINE AND/OR DE | .00 | 10 99 | | | | | | | | X | X |
| 58 A4266 | DIAGPHRAM FOR CONTRACEPTIVE USE | 53.27 | 10 60 | | | F | | | | | | X |
| 58 A4267 | CONTRACEP SUPPLY/MALE CONDOM, EACH | .06 | 10 99 | | | | | X | | | | X |
| 58 A4268 | CONTRACEP SUPPLY/FEMALE CONDOM, EACH | .06 | 10 99 | | | | | X | | | | X |
| 58 A4269 | CONTRACEPTIVE SUPPLY, SPERMACIDE | 2.42 | 10 99 | | | | | X | | | | X |
| 58 G0123 | SCREENING CYTOPATH, CERVICAL OR VAGI | .00 | 10 60 | | | F | | | | | | |
| 58 G0141 | SCR C/V CYTO,AUTOSYS AND MD | 18.94 | 10 60 | | | F | | | | | | |
| 58 HR250 | PHARMACY, GENERAL CLASSIFICATION | CCR | 10 99 | | | | | X | | | | X |
| 58 HR258 | PHARMACY, IV SOLUTIONS | CCR | 10 99 | | | | | X | | | | X |
| 58 HR259 | PHARMACY, OTHER PHARMACY | CCR | 10 99 | | | | | | | | | X |
| 58 HR260 | IV THERAPY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR270 | MED/SURG SUPPLY/DEVICE-GEN CLS | CCR | 10 99 | | | | | | X | | | X |
| 58 HR271 | TEMPKIT/PROBE COVERS/SERVICE | CCR | 10 99 | | | | | | X | | | X |
| 58 HR272 | STERILE SUPPLY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR300 | LABORATORY-GEN CLASSIFICATION | CCR | 10 99 | | | | | | | | | X |
| 58 HR301 | CHEMISTRY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR302 | IMMUNOLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR305 | HEMATOLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR306 | LABORATORY-HEMATOLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR307 | LABORATORY-UROLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR309 | LABORATORY-OTHER LABORATORY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR310 | LAB PATHOLOGICAL/GE CLASSIFICATION | CCR | 10 99 | | | | | | X | | | X |
| 58 HR311 | LABORATROY PATHOLOGIC/CYTOLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR312 | LAB PATHOLOGIC/HISTOLOGY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR320 | RADIOLGY-DIAGNOSTIC GEN CLASS | CCR | 10 99 | | | | | | X | | | X |
| 58 HR324 | CHEST X-RAY | CCR | 10 99 | | | | | | X | | | X |
| 58 HR360 | OPERATING ROOM SERVICES GN CLA | CCR | 10 99 | | | | | | X | | | X |
| 58 HR402 | ULTRASOUND | CCR | 10 60 | | | F | | | X | | | X |
| 58 HR490 | AMBULATORY SURGICAL CARE GENERAL | HCPC | 10 99 | | | | | | X | | | X |
| 58 HR510 | CLINIC - GENERAL | HCPC | 10 99 | | | | | | | | | |
| 58 HR514 | OB-GYN CLINIC | HCPC | 10 99 | | | | | | | | | X |
| 58 HR517 | FAMILY PRACTICE CLINIC | HCPC | 10 99 | | | | | | | | | X |
| 58 HR636 | DRUGS REQUIRING DETAILED CODING | CCR | 10 99 | | | | | | X | | | X |
| 58 HR760 | TREATMENT/OBSERVATION ROOM | CCR | 10 99 | | | | | | X | | | X |
| 58 HR920 | OTHER DIAG SERV GEN CLASSIFICATION | CCR | 10 99 | | | | | | X | | | X |
| 58 HR925 | PREGNANCY TEST | CCR | 10 60 | | | F | | | X | | | X |
| 58 J0171 | INJECTION ADRENALIN EPINEPHRINE | .04 | 10 99 | | | | | | | | | X |
| 58 J0461 | INJECTION, ATROPINE SULFATE, 0.01 MG | .03 | 10 99 | | | | | | | | | X |
| 58 J0558 | INJECTION PENICILLIN G BENZATHINE A | 3.07 | 10 99 | | | | | | | | | X |
| 58 J0561 | INJECTION PENICILLIN G BENZATHINE | 3.88 | 10 99 | | | | | | | | | X |
| 58 J0690 | CEFAZOLIN SODIUM INJ 500MG | .50 | 10 99 | | | | | | | | | X |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--------------------------------------|--------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 J0694 | CEFOXITIN SODIUM, 1GM | 5.90 | 10 | 99 | | | | | | | | X |
| 58 J0696 | CEFTRIAZONE SODIUM 250MG ROCEPHIN | 1.03 | 10 | 99 | | | | | | | | X |
| 58 J0697 | STERILE CEFUROXIME SODIUM 750MG | 3.40 | 10 | 99 | | | | | | | | X |
| 58 J0698 | CEFOTAXIME SODIUM/PER GM | 3.90 | 10 | 99 | | | | | | | | X |
| 58 J0710 | INJECTION CEPHAPIRIN SODIUM UP TO1GM | 4.64 | 10 | 99 | | | | | | | | X |
| 58 J1050 | INJECTION, MEDROXYPROGESTERONE ACETA | .49 | 10 | 60 | | | F | | | | | X |
| 58 J1200 | DIPHENHYDRAMINE HCL INJ(BENDARY)50MG | .63 | 10 | 99 | | | | | | | | X |
| 58 J1840 | KANAMYCIN SULFATE, UP TO 500MG | 3.75 | 10 | 99 | | | | | | | | X |
| 58 J2460 | OXYTETRACYCLINE,UP TO 50MG | .90 | 10 | 99 | | | | | | | | X |
| 58 J2510 | PCN G PROCAINE AQ, UP TO 600,000 U | 8.43 | 10 | 99 | | | | | | | | X |
| 58 J2540 | PCN G POTASSIUM,UP TO 600,000U | .69 | 10 | 99 | | | | | | | | X |
