



El plan que trabaja contigo

## COMPENSATION

In consideration to the services offered by the Provider in the area of **OB/GYN** 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

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\_\_\_\_\_

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

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

Rev.1/2023

| 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<br>Disease    | 57150 | \$46.00    |
|        | Pelvic Examination W/Anesthesia Other Than<br>Local | 57410 | \$166.40   |
|        | Colposcopy Cervix Upper/Adjacent Vagina             | 57452 | \$285.00   |
|        | Colposcopy Cervix Bx Cervix & Endocrv<br>Curretage  | 57454 | \$370.50   |
|        | Colposcopy Cervix Uppr/Adjcnt Vagina<br>W/Cervix Bx | 57455 | \$370.50   |
|        | Colposcopy Cervix Vag Loop Eltrd Bx Cervix          | 57460 | \$450.00   |
|        | Biopsy Cervix Single/Mult/Excision Of Lesion<br>Spx | 57500 | \$89.00    |
|        | Endocervical Curettage W/Dilation &<br>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<br>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/<<br>Abdominal Appr  | 58140 | \$868.40   |
|        | Total Abdominal Hysterect W/Wo Rmvl Tube<br>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<br>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   |

| OB/GYN | 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/<br>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<br>Tube/Ovary | 58548 | \$2,122.90 |
|        | <b>Female Genital System</b>                        |       |            |
|        | Laps W/Vag Hysterect 250 Gm/&Rmvl<br>Tube&/Ovaries  | 58552 | \$672.00   |

| OB/GYN | 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 |
|        | 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 |

| OB/GYN | Description  | Code  | Fee        |
|--------|--|-------|------------|
|        | Maternity Care and Delivery                        |       |            |
|        | Amniocentesis Diagnostic                           | 59000 | \$100.00   |
|        |  | 59001 | \$132.00   |
|        |  | 59012 | \$186.00   |
|        |  | 59015 | \$1,025.00 |
|        |  | 59020 | \$73.00    |
|        | Fetal Nonstress Test                               | 59025 | \$58.50    |
|        |  | 59030 | \$110.00   |
|        | Fetal Monitr Labor Phys Wrtn Reprt<br>Interpj Only | 59051 | \$100.00   |
|        |  | 59070 | \$310.00   |
|        |  | 59072 | \$371.00   |
|        |  | 59074 | \$295.00   |
|        |  | 59076 | \$371.00   |
|        |  | 59100 | \$604.00   |
|        | Tx Ectopic Pregnancy Abdominal/Vaginal<br>Appr     | 59120 | \$600.00   |
|        |  | 59121 | \$578.00   |
|        |  | 59130 | \$654.00   |
|        |  | 59135 | \$850.00   |
|        |  | 59136 | \$642.00   |
|        |  | 59140 | \$400.00   |
|        | Laps Tx Ectopic Preg W/O<br>Salping&/Oophorectomy  | 59150 | \$780.00   |
|        | Laps Tx Ectopic Preg<br>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    |
|        | 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<br>Delivery    | 59525 | \$507.00   |
|        | Vaginal Delivery & Postpartum Care Vbac            | 59614 | \$1,086.00 |
|        | Tx Incomplete Abortion Any Trimester<br>Surgical   | 59812 | \$308.10   |
|        |  | 59820 | \$247.00   |

| OB/GYN | Description   | Code  | Fee      |
|--------|---|-------|----------|
|        |   | 59821 | \$262.00 |
|        |   | 59830 | \$330.00 |
|        |   | 59840 | \$218.00 |
|        |   | 59841 | \$232.00 |
|        |   | 59866 | \$181.00 |
|        |   | 59870 | \$306.00 |
|        |   | 59871 | \$130.00 |
|        | 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  |

Auxilio Salud Plus

Provider

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

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

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