



El plan que trabaja contigo

## COMPENSATION

In consideration to the services offered by the Provider in the area of **OB/GYN AND PERINATOLOGIST** 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	\$40.00
99211-99215*	Established Patient Office Visit	\$40.00

*\*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.10/2022

OB/GYN	Description	Code	Fee
	Evaluation and Management		
	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

OB/GYN	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
	Rad Abdl Hysterectomy W/Bi Pelvic Lmphadenectomy	58210	\$1,600.00
	Vag Hyst 250 Gm/< W/Rmvl Tube&/Ovary	58262	\$725.00
	Corpus Uteri Introduction	58300	\$60.00
	Removal Intrauterine Device Iud	58301	\$60.00
	Cath & Saline/Contrast Sonohyster/Hysterosalpi	58340	\$378.00
	Laps W/Rad Hyst W/Bilat Lmphadec Rmvl Tube/Ovary	58548	\$2,122.90

OB/GYN	Description	Code	Fee
	<b>Female Genital System</b>		
	Laps W/Vag Hysterect 250 Gm/&Rmvl Tube&/Ovaries	58552	\$672.00
	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
	Lig/Trnsxj Falopian Tube Cesarean Del/Abdml Surg	58611	\$200.00
	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
	Ovarian Cystectomy Uni/Bi	58925	\$523.00
	Rescj Prim Prtl Mal W/Bso & Omntc Tah & Lmphad	58951	\$1,265.00
	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
	<b>Maternity Care and Delivery</b>		
	Amniocentesis Diagnostic	59000	\$100.00
	Fetal Nonstress Test	59025	\$58.50
	Fetal Monitr Labor Phys Wrtn Reprt Interpj Only	59051	\$100.00
	Tx Ectopic Pregnancy Abdominal/Vaginal Appr	59120	\$600.00
	Laps Tx Ectopic Preg W/O Salping&/Oophorectomy	59150	\$780.00
	Laps Tx Ectopic Preg W/Salping&/Oophorectomy	59151	\$750.00
	Curettage Postpartum	59160	\$250.90
	Cerclage Cervix Pregnancy Vaginal	59320	\$200.00
	Cerclage Cervix Pregnancy Abdominal	59325	\$75.00

OB/GYN	Description	Code	Fee
	Maternity Care and Delivery		
	Vaginal Delivery Only W/Postpartum Care	59410	\$900.00
	Cesarean Delivery Only /Postpartum Care	59515	\$900.00
	Stot/Tot Hysterectomy After Cesaren Delivery	59525	\$507.00
	Vaginal Delivery & Postpartum Care Vbac	59614	\$900.00
	Tx Incomplete Abortion Any Trimester Surgical	59812	\$308.10
	Amniocentesis Diagnostic	59000	\$100.00
	Fetal Nonstress Test	59025	\$58.50
	Ultrasound Pregnant Uterus		
	US, Pregnant Uterus, Fetal And Maternal Evaluation, First Trimester	76801	\$75.00
	US, Pregnant Uterus, Fetal And Maternal Evaluation, First Trimester	76802	\$60.00
	US, Pregnant Uterus, Fetal And Maternal Evaluation, First Trimester	76805	\$75.00
	US, Pregnant Uterus, , Fetal And Maternal Evaluation, First Trimester	76810	\$75.00
	Us Preg Uterus W/Detail Fetal Anat 1st Gestation	76811	\$125.00
	Us Preg Uterus Detail Fetal Anat Exam Ea Gestat	76812	\$100.00
	Us Fetal Nuchal Translucency 1st Gestation	76813	\$75.00
	Diagnostic Ultrasound Procedures Of The Pelvis Obstetrical	76815	\$75.00
	Us Preg Uterus Real Time W/Image Dcmtn Transvag	76817	\$100.00
	Fetal Biophysical Profile Non-Stress Testing	76818	\$100.00
	Diagnostic Ultrasound Procedures Of The Pelvis Obstetrical	76819	\$100.00
	Doppler Velocimetry, Fetal	76820	\$0.00
	Ultrasound Transvaginal	76830	\$90.00

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