| 58 J3000 | STREPTOMYCIN, UP TO 1GM | 3.98 | 10 | 99 | | | | | | | | X |
| 58 J7120 | RINGERS INJ, UP TO 1000 CC | .82 | 10 | 99 | | | | | | | | X |
| 58 J7297 | LEVONORGESTREL-RELEASING INTRAUTERIN | 625.00 | 10 | 60 | | | F | | | | | |
| 58 J7298 | LEVONORGESTREL-RELEASING INTRAUTERIN | 810.51 | 10 | 60 | | | F | | | | | |
| 58 J7300 | INTRAUTERINE COPPER DEVICE | 739.00 | 10 | 60 | | | F | | X | | | |
| 58 J7301 | LEVONORGESTREL-RELEASING INTRAUTERIN | 650.32 | 10 | 60 | | | F | | X | | | |
| 58 J7306 | LEVONORGESTREL IMPLANT SYS | .00 | 10 | 60 | X | | F | | | | | |
| 58 J7307 | ETONOGESTREL (CONTRACEPTIVE) IMPLANT | 771.52 | 10 | 60 | | | F | | X | | | |
| 58 Q0111 | WET MOUNTS,PREPARATIONS OF VAGINAL | 4.97 | 10 | 60 | | | F | | | | | |
| 58 Q0112 | POTASSIUM MYDROXIDE PREPARATIONS | 4.97 | 10 | 99 | | | | | | | | |
| 58 S4993 | CONTRACEP PILLS/BIRTH CONTROL-1 MTH | 12.69 | 10 | 60 | | | F | X | | | | X |
| 58 T1001 | NURSING ASSESSMENT | 15.18 | 10 | 99 | | | | X | | | | |
| 58 Z5177 | PROFIT LOCAL TRIP | 18.32 | 10 | 99 | | | | X | | | | X |
| 58 Z5178 | PROFIT NEGOTIATED TRIP | .00 | 10 | 99 | | | | X | | | | X |
| 58 Z5179 | CAPITATED REGULAR URBAN | 183.16 | 10 | 99 | | | | X | | | | |
| 58 Z5180 | CAPITATED REGULAR RURAL | 244.23 | 10 | 99 | | | | X | | | | |
| 58 Z5181 | FAMILY AND FRIENDS NEGOTIATED | .00 | 10 | 99 | | | | X | | | | |
| 58 Z5182 | ENHANCED CAPITATED >5 TRIPS PER WK | 386.68 | 10 | 99 | | | | X | | | | |
| 58 Z5183 | CAPITATED REMOTE RURAL | 366.33 | 10 | 99 | | | | X | | | | |
| 58 Z5184 | CAPITATED WHEELCHAIR RURAL | 305.27 | 10 | 99 | | | | X | | | | |
| 58 Z5185 | CAPITATED WHEELCHAIR URBAN | 219.79 | 10 | 99 | | | | X | | | | |
| 58 Z5186 | LOCAL PROFIT WHEELCHAIR | 30.53 | 10 | 99 | | | | X | | | | |
| 58 Z5187 | LOCAL NONPROFIT WHEELCHAIR | 24.43 | 10 | 99 | | | | X | | | | |
| 58 Z5188 | CAPITATED-NEGOTIATED NEMT | 253.94 | 10 | 99 | | | | X | | | | |
| 58 Z9486 | FAMILY AND FRIENDS TWO WAY TRIP | 7.50 | 10 | 99 | | | | X | | | | X |
| 58 Z9494 | FAMILY AND FRIENDS URBAN | 71.25 | 10 | 99 | | | | X | | | | |
| 58 Z9498 | NON PROFIT LOCAL TRIP | 14.25 | 10 | 99 | | | | X | | | | X |
| 58 Z9500 | NON PROFIT NEGOTIATED RATE | .00 | | | | | | | | | | X |
| 58 00851 | ANES; TUBAL LIGATION/TRANSECTION | .00 | 21 | 55 | X | | F | X | | 6 | | X |
| 58 00921 | ANESTHESIA, VASECTOMY, UNILATERAL/BI | .00 | 21 | 99 | | | M | | | 3 | | X |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--|--------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 00940 | ANESTHESIA, VAGINAL PROC, NOS | .00 | 10 | 60 | | | F | | | 3 | | X |
| 58 00952 | HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY | .00 | 10 | 60 | | | F | | | 4 | | X |
| 58 10060 | DRAINAGE OF SKIN ABSCESS | 65.58 | 10 | 99 | | | | | | | | |
| 58 10140 | INCISE/DRAIN SIMPLE HEMATOMA | 92.18 | 10 | 99 | | | | | | | | |
| 58 11420 | EXCISE BENIGN LESION TO 0.5 CM | 68.61 | 10 | 99 | | | | | | | | X |
| 58 11421 | EXCISE BENIGN LESION 0.6 TO 1 CM | 89.54 | 10 | 99 | | | | | | | | X |
| 58 11976 | REMOVAL WITHOUT REINSERTION, IMPLANT | 92.48 | 10 | 60 | | | F | | | | | |
| 58 11981 | INSERTION, NON-BIODEGRADABLE DRUG DEL | 83.08 | 10 | 60 | | | F | | | | | |
| 58 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIV | 96.07 | 10 | 60 | | | F | | | | | |
| 58 11983 | REMOVAL WITH REINSERTION, NON BIODEGR | 149.96 | 10 | 60 | | | F | | | | | |
| 58 17110 | DESTROY FLAT WARTS, ANY METHOD, T0 15 | 63.45 | 10 | 99 | | | | | | | | |
| 58 17111 | DESTRUCT LESION, 15 OR MORE | 75.67 | 10 | 99 | | | | | | | | |
| 58 36415 | COLLECTION OF VENOUS BLOOD BY VENIPU | 2.15 | 10 | 99 | | | | | X | | | X |
| 58 36416 | CAPILLARY BLOOD DRAW | 2.53 | 10 | 99 | | | | | X | | | |
| 58 46900 | REMOVAL OF ANAL LESION | 130.56 | 10 | 99 | | | | | | | | |
| 58 46910 | REMOVAL OF ANAL LESION | 135.93 | 10 | 99 | | | | | | | | |
| 58 46916 | CRYOSURGERY-ANAL LESIONS | 134.08 | 10 | 99 | | | | | | | | X |
| 58 46922 | DESTROY ANAL LESION(S)-SURG EXCISION | 141.61 | 10 | 99 | | | | | | | | |
| 58 46924 | DESTROY ANAL LESIONS, ANY METH, EXTEN. | 288.92 | 10 | 99 | | | | | | | | |
| 58 49329 | LAPARO PROC, ABDOM/PER/OMENT | .00 | 10 | 99 | X | | F | | | | | |
| 58 54050 | TREATMENT OF PENIS LESION | 80.09 | 10 | 99 | | | M | | | | | |
