



El plan que trabaja contigo

COMPENSATION

In consideration to the services offered by the Provider in the area of **GYNECOLOGY** to the subscribers of Auxilio Salud Plus, Inc., according to the contract of services subscribe among the parts, the Plan compromises to pay the Provider the rates of ASP, less the applicable co pays:

<i>CODES</i>	<i>DESCRIPTION</i>	<i>RATES</i>
99202-99205*	New Patient Office Visit	\$32.00
99211-99215*	Established Patient Office Visit	\$26.00

**Less the applicable co-pay/coinsurance*

Note: Always verify if the contracted procedures are covered in the subscriber's policy. If you have doubts, please call our offices 787-756-5971.

These rates apply to services offered by the Provider from the execution of the contract by both parties.

Auxilio Salud Plus

Provider

License Number: _____

NPI Number: _____

Rev.1/2023

GYNECOLOGY	Description	Code	Fee
	Evaluation and Management		
		G2012	\$25.00
	Initial Hospital Care/Day	99221	\$41.00
	Initial Hospital Care/Day	99222	\$41.00
	Initial Hospital Care/Day	99223	\$41.00
	Sbsq Hospital Care/Day	99231	\$25.00
	Sbsq Hospital Care/Day	99232	\$25.00
	Sbsq Hospital Care/Day	99233	\$25.00
	Hospital Discharge Day Management	99238	\$18.00
	Hospital Discharge Day Management	99239	\$18.00
	Initl Inpatient Consult New/Estab Pt	99251	\$70.00
	Initl Inpatient Consult New/Estab Pt	99252	\$70.00
	Initl Inpatient Consult New/Estab Pt	99253	\$70.00
	Initl Inpatient Consult New/Estab Pt	99254	\$70.00
	Initl Inpatient Consult New/Estab Pt	99255	\$70.00
	Emergency Department Visit	99281	\$50.00
	Emergency Department Visit	99282	\$50.00
	Emergency Department Visit	99283	\$50.00
	New Patient Preventive Medicine Services	99384	\$32.00
	New Patient Preventive Medicine Services	99385	\$32.00
	New Patient Preventive Medicine Services	99386	\$32.00
	Periodic Comprehensive Preventive	99394	\$27.00
	Periodic Comprehensive Preventive	99395	\$27.00
	Periodic Comprehensive Preventive	99396	\$27.00
	Female Genital System		
	I&D Vulva/Perineal Abscess	56405	\$112.00
	I&D Of Bartholins Gland Abscess	56420	\$110.00
		56441	\$129.00
		56442	\$70.00
		56501	\$113.00
		56515	\$172.00
	Biopsy Vulva/Perineum 1 Lesion Spx	56605	\$66.00
		56606	\$32.00
		56620	\$452.00
		56625	\$605.00
		56630	\$1,000.00
		56631	\$1,200.00
		56632	\$1,300.00
		56633	\$1,100.00
		56634	\$1,350.00
		56637	\$1,400.00
		56640	\$1,600.00
		56740	\$218.00
		56800	\$217.00

GYNECOLOGY	Description	Code	Fee
	Female Genital System		
		56820	\$94.00
		56821	\$150.00
	Destruction Vaginal Lesions Extensive	57065	\$302.12
	Biopsy Vaginal Mucosa Simple	57100	\$91.00
	Excision Vaginal Cyst/Tumor	57135	\$520.00
	Irrigation Vagina&/Appl Medicament Tx Disease	57150	\$46.00
	Pelvic Examination W/Anesthesia Other Than Local	57410	\$166.40
	Colposcopy Cervix Upper/Adjacent Vagina	57452	\$285.00
	Colposcopy Cervix Bx Cervix & Endocrv Curretage	57454	\$370.50
	Colposcopy Cervix Uppr/Adjcnt Vagina W/Cervix Bx	57455	\$370.50
	Colposcopy Cervix Vag Loop Eltrd Bx Cervix	57460	\$450.00
	Biopsy Cervix Single/Mult/Excision Of Lesion Spx	57500	\$89.00
	Endocervical Curettage W/Dilation & Curettage	57505	\$150.00
	Cautery Cervix Electro/Thermal	57510	\$147.00
	Conization Cervix W/Wo D&C Rpr Knife/Laser	57520	\$297.60
	Conization Cervix W/Wo D&C Rpr Eltrd Exc	57522	\$276.90
	Endometrial Bx W/Wo Endocervix Bx W/O Dilat Spx	58100	\$88.00
	Endometrial Bx Conjunct W/Colposcopy	58110	\$269.00
	Dilation & Curettage Dx&/Ther Nonobstetric	58120	\$172.00
	Myomectomy 1-4 Myomas W/250 Gm/< Abdominal Appr	58140	\$868.40
	Total Abdominal Hysterect W/Wo Rmvl Tube Ovary	58150	\$734.00
	Hysterectomy Procedure	58152	\$939.00
	Hysterectomy Procedure	58180	\$715.00
	Hysterectomy Procedure	58200	\$1,075.00
	Rad Abdl Hysterectomy W/Bi Pelvic Lmphadenectomy	58210	\$1,600.00
	Hysterectomy Procedure	58240	\$2,100.00
	Hysterectomy Procedure	58260	\$681.00
	Vag Hyst 250 Gm/< W/Rmvl Tube&/Ovary	58262	\$725.00

