



El plan que trabaja contigo

COMPENSATION

In consideration to the services offered by the Provider in the area of **PEDIATRICS** 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	\$28.00

**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

PEDIATRICIAN		Description	Code	Fee
Observation Care Discharge Services				
			99217	\$20.00
Initial Observation Care				
New or Established Patient				
			99218	\$0.00
			99219	\$0.00
			99220	\$0.00
Subsequent Observation Care				
			99224	\$0.00
			99225	\$0.00
Initial Hospital Care				
New or Established Patient				
			99221	\$41.00
			99222	\$41.00
			99223	\$41.00
Subsequent Hospital Care				
			99231	\$18.00
			99232	\$18.00
			99233	\$18.00
Observation or Inpatient Care Services (Including Admission and Discharge Services)				
			99234	\$18.00
			99235	\$18.00
			99236	\$18.00
Hospital Discharge Services				
			99238	\$18.00
			99239	\$18.00
Office or Other Outpatient Consultations				
New or Established Patient				
			99241	\$48.00
			99242	\$48.00
			99243	\$48.00
			99244	\$48.00
			99245	\$48.00
New or Establishehd Patient				
			99251	\$41.00
			99252	\$41.00
			99253	\$41.00
			99254	\$41.00
			99255	\$41.00
Evaluation and Management				
			G2012	\$25.00

PEDIATRICIAN	Description	Code	Fee
	New Patient		
		99381	\$32.00
		99382	\$32.00
		99383	\$32.00
		99384	\$32.00
		99385	\$32.00
		99386	\$32.00
		99387	\$32.00
	Established Patient		
		99391	\$27.00
		99392	\$27.00
		99393	\$27.00
		99394	\$27.00
		99395	\$27.00
		99396	\$27.00
		99397	\$27.00
	Counseling Risk Factor Reduction and Behavior Change Intervention		
	New or Established Patient		
	Preventive Medicine, Individual	99401	\$12.22
	Preventive Medicine, Individual	99402	\$21.45
	Preventive Medicine, Individual	99403	\$30.29
	Preventive Medicine, Individual	99404	\$39.39
	Behavior Change Interventions,	99406	\$4.94
	Behavior Change Interventions,	99407	\$9.75
	Behavior Change Interventions,	99408	\$12.48
	Behavior Change Interventions,	99409	\$24.57
	Preventive Medicine, Group	99411	\$5.33
	Preventive Medicine, Group	99412	\$7.15
		99415	\$6.00
		99416	\$1.00
	Other Preventive Medicine Services		
		99429	\$3.25
	Newborn Care Services		
		99460	\$28.00
		99461	\$28.00
		99462	\$28.00
	Pediatric Critical Care Patient		
	first 30-74 minutes	99466	\$174.00
	each additional 30 minutes	99467	\$81.00
		99473	\$0.00
		99474	\$0.00

PEDIATRICIAN	Description	Cod	Fee
	Inpatient Neonatal and Pediatric Critical Care Services		
		99468	\$400.00
		99469	\$400.00
		99471	\$417.00
		99472	\$336.00
		99477	\$175.00
		99478	\$400.00
		99479	\$400.00
		99480	\$400.00
	Immunization Administration for Vaccines/Toxoids		
		90460	\$0.00
		90461	\$0.00
		90465	\$0.00
		90466	\$0.00
		90467	\$0.00
		90471	\$12.50
		90472	\$12.50
		90473	\$12.50
		90474	\$12.50
		90476	\$0.00
		90477	\$0.00
		90581	\$0.00
		90585	\$0.00
		90586	\$0.00
		90619	\$0.00
		90620	\$160.75
		90621	\$140.26
		90625	\$0.00
		90630	\$19.65
		90632	\$78.63
		90633	\$37.07
	Vaccines, Toxoids		
		90634	\$74.00
		90636	\$113.97
		90647	\$26.03
		90648	\$39.00
		90649	\$178.41
		90650	\$154.35
		90651	\$231.00
		90653	\$40.02
		90654	\$23.00
		90655	\$23.00
		90656	\$21.60
		90657	\$19.65

PEDIATRICIAN	Description	Code	Fee
		90658	\$23.00
		90660	\$0.00
		90661	\$21.60
		90662	\$40.02
		90670	\$205.73
		90672	\$0.00
		90673	\$19.65
		90674	\$29.22
		90675	\$355.41
		90676	\$25.00
		90680	\$85.75
		90681	\$127.94
		90685	\$30.07
		90686	\$20.03
		90687	\$19.65
		90688	\$37.54
		90690	\$8.58
		90691	\$0.00
		90694	\$0.00
		90696	\$58.62
		90697	\$0.00
		90698	\$110.50
		90700	\$27.63
		90702	\$47.00
		90707	\$77.48
		90710	\$0.00
		90713	\$38.05
		90714	\$33.50
		90715	\$46.77
		90716	\$118.72
		90717	\$125.28
		90723	\$89.01
		90732	\$89.39
		90733	\$157.00
		90734	\$145.64
		90736	\$203.00
		90738	\$0.00
		90739	\$0.00
		90740	\$30.75
		90743	\$30.86
		90744	\$27.50
		90746	\$58.81
		90747	\$199.10
		90748	\$64.36
		90749	\$0.00

PEDIATRICIAN	Description	Code	Fee
		90750	\$144.70
	Integumentary System		
		10040	\$15.00
		10060	\$50.00
		10061	\$80.00
		10080	\$67.00
		10081	\$111.00
		10120	\$53.00
		10121	\$85.00
		10140	\$76.00
		10160	\$49.00
		10180	\$100.00
		10180	\$100.00
		10180	\$100.00
		11010	\$253.00
		11056	\$30.00
		11057	\$35.00
		11300	\$25.00
		11301	\$38.00
		11306	\$45.00
		11307	\$55.00
		11310	\$45.00
		11311	\$58.00
		11312	\$72.00
		11400	\$45.00
		11403	\$96.00
		11421	\$70.00
		11426	\$170.00
		11441	\$76.00
		11443	\$122.00
		11446	\$190.00
		11720	\$20.00
		11730	\$50.00
		11740	\$25.00
		11760	\$60.00
		12001	\$74.00
		12002	\$78.00
		12004	\$110.00
		12011	\$81.00
		12013	\$98.00
		12014	\$119.00
		12015	\$156.00
		12032	\$162.00
		12034	\$183.00
		12042	\$176.00

PEDIATRICIAN	Description	Code	Fee
		12044	\$192.00
		12052	\$175.00
		12054	\$212.00
	Other Procedures		
		54001	\$203.00
		54160	\$204.00

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