| 58 54056 | DESTROY PENILE LESION; CRYOSURGERY | 83.27 | 10 | 99 | | | M | | | | | |
| 58 54100 | BIOPSY OF PENIS | 124.59 | 10 | 99 | | | M | | | | | |
| 58 55250 | VASECTOMY, UNILATERAL OR BILATERAL | 292.18 | 21 | 99 | X | | M | | | | | |
| 58 55450 | LIGATION OF VAS DEFERENS | 262.99 | 21 | 99 | X | | M | | | | | |
| 58 56405 | INCISION AND DRAINAGE OF VULVA OR PE | 69.40 | 10 | 60 | | | F | | | | | |
| 58 56420 | INCISION AND DRAINAGE OF FEMALE GENI | 79.00 | 10 | 60 | | | F | | | | | X |
| 58 56501 | DESTROY VULVA LESION(S); SIMPLE | 82.41 | 10 | 60 | | | F | | | | | |
| 58 56605 | BIOPSY OF VULVA OR PERINEUM (SEPARAT | 53.49 | 10 | 60 | | | F | | | | | |
| 58 57061 | DESTROY VAGINAL LESIONS; SIMPLE | 71.52 | 10 | 60 | | | F | | | | | |
| 58 57150 | TREAT VAGINA INFECTION | 32.20 | 10 | 60 | | | F | | | | | X |
| 58 57170 | DIAPHRAGM FITTING WITH INSTRUCTIONS | 44.93 | 10 | 60 | | | F | | | | | |
| 58 57452 | EXAMINATION OF VAGINA | 70.45 | 10 | 60 | | | F | | | | | |
| 58 57454 | VAGINA EXAMINATION & BIOPSY | 100.35 | 10 | 60 | | | F | | | | | |
| 58 57455 | BIOPSY OF CERVIX W/SCOPE | 92.68 | 10 | 60 | | | F | | | | | |
| 58 57456 | ENDOCERV CURETTAGE W/SCOPE | 87.46 | 10 | 60 | | | F | | | | | |
| 58 57460 | COLPOSCOPY (VAGINOSCOPY); | 187.13 | 10 | 60 | | | F | | | | | |
| 58 57461 | CONZ OF CERVIX W/SCOPE, LEEP | 210.84 | | | | | F | | | | | |
| 58 57505 | ENDOCERVICAL CURETTAGE | 64.13 | 10 | 60 | | | F | | | | | |
| 58 57510 | CAUTERIZATION OF CERVIX | 85.80 | 10 | 60 | | | F | | | | | |
| 58 57511 | CRYOCAUTERY OF CERVIX | 92.91 | 10 | 60 | | | F | | | | | |

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
|----------|--------------------------------------|----------|-----|-----|-----|-----|----|-----|-----|-------|-------|------|-----|
| TS CODE | DESCRIPTION | FEE | MIN | MAX | AGE | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 | |
| 58 57513 | LASER SURGERY | 91.77 | 10 | 99 | | | | | | | | | |
| 58 57720 | REVISION OF CERVIX | 196.86 | 10 | 60 | | | | F | | | | | |
| 58 57800 | DILATION OF CERVICAL CANAL | 38.58 | 10 | 60 | | | | F | | | | | |
| 58 58100 | BIOPSY OF UTERUS LINING | 70.99 | 10 | 60 | | | | F | | | | | |
| 58 58110 | BX DONE W/COLPOSCOPY ADD-ON | 31.99 | 10 | 60 | | | | F | | | | | |
| 58 58120 | DILATION AND CURETTAGE | 160.31 | 12 | 99 | | | | F | | | | | |
| 58 58300 | INSERT INTRAUTERINE DEVICE | 50.77 | 10 | 60 | | | | F | | | | | |
| 58 58301 | REMOVE INTRAUTERINE DEVICE | 62.38 | 10 | 60 | | | | F | | | | | |
| 58 58340 | INJECT FOR UTERUS/TUBE X-RAY | 79.93 | 10 | 60 | X | | | F | | X | | | |
| 58 58562 | HYSTEROSCOPY, REMOVE FB | 223.32 | | | X | | | F | | | | | |
| 58 58565 | HYSTEROSCOPY, STERILIZATION | 1,207.68 | 21 | 55 | X | | | F | | X | | | |
| 58 58600 | DIVISION OF FALLOPIAN TUBE | 238.25 | 21 | 55 | X | | | F | | | | | |
| 58 58605 | DIVISION OF FALLOPIAN TUBE | 216.33 | 21 | 55 | X | | | F | | | | | |
| 58 58611 | LIG/TRANSEC FALLOP TUBE NOT SEP PROC | 52.64 | 21 | 55 | X | | | F | | X | | | |
| 58 58615 | OCCCLUSION OF FALLOPIAN TUBE, DEVICE | 163.60 | 21 | 55 | X | | | F | | | | | |
| 58 58660 | LAPAROSCOPY, LYSIS | 440.76 | | | X | | | F | | | | | |
| 58 58670 | LAPAROSCOPY, TUBAL CAUTERY | 239.86 | 21 | 55 | X | | | F | | | | | |
| 58 58671 | LAPAROSCOPY, TUBAL BLOCK | 239.87 | 21 | 55 | X | | | F | | | | | |
| 58 62311 | INJECTION(S), OF DIAGNOSTIC OR THERA | 115.50 | 10 | 99 | | | | | | | | | |
| 58 62319 | INJECTION(S), INCLUDING INDWELLING C | 127.23 | 10 | 99 | | | | | | | | | |
| 58 64435 | INJECTION FOR NERVE BLOCK | 89.13 | 10 | 99 | | | | | | X | | | X |
| 58 71010 | X-RAY CHEST;POSTEROANTERIOR | 16.62 | 10 | 99 | | | | | | | | | X |
| 58 71020 | X-RAY CHEST;TWO VIEWS | 22.13 | 10 | 99 | | | | | | | | | X |
| 58 72190 | X-RAY EXAM OF PELVIS | 24.69 | 10 | 99 | | | | | | | | | X |
| 58 74000 | X-RAY EXAM OF ABDOMEN | 17.74 | 10 | 99 | | | | | | | | | X |
| 58 74010 | X-RAY EXAM OF ABDOMEN | 23.59 | 10 | 99 | | | | | | | | | X |
| 58 74740 | HYSTEOSALPINGOGRAPHY | 8.21 | 10 | 60 | | | | F | | | | | |
| 58 76830 | ECHOGRAPHY, TRANSVAGINAL | 72.87 | 10 | 60 | | | | F | | | | | |
| 58 76831 | ECHO EXAM, UTERUS | 73.17 | 10 | 60 | | | | F | | | | | |
