



El plan que trabaja contigo

## COMPENSATION

In consideration to the services offered by the Provider in **HEMATOLOGY ONCOLOGY** 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>
99201-99205*	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

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License Number: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Rev.1/2023

HEMA ONCOLOGY	Description	Code	Fee
	BLD-DRV HEMATOP PROGEN CELL HRVG TRANSPL AUTOL		
		38206	\$1,000.00
	BONE MARROW OR STEM CELL SERVICES/PROCEDURES		
		38220	\$30.00
		38221	\$100.00
	TRANSPL AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR		
		38241	\$500.00
	NEW PATIENT		
		99201	\$32.00
		99202	\$32.00
		99203	\$32.00
		99204	\$32.00
		99205	\$32.00
	ESTABLISHED PATIENT		
		99211	\$26.00
		99212	\$26.00
		99213	\$26.00
		99214	\$26.00
		99215	\$26.00
	INITIAL HOSPITAL CARE/DAY		
		99221	\$41.00
		99222	\$41.00
		99223	\$41.00
	SBSQ HOSPITAL CARE/DAY		
		99231	\$18.00
		99232	\$18.00
		99233	\$18.00
	HOSPITAL DISCHARGE DAY MANAGEMENT		
		99238	\$18.00
		99239	\$18.00
HEMA ONCOLOGY	Description	Code	Fee
	INITL INPATIENT CONSULT NEW/ESTAB PT		
		99251	\$41.00
		99252	\$41.00
		99253	\$41.00
		99254	\$41.00
		99255	\$41.00
	HYDRATION INFUSION		
		96360	\$40.00

HYDATRION INFUSION		
	99361	\$13.00
INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS		
	96365	\$50.00
	96366	\$16.00
(Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)	96367	\$27.00
(Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)	96368	\$16.00
(Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)	96372	\$12.50
INJECTION AND INTRAVENOUS INFUSION CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION		
	96401	\$35.00
	96402	\$35.00
	96409	\$35.00
	96411	\$35.00
	96413	\$60.00
	96415	\$37.00
	96416	\$50.00
	96417	\$37.00
INJECTION AND INFUSION SERVICES		
	96522	\$50.00
	96523	\$18.00
HEMATOLOGY AND COAGULATION PROCEDURES		
	85060	\$30.00
BONE MARROW SMEAR INTERPRETATION		
	85097	\$40.00
OTHER MEDICINE SERVICES AND PROCEDURES		
	99195	\$16.25
CONTINÚA		

CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT		
	Q0084	\$100.00

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