GYNECOLOGY	Description	Code	Fee
	Hysterectomy Procedure	58263	\$950.00
	Hysterectomy Procedure	58267	\$917.00
	Hysterectomy Procedure	58270	\$825.00
	Hysterectomy Procedure	58275	\$850.00
	Hysterectomy Procedure	58280	\$1,075.00
	Hysterectomy Procedure	58285	\$1,400.00
	Hysterectomy Procedure	58290	\$858.00
	Hysterectomy Procedure	58291	\$943.00
	Hysterectomy Procedure	58292	\$999.00
	Hysterectomy Procedure	58293	\$1,038.00
	Hysterectomy Procedure	58294	\$920.00
	Corpus Uteri Introduction	58300	\$60.00
	Removal Intrauterine Device IUD	58301	\$60.00
		58321	\$100.00
		58322	\$150.00
		58323	\$25.00
	Cath & Saline/Contrast Sonohyster/ Hysterosalpi	58340	\$378.00
		58345	\$195.00
		58346	\$326.00
		58350	\$88.00
		58353	\$180.00
		58356	\$406.00
		58400	\$500.00
		58410	\$590.00
		58520	\$551.00
		58540	\$661.00
		58541	\$649.00
		58542	\$718.00
		58543	\$730.00
		58544	\$791.00
		58545	\$690.00
		58546	\$869.00
	Laps W/Rad Hyst W/Bilat Lmphadec Rmvl Tube/Ovary	58548	\$2,122.90
	Female Genital System		
	Laps W/Vag Hysterect 250 Gm/&Rmvl Tube&/Ovaries	58552	\$672.00

GYNECOLOGY	Description	Code	Fee
	Hysteroscopy Bx Endometrium&/Polypc W/Wo D&C	58558	\$409.50
	Hysteroscopy Removal Impacted Foreign Body	58562	\$331.50
	Laparoscopy Tot Hysterectomy >250 G W/Tube/Ovar	58573	\$1,202.50
		58600	\$400.00
		58605	\$300.00
	Lig/Trnsxj Falopian Tube Cesarean Del/Abdml Surg	58611	\$200.00
		58615	\$400.00
		58660	\$528.00
	Endometrial Bx W/Wo Endocervix Bx W/O Dilat Spx	58661	\$88.00
	Endometrial Bx Conjunct W/Colposcopy	58662	\$269.00
	Laparoscopy Salpingostomy	58673	\$637.00
	Salpingectomy Complete/Partial Uni/Bi Spx	58700	\$536.00
	Salpingo-Oophorectomy Compl/Prtl Uni/Bi Spx	58720	\$529.00
		58740	\$625.00
		58750	\$687.00
		58752	\$678.00
		58760	\$612.00
		58770	\$750.00
		58800	\$257.00
		58805	\$400.00
		58820	\$227.00
		58822	\$466.00
		58825	\$502.00
		58900	\$450.00
		58920	\$510.00
	Ovarian Cystectomy Uni/Bi	58925	\$523.00
	Rescj Prim Prtl Mal W/Bso & Omntc Tah & Lmphad	58951	\$1,265.00

GYNECOLOGY	Description	Code	Fee
	Rescj Prim Prtl Mal W/Bso&Omntc Rad Debulking	58952	\$1,285.00
	Bso W/Tot Omentectomy & Hysterectomy Malignanc	58956	\$1,827.00
	Resecj Recur Ovarian/Tubal/Peritoneal Malignancy	58957	\$1,120.00

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