| 58 76856 | ECHOGRAPHY, PELVIC, REAL TIME | 73.10 | 10 | 60 | | | | F | | X | | | |
| 58 76857 | ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW | 50.11 | 10 | 99 | | | | | | | | | |
| 58 76977 | US BONE DENSITY MEASURE | 18.53 | 10 | 99 | | | | | | | | | |
| 58 77078 | COMPUTED TOMOGRAPHY, BONE MINERAL DE | 69.64 | 10 | 99 | | | | | | | | | |
| 58 77080 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX | 61.52 | 10 | 99 | | | | | | | | | |
| 58 77081 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX | 25.39 | 10 | 99 | | | | | | | | | |
| 58 80047 | BASIC METABOLIC PANEL (CALCIUM, IONI | 9.78 | 10 | 99 | | | | | | | | | |
| 58 80048 | BASIC METABOLIC PANEL (CALCIUM, TOTA | 9.25 | 10 | 99 | | | | | | | | | |
| 58 80050 | GENERAL HEALTH PANEL | 32.90 | 10 | 99 | | | | | | | | | |
| 58 80051 | BLOOD TEST PANEL FOR ELECTROLYTES (S | 7.55 | 10 | 99 | | | | | | | | | |
| 58 80053 | BLOOD TEST, COMPREHENSIVE GROUP OF B | 11.57 | 10 | 99 | | | | | | | | | |
| 58 80061 | LIPID PANEL | 11.88 | 10 | 99 | | | | | | | | | |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--------------------------------------|-------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 80069 | RENAL FUNCTION PANEL | 9.50 | 10 | 99 | | | | | | | | |
| 58 80074 | ACUTE HEPATITIS PANEL | 52.09 | 10 | 99 | | | | | | | | |
| 58 80076 | HEPATIC FUNCTION PANEL | 8.93 | 10 | 99 | | | | | | | | |
| 58 80300 | DRUG SCREEN, ANY NUMBER OF DRUG CLAS | 14.47 | 10 | 99 | | | | | | | | |
| 58 80301 | DRUG SCREEN, ANY NUMBER OF DRUG CLAS | 12.51 | 10 | 99 | | | | | | | | |
| 58 80302 | DRUG SCREEN, PRESUMPTIVE, SINGLE DRU | 12.51 | 10 | 99 | | | | | | | | |
| 58 81000 | URINALYSIS, BY DIP STICK OR TABLET | 3.16 | 10 | 99 | | | | | | | | X |
| 58 81001 | URINALYSIS, BY DIP STICK OR TABLET | 3.16 | 10 | 99 | | | | | | | | |
| 58 81002 | URINALYSIS, BY DIP STICK OR TABLET | 2.54 | 10 | 99 | | | | | | | | X |
| 58 81003 | URINALYSIS, BY DIP STICK OR TABLET | 2.24 | 10 | 99 | | | | | | | | |
| 58 81005 | URINALYSIS; QUALITATIVE RO SEMIQUANT | 2.16 | 10 | 99 | | | | | | | | X |
| 58 81007 | URINALYSIS; BACTERIURIA SCREEN, EXCE | 2.56 | 10 | 99 | | | | | | | | |
| 58 81015 | URINALYSIS; MICROSCOPY ONLY | 3.03 | 10 | 99 | | | | | | | | X |
| 58 81020 | URINALYSIS; 2 OR 3 GLASS TEST | 3.67 | 10 | 99 | | | | | | | | |
| 58 81025 | URINE PREGNANCY TEST, BY VISUAL COLO | 6.31 | 10 | 60 | | | F | | | | | |
| 58 82040 | ALBUMIN; SERUM, PLASMA OR WHOLE BLOO | 4.94 | 10 | 99 | | | | | | | | |
| 58 82042 | ALBUMIN; URINE OR OTHER SOURCE, QUAN | 5.15 | 10 | 99 | | | | | | | | |
| 58 82043 | ALBUMIN; URINE MICROALBUMIN, QUANTIT | 5.77 | 10 | 99 | | | | | | | | |
| 58 82120 | AMINES, VAGINAL FLUID, QUALITATIVE | 3.75 | 10 | 99 | | | | | | | | |
| 58 82150 | AMYLASE | 6.44 | 10 | 99 | | | | | | | | X |
| 58 82247 | BILIRUBIN; TOTAL | 3.81 | 10 | 99 | | | | | | | | |
| 58 82310 | CALCIUM; TOTAL | 5.13 | 10 | 99 | | | | | | | | X |
| 58 82330 | CALCIUM; IONIZED | 13.60 | 10 | 99 | | | | | | | | |
| 58 82435 | CHLORIDE; BLOOD | 4.57 | 10 | 99 | | | | | | | | X |
| 58 82465 | CHOLESTEROL, SERUM OR WHOLE BLOOD, T | 4.33 | 10 | 99 | | | | | | | | |
| 58 82550 | CREATINE KINASE (CK), (CPK); TOTAL | 6.48 | 10 | 99 | | | | | | | | X |
| 58 82552 | CREATINE KINASE (CK), (CPK); ISOENZY | 13.34 | 10 | 99 | | | | | | | | X |
| 58 82565 | CREATININE; BLOOD | 5.09 | 10 | 99 | | | | | | | | X |
| 58 82570 | CREATININE; OTHER SOURCE | 5.15 | 10 | 99 | | | | | | | | |
| 58 82575 | CREATININE; CLEARANCE | 9.40 | 10 | 99 | | | | | | | | |
| 58 82607 | CYANOCOBALAMIN (VITAMIN B-12); | 14.99 | 10 | 99 | | | | | | | | |
| 58 82670 | ESTRADIOL | 27.81 | 10 | 99 | | | | | | | | |
| 58 82671 | ESTROGENS; FRACTIONATED | 32.15 | 10 | 99 | | | | | | | | |
| 58 82672 | ESTROGENS; TOTAL | 21.58 | 10 | 99 | | | | | | | | |
| 58 82677 | ESTRIOL | 24.07 | 10 | 99 | | | | | | | | |
| 58 82679 | ESTRONE | 24.84 | 10 | 99 | | | | | | | | |
| 58 82728 | FERRITIN | 13.55 | 10 | 99 | | | | | | | | |
| 58 82746 | FOLIC ACID; SERUM | 14.63 | 10 | 99 | | | | | | | | |
| 58 82947 | GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT | 3.91 | 10 | 99 | | | | | | | | X |
| 58 82948 | GLUCOSE; BLOOD, REAGENT STRIP | 3.16 | 10 | 99 | | | | | | | | X |
| 58 82950 | GLUCOSE; POST GLUCOSE DOSE (INCLUDES | 4.74 | 10 | 99 | | | | | | | | |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--|-------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 82962 | GLUCOSE, BLOOD BY GLUCOSE MONITORING | 2.70 | 10 | 99 | | | | | | | | X |
| 58 83001 | GONADOTROPIN; FOLLICLE STIMULATING H | 18.50 | 10 | 99 | | | | | | | | |
| 58 83002 | GONADOTROPIN; LUTEINIZING HORMONE | 18.42 | 10 | 99 | | | | | | | | |
| 58 83020 | ASSAY HEMOGLOBIN | 12.82 | 10 | 99 | | | | | | | | X |
| 58 83690 | ASSAY BLOOD LIPASE | 6.86 | 10 | 99 | | | | | | | | |
| 58 83986 | PH; BODY FLUID, NOT OTHERWISE SPECIF | 3.56 | 10 | 99 | | | | | | | | X |
| 58 84075 | ASSAY ALKALINE PHOSPHATASE | 5.15 | 10 | 99 | | | | | | | | |
| 58 84132 | ASSAY BLOOD POTASSIUM | 4.57 | 10 | 99 | | | | | | | | X |
| 58 84144 | ASSAY PROGESTERONE | 20.76 | 10 | 99 | | | | | | | | |
| 58 84146 | RIA ASSAY FOR PROLACTIN | 19.28 | 10 | 99 | | | | | | | | |
| 58 84155 | ASSAY SERUM PROTEIN | 3.64 | 10 | 99 | | | | | | | | |
| 58 84157 | ASSAY OF PROTEIN, OTHER | 4.04 | 10 | 99 | | | | | | | | |
| 58 84207 | ASSAY VITAMIN B-6 | 14.07 | 10 | 99 | | | | | | | | |
| 58 84233 | RECEPTOR ASSAY; ESTROGEN(ESTRADIOL) | 64.10 | 10 | 99 | | | | | | | | |
| 58 84234 | RECEPTOR ASSAY; PROGESTERONE | 64.55 | 10 | 99 | | | | | | | | |
| 58 84252 | ASSAY VITAMIN B-2 | 20.15 | 10 | 99 | | | | | | | | |
| 58 84295 | ASSAY BLOOD SODIUM | 4.80 | 10 | 99 | | | | | | | | X |
| 58 84402 | TESTOSTERONE; | 25.34 | 10 | 99 | | | | | | | | |
| 58 84425 | ASSAY VITAMIN B-1 | 21.13 | 10 | 99 | | | | | | | | |
| 58 84443 | RIA ASSAY OF TS HORMONE | 16.72 | 10 | 99 | | | | | | | | |
| 58 84520 | ASSAY BUN | 3.93 | 10 | 99 | | | | | | | | X |
| 58 84550 | ASSAY BLOOD URIC ACID | 4.49 | 10 | 99 | | | | | | | | |
| 58 84702 | GONADOTROPIN, CHORIONIC; QUANTITATIVE | 14.97 | 10 | 99 | | | | | | | | |
| 58 84703 | GONADOTROPIN, CHORIONIC; QUALITATIVE | 7.47 | 10 | 99 | | | | | | | | |
| 58 85004 | AUTOMATED DIFF WBC COUNT | 7.15 | 10 | 99 | | | | | | | | |
| 58 85007 | DIFFERENTIAL WBC COUNT | 2.49 | 10 | 99 | | | | | | | | X |
| 58 85008 | BLOOD COUNT; | 3.43 | 10 | 99 | | | | | | | | |
| 58 85009 | DIFFERENTIAL WBC COUNT | 3.70 | 10 | 99 | | | | | | | | X |
| 58 85013 | BLOOD COUNT; | 2.36 | 10 | 99 | | | | | | | | |
| 58 85014 | BLOOD COUNT OTHER THAN SPUN HEMATOCR | 2.36 | 10 | 99 | | | | | | | | X |
| 58 85018 | HEMOGLOBIN, COLORIMETRIC | 2.36 | 10 | 99 | | | | | | | | X |
| 58 85025 | BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AMT | 7.73 | 10 | 99 | | | | | X | | | |
| 58 85027 | HEMOGRAM, AUTOMATED W/PLATELET COUNT | 6.44 | 10 | 99 | | | | | | | | X |
| 58 85032 | MANUAL CELL COUNT, EACH | 4.77 | 10 | 99 | | | | | | | | X |
| 58 85041 | RED BLOOD CELL (RBC) COUNT | 3.00 | 10 | 99 | | | | | | | | X |
| 58 85045 | RETICULOCYTE COUNT FLOW CYTOMETRY | 3.99 | 10 | 99 | | | | | | | | |
| 58 85048 | WHITE BLOOD CELL (WBC) COUNT | 2.53 | 10 | 99 | | | | | | | | |
| 58 85610 | PROTHROMBIN TIME | 3.92 | 10 | 99 | | | | | | | | X |
| 58 85651 | RBC SEDIMENTATION RATE | 3.53 | 10 | 99 | | | | | | | | |
| 58 85652 | RBC SED RATE, AUTO | 2.68 | 10 | 99 | | | | | | | | |
| 58 85730 | THROMBOPLASTIN TIME, PARTIAL | 5.97 | 10 | 99 | | | | | | | | X |

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--------------------------------------|-------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 86255 | FLUORESCENT ANTIBODY; SCREEN | 11.29 | 10 | 99 | | | | | | | | |
| 58 86318 | IMMUNOASSAY FOR CHEM. CONSTITUENT | 12.88 | 10 | 99 | | | | | | | | |
| 58 86382 | NEUTRALIZATION TEST, VIRAL | 16.83 | 10 | 99 | | | | | | | | |
| 58 86403 | PRECIPITIN (EG, LATEX BEAD) OR AGGLU | 10.15 | 10 | 99 | | | | | | | | |
| 58 86592 | SYPHILIS TEST(S),QUALITATIVE | 4.24 | 10 | 99 | | | | | | | | |
| 58 86593 | SYPHILIS TEST, QUANTITATIVE | 4.39 | 10 | 99 | | | | | | | | |
| 58 86628 | ANTIBODY; | 11.96 | 10 | 99 | | | | | | | | |
| 58 86631 | ANTIBODY; | 11.78 | 10 | 99 | | | | | | | | |
| 58 86632 | ANTIBODY; | 12.63 | 10 | 99 | | | | | | | | |
| 58 86645 | ANTIBODY; | 16.77 | 10 | 99 | | | | | | | | |
| 58 86687 | HTLVI, ANTIBODY DETECTION;IMMUNOASSA | 8.34 | 10 | 99 | | | | | | | | |
| 58 86688 | ANTIBODY; | 10.52 | 10 | 99 | | | | | | | | |
| 58 86689 | CONFIRMATORY TEST | 19.28 | 10 | 99 | | | | | | | | |
| 58 86694 | ANTIBODY; | 14.33 | 10 | 99 | | | | | | | | |
| 58 86695 | ANTIBODY; | 13.14 | 10 | 99 | | | | | | | | |
| 58 86696 | HERPES SIMPLEX TYPE 2 | 21.17 | 10 | 99 | | | | | | | | |
| 58 86698 | ANTIBODY; | 12.43 | 10 | 99 | | | | | | | | |
| 58 86701 | ANTIBODY; | 8.84 | 10 | 99 | | | | | | | | |
| 58 86702 | ANTIBODY; | 10.60 | 10 | 99 | | | | | | | | |
| 58 86703 | ANTIBODY; HIV-1 AND HIV-2, SINGLE RE | 10.52 | 10 | 99 | | | | | | | | |
| 58 86704 | HEP B CORE AB TEST, IGG & M | 13.18 | 10 | 99 | | | | | | | | |
| 58 86705 | HEP B CORE AB TEST, IGM | 12.88 | 10 | 99 | | | | | | | | |
| 58 86706 | HEPATITIS B SURFACE AB TEST | 11.75 | 10 | 99 | | | | | | | | |
| 58 86707 | HEPATITIS BE AB TEST | 12.64 | 10 | 99 | | | | | | | | |
| 58 86762 | ANTIBODY; | 14.33 | 10 | 99 | | | | | | | | |
| 58 86787 | ANTIBODY; | 11.16 | 10 | 99 | | | | | | | | |
| 58 86803 | HEPATITIS C AB TEST | 15.62 | 10 | 99 | | | | | | | | |
| 58 86804 | HEP C AB TEST, CONFIRM | 16.93 | 10 | 99 | | | | | | | | |
| 58 86900 | BLOOD TYPING; | 2.98 | 10 | 99 | | | | | | | | |
| 58 86901 | BLOOD TYPING; | 3.29 | 10 | 99 | | | | | | | | |
| 58 86904 | BLOOD TYPING; | 9.46 | 10 | 99 | | | | | | | | X |
| 58 86905 | BLOOD TYPING; | 3.80 | 10 | 99 | | | | | | | | X |
| 58 87015 | SPECIMEN CONCENTRATION | 6.65 | 10 | 99 | | | | | | | | X |
| 58 87040 | BLOOD CULTURE FOR BACTERIA | 10.28 | 10 | 99 | | | | | | | | X |
| 58 87070 | CULTURE SPECIMEN, BACTERIA | 8.57 | 10 | 99 | | | | | | | | X |
| 58 87071 | CULTURE BACTERI AEROBIC OTHR | 9.38 | 10 | 99 | | | | | | | | |
| 58 87073 | CULTURE BACTERIA ANAEROBIC | 9.38 | 10 | 99 | | | | | | | | |
| 58 87075 | CULTURE SPECIMEN, BACTERIA | 9.42 | 10 | 99 | | | | | | | | X |
| 58 87076 | BACTERIA IDENTIFICATION | 8.83 | 10 | 99 | | | | | | | | |
| 58 87077 | CULTURE AEROBIC IDENTIFY | 8.83 | 10 | 99 | | | | | | | | X |
| 58 87081 | BACTERIA CULTURE SCREEN | 6.59 | 10 | 99 | | | | | | | | |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|---|-------|-----|---------|-----|----|-----|-----|----|-------|-------|------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED | PA | SEX | PSR | SL | BASE | X- | UVS |
| | | | | | REV | | | | | UNITS | OVERS | >001 |
| 58 87086 | URINE CULTURE, COLONY COUNT | 8.03 | 10 | 99 | | | | | | | | |
| 58 87088 | URINE BACTERIA CULTURE | 8.06 | 10 | 99 | | | | | | | | |
| 58 87102 | FUNGUS ISOLATION CULTURE | 8.36 | 10 | 99 | | | | | | | | |
| 58 87110 | CULTURE, CHLAMYDIA | 19.49 | 10 | 99 | | | | | | | | |
| 58 87147 | CULTURE TYPING, SEROLOGIC | 4.28 | 10 | 99 | | | | | | | | |
| 58 87164 | DARK FIELD EXAMINATION | 10.69 | 10 | 99 | | | | | | | | |
| 58 87184 | ANTIBIOTIC SENSITIVITY, EACH | 6.87 | 10 | 99 | | | | | | | | X |
| 58 87186 | ANTIBIOTIC SENSITIVITY, MIC | 8.61 | 10 | 99 | | | | | | | | |
| 58 87205 | SMEAR, STAIN & INTERPRET | 4.24 | 10 | 99 | | | | | | | | X |
| 58 87206 | SMEAR, STAIN & INTERPRET | 5.34 | 10 | 99 | | | | | | | | X |
| 58 87207 | SMEAR, STAIN & INTERPRET | 5.96 | 10 | 99 | | | | | | | | X |
| 58 87210 | SMEAR, STAIN & INTERPRET | 4.24 | 10 | 99 | | | | | | | | X |
| 58 87220 | TISSUE EXAMINATION FOR FUNGI | 4.24 | 10 | 99 | | | | | | | | |
| 58 87252 | VIRUS ID; TISSUE CULT. INOCULATION/OBS | 25.93 | 10 | 99 | | | | | | | | |
| 58 87253 | VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT | 20.10 | 10 | 99 | | | | | | | | X |
| 58 87254 | VIRUS INOCULATION, SHELL VIA | 19.46 | 10 | 99 | | | | | | | | X |
| 58 87255 | GENET VIRUS ISOLATE, HSV | 37.44 | 10 | 99 | | | | | | | | X |
| 58 87270 | CHYLM D TRACH AG, DFA | 13.13 | 10 | 99 | | | | | | | | |
| 58 87273 | HERPES SIMPLEX 2, AG, IF | 13.13 | 10 | 99 | | | | | | | | |
| 58 87274 | HERPES SIMPLEX AG, DFA | 13.13 | 10 | 99 | | | | | | | | |
| 58 87320 | CHYLM D TRACH AG, EIA | 13.13 | 10 | 99 | | | | | | | | |
| 58 87340 | HEPATITIS B SURFACE AG, EIA | 11.29 | 10 | 99 | | | | | | | | |
| 58 87350 | HEPATITIS B AG, EIA | 12.60 | 10 | 99 | | | | | | | | |
| 58 87389 | INFECTIOUS AGENT ANTIGEN DETECTION B | 23.00 | 10 | 99 | | | | | | | | |
| 58 87390 | HIV-1 AG, EIA | 19.29 | 10 | 99 | | | | | | | | |
| 58 87391 | HIV-2 AG, EIA | 19.29 | 10 | 99 | | | | | | | | |
| 58 87470 | BARTONELLA, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87480 | CANDIDA, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87481 | CANDIDA, DNA, AMP PROBE | 38.39 | 10 | 99 | | | | | | | | |
| 58 87485 | CHYLM D PNEUM, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87486 | CHYLM D PNEUM, DNA, AMP PROBE | 38.39 | 10 | 99 | | | | | | | | |
| 58 87490 | CHYLM D TRACH, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87491 | CHYLM D TRACH, DNA, AMP PROBE | 38.39 | 10 | 99 | | | | | | | | X |
| 58 87495 | CYTOMEG, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87496 | CYTOMEG, DNA, AMP PROBE | 38.39 | 10 | 99 | | | | | | | | |
| 58 87497 | CYTOMEG, DNA, QUANT | 46.85 | 10 | 99 | | | | | | | | |
| 58 87510 | GARDNER VAG, DNA, DIR PROBE | 21.93 | 10 | 60 | | | | F | | | | |
| 58 87511 | GARDNER VAG, DNA, AMP PROBE | 38.39 | 10 | 60 | | | | F | | | | |
| 58 87528 | HSV, DNA, DIR PROBE | 21.93 | 10 | 99 | | | | | | | | |
| 58 87529 | HSV, DNA, AMP PROBE | 38.39 | 10 | 99 | | | | | | | | |
| 58 87530 | HSV, DNA, QUANT | 46.85 | 10 | 99 | | | | | | | | |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----|-------|---------------------------------------|-------|----------------|------------|----|-----|-----|----|---------------|-------------|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | PA | SEX | PSR | SL | BASE UNITS | X- OVERS | UVS >001 |
| 58 | 87531 | HHV-6, DNA, DIR PROBE | 21.93 | 10 99 | | | | | | | | |
| 58 | 87532 | HHV-6, DNA, AMP PROBE | 38.39 | 10 99 | | | | | | | | |
| 58 | 87533 | HHV-6, DNA, QUANT | 41.55 | 10 99 | | | | | | | | |
| 58 | 87534 | HIV-1, DNA, DIR PROBE | 21.93 | 10 99 | | | | | | | | |
| 58 | 87535 | DETECTION TEST FOR HIV-1 VIRUS | 38.39 | 10 99 | | | | | | | | |
| 58 | 87536 | DETECTION TEST FOR HIV-1 VIRUS | 84.69 | 10 99 | | | | | | | | |
| 58 | 87537 | HIV-2, DNA, DIR PROBE | 21.93 | 10 99 | | | | | | | | |
| 58 | 87538 | DETECTION TEST FOR HIV-2 VIRUS | 38.39 | 10 99 | | | | | | | | |
| 58 | 87590 | N.GONORRHOEAE, DNA, DIR PROB | 21.93 | 10 99 | | | | | | | | |
| 58 | 87591 | N.GONORRHOEAE, DNA, AMP PROB | 38.39 | 10 99 | | | | | | | | X |
| 58 | 87623 | INFECTIOUS AGENT DETECTION BY NUCLEI | 35.82 | 10 99 | | | | | | | | |
| 58 | 87624 | INFECTIOUS AGENT DETECTION BY NUCLEI | 35.82 | 10 99 | | | | | | | | |
| 58 | 87625 | INFECTIOUS AGENT DETECTION BY NUCLEI | 35.82 | 10 99 | | | | | | | | |
| 58 | 87660 | TRICHOMONAS VAGIN, DIR PROBE | 22.18 | 10 60 | | | | | | | | |
| 58 | 87797 | DETECT AGENT NOS, DNA, DIR | 21.93 | 10 99 | | | | | | | | |
| 58 | 87800 | DETECT AGNT MULT, DNA, DIREC | 39.90 | 10 99 | | | | | | | | |
| 58 | 87801 | DETECT AGNT MULT, DNA, AMPLI | 69.85 | 10 99 | | | | | | | | |
| 58 | 87806 | INFECTIOUS AGENT ANTIGEN DETECTION B | 22.95 | 10 99 | | | | | | | | |
| 58 | 87808 | INFECTIOUS AGENT ANTIGEN DETECTION B | 13.26 | 10 99 | | | | | | | | |
| 58 | 87810 | CHYLM D TRACH ASSAY W/OPTIC | 13.13 | 10 99 | | | | | | | | |
| 58 | 87850 | N. GONORRHOEAE ASSAY W/OPTIC | 13.13 | 10 99 | | | | | | | | |
| 58 | 87905 | INFECTIOUS AGENT ENZYMATIC ACTIVITY | 14.12 | 10 99 | | | | | | | | |
| 58 | 88108 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR B | 45.70 | 10 99 | | | | | | | | |
| 58 | 88141 | CYTOPATH CERV/VAG INTERPRET | 20.10 | 10 60 | | | | | | | | F |
| 58 | 88142 | CYTOPATH CERV/VAG THIN LAYER | 15.03 | 10 60 | | | | | | | | F |
| 58 | 88143 | CYTPATH C/VAG T/LAYER REDO | 13.68 | 10 60 | | | | | | | | F |
| 58 | 88147 | CYTPATH C/VAG AUTOMATED | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88148 | CYTPATH C/VAG AUTO RESCREEN | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88150 | CYTOPATHOLOGY, PAP SMEAR | 10.52 | 10 60 | | | | | | | | F X |
| 58 | 88152 | CYTOPATH CERV/VAG AUTO | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88153 | CYTPATH C/VAG REDO | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88154 | CYTPATH C/VAG SELECT | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88155 | CYTOPATH, (PAP); W/ DEF.HORMONAL EVAL | 5.96 | 10 60 | | | | | | | | F X |
| 58 | 88160 | CYTOPATHOLOGY | 33.36 | 10 99 | | | | | | | | |
| 58 | 88161 | CYTOPATH...;PREP,SCREEN,INTERP. | 36.39 | 10 99 | | | | | | | | |
| 58 | 88162 | CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI | 49.92 | 10 99 | | | | | | | | |
| 58 | 88164 | CYTPATH TBS C/VAG MANUAL | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88165 | CYTPATH TBS C/VAG REDO | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88166 | CYTPATH TBS C/VAG AUTO REDO | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88167 | CYTPATH TBS C/VAG SELECT | 10.52 | 10 60 | | | | | | | | F |
| 58 | 88172 | CYTOPATHOLOGY, EVALUATION OF FINE NE | 33.44 | 10 99 | | | | | | | | |

TAKE CHARGE PLUS FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|----------|--------------------------------------|--------|-----|---------|---------|----|-----|-----|----|------------|---------|----------|
| TS CODE | DESCRIPTION | FEE | AGE | MIN-MAX | MED REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 58 88173 | FINE NEEDLE ASPIRATE..;INTERP/REPORT | 85.60 | 10 | 99 | | | | | | | | |
| 58 88174 | CYTOPATHOLOGY,CERVIAL OR VAGINAL COL | 16.15 | 10 | 60 | | | F | | | | | |
| 58 88175 | CYTOPATHOLOGY WITH SCREENING | 20.34 | 10 | 99 | | | | | | | | |
| 58 88300 | SURGICAL PATHOLOGY, GROSS | 14.19 | 10 | 99 | | | | | | | | X |
| 58 88302 | PATHOLOGY EXAMINATION OF TISSUE USIN | 29.30 | 10 | 99 | | | | | | | | X |
| 58 88305 | PATHOLOGY EXAMINATION OF TISSUE USIN | 65.86 | 10 | 99 | | | | | | | | X |
| 58 88307 | PATHOLOGY EXAMINATION OF TISSUE USIN | 129.86 | 10 | 99 | | | | | | | | |
| 58 88312 | SPECIAL STAIN INCLUDING INTERPRETATI | 58.29 | 10 | 99 | | | | | | | | |
| 58 88313 | SPECIAL STAIN INCLUDING INTERPRETATI | 43.68 | 10 | 99 | | | | | | | | |
| 58 88342 | IMMUNOCYTOCHEMISTRY (INCLUDING TISSU | 61.93 | 10 | 99 | | | F | | | | | |
| 58 90471 | IMMUNIZATION ADMIN, ONE VACC,(SC/IM) | 14.70 | 10 | 99 | | | | | | | | |
| 58 90472 | IMMUNIZATION ADMIN, EA ADDL VACCINE | 9.13 | 10 | 99 | | | | | | | | X |
| 58 90649 | HPV VACCINE 4 VALENT, IM | 121.03 | 10 | 99 | | | | | | | | |
| 58 90650 | HUMAN PAPILLOMA VIRUS (HPV) VACCINE, | 124.37 | 10 | 99 | | | | | | | | |
| 58 90651 | HUMAN PAPILLOVAVIRUS VACCINE TYPES 6 | 162.34 | 09 | 26 | | | | | | | | |
| 58 93000 | ROUTINE ECG W/AT LEAST 12 LEADS | 13.72 | 10 | 99 | | | | | | | | X |
| 58 99050 | SVCS @ TIME OTHER THAN REG SCHED HRS | 13.38 | 10 | 99 | | | | | | | | |
| 58 99144 | MODERATE SEDATION SERVICES BY PHYSIC | 63.43 | 10 | 99 | X | | | | | | | |
| 58 99201 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 24.61 | 10 | 99 | | | | | | | | |
| 58 99202 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 42.77 | 10 | 99 | | | | | | | | |
| 58 99203 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 62.18 | 10 | 99 | | | | | | | | |
| 58 99204 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 96.56 | 10 | 99 | | | | | | | | |
| 58 99205 | NEW PATIENT OFFICE OR OTHER OUTPATIE | 122.19 | 10 | 99 | | | | | | | | |
| 58 99211 | OFFICE,EST PT, MINIMAL PROBLEMS | 12.36 | 10 | 99 | | | | | | | | X |
| 58 99212 | ESTABLISHED PATIENT OFFICE OR OTHER | 24.83 | 10 | 99 | | | | | | | | X |
| 58 99213 | ESTABLISHED PATIENT OFFICE OR OTHER | 41.53 | 10 | 99 | | | | | | | | |
| 58 99214 | ESTABLISHED PATIENT OFFICE OR OTHER | 62.65 | 10 | 99 | | | | | | | | |
| 58 99215 | ESTABLISHED PATIENT OFFICE OR OTHER | 84.93 | 10 | 99 | | | | | | | | |
| 58 99221 | INITIAL HOSPITAL INPATIENT CARE, TYP | 62.52 | 10 | 99 | | | | | | | | |
| 58 99222 | INITIAL HOSPITAL INPATIENT CARE, TYP | 85.35 | 10 | 99 | | | | | | | | |
| 58 99223 | INITIAL HOSPITAL INPATIENT CARE, TYP | 125.54 | 10 | 99 | | | | | | | | |
| 58 99231 | SUBSEQUENT HOSPITAL INPATIENT CARE, | 25.81 | 10 | 99 | | | | | | | | |
| 58 99232 | SUBSEQUENT HOSPITAL INPATIENT CARE, | 46.42 | 10 | 99 | | | | | | | | |
| 58 99233 | SUBSEQUENT HOSPITAL INPATIENT CARE, | 66.52 | 10 | 99 | | | | | | | | |
| 58 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT | 45.85 | 10 | 99 | | | | | | | | |
| 58 99239 | HOSPITAL DISCHARGE DAY | 66.67 | 10 | 99 | | | | | | | | |
| 58 99385 | INIT COMP PREV MED 18-39 YRS | 76.67 | 18 | 39 | | | | | | X | | |
| 58 99386 | INIT COMP PREV MED 40-64 YRS | 89.97 | 40 | 64 | | | | | | X | | |
| 58 99395 | ESTABLISHED PATIENT PERIODIC PREVENT | 66.65 | 18 | 39 | | | | | | X | | |
| 58 99396 | ESTABLISHED PATIENT PERIODIC PREVENT | 73.03 | 40 | 64 | | | | | | X | | |