THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

September 22, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

PUBLIC HEARING ON RATE CHANGES FOR THE DEPARTMENT OF HEALTH SERVICES (All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD, AFTER THE PUBLIC HEARING:

1. Approve the revised rates for services rendered at County operated health facililties, as reflected on Attachments I through III, to be effective November 1, 2004.

2. Eliminate the previously approved charge for Observation Inpatient care at all five (5) Department of Health Services' (DHS) hospitals.

PURPOSE/JUSTIFICATION OF RECOMMENDATION:

In approving these actions, the Board is increasing allowable charges for: a) program services requiring itemized billing by approximately 2%, b) hospital inpatient OB Special Care Nursery - Mother services at Olive View/UCLA Medical Center (OV/UCLA) by 24%, c) Residential Drug/Alcohol Treatment services at Antelope Valley Rehabilitation Center (AVRC) by 56%, d) Family Planning Access Care and Treatment (Family PACT) program services by 2%, and e) Breast Cancer Early Detection Program (BCEDP) services by 3%; and is authorizing DHS to charge such rates beginning on November 1, 2004. In addition, the Board is approving the elimination of the Observation Inpatient rate at all five (5) DHS hospitals. These rate changes ensure that charges will sufficiently cover costs and that reimbursement is maximized.

Itemized Outpatient Charges

Attachment I contains the updated charges that will be billed to programs requiring itemized billing, except Family PACT and BCEDP. Additionally, new procedure codes are added periodically to these programs. New procedure codes introduced by a program, subsequent to November 1, 2004, will be analyzed and assigned one of the 44 all-inclusive rates listed as Undesignated Procedure Codes until the next rate adjustments are submitted for Board approval. The rates assigned to these procedures will be selected to approximate, as closely as possible, rates assigned to other procedures that use equivalent equipment, supplies, personnel, and other resources.

Hospital Inpatient Rates

The Observation Inpatient rate is not being used at DHS hospitals because observation services are technically not inpatient care. As a result, the Department is recommending that these rates be eliminated from DHS' approved charges (see Attachment II-A). DHS is also requesting increases to the OB Special Care Nursery – Mother charges at OV/UCLA in order to ensure that charges sufficiently cover costs (see Attachment II-B). The Residential Drug/Alcohol Treatment charge at AVRC has not been updated for many years and therefore is increasing in order to sufficiently cover costs and ensure maximum reimbursement (see Attachments II-C).

Family PACT and BCEDP Services

The proposed rates for services within the Family PACT and BCEDP scope of benefits are necessary to ensure that charges sufficiently cover costs (see Attachments III-A and III-B). On occasion, some of these same services are billed to other payers that require itemized charges. Accordingly, the same services appear on Attachment I with the same charges as are listed on Attachments III-A and III-B. Nothing in Attachment III-A is intended to limit the delegation of authority previously made to the Director of Health Services to modify the charges assessed for those Family PACT services that must, by law, equal costs.

FISCAL IMPACT/FINANCING:

Approval of the rate changes will allow DHS to comply with various program billing requirements and maximize Medicare reimbursement of approximately $6.7 million, Family PACT reimbursement of $3.0 million, and BCEDP reimbursement of $1.5 million.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

With the exception of certain public health services, the County is required by Section 2.76.350 of the County Code to pursue recovery of the costs of patient care services rendered by DHS. The proposed rates should recover such costs. The last change to DHS' charges was implemented effective September 1, 2003.

Pursuant to Government Code Section 66018, a public hearing is required prior to the approval of a change to an existing fee. As also required by that law, a notice of Public Hearing (Attachment IV) is to be published by the Executive Office in accordance with Government Code Section 6062a.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Since many of the Department's patients are not responsible for paying DHS' charges due to contract or other program reimbursement limits, these billing rate adjustments should not change these individuals' access to health services. In addition, uninsured DHS patients with limited financial resources can utilize one of the County's No Cost/Low Cost plans, such as the Ability-to-Pay plan and Outpatient Reduced-Cost Simplified Application plans. These plans result in patient liability, which is almost always significantly less than charges. Accordingly, the rate increases should not have a material impact on these individuals.

When approved, this Department requires two signed copies of the Board's action.

Respectfully submitted,

Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:aw

Attachments

c: Chief Administrative Office
County Counsel
Executive Officer, Board of Supervisors
Alisa Katz

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ATTACHMENT I

FISCAL YEAR 2004-05
PROPOSED RATE CHANGES

EFFECTIVE NOVEMBER 1, 2004

ITEMIZED OUTPATIENT CHARGES
FOR VARIOUS PROGRAM SERVICES

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A0021	Outside state ambulance serv	$15
A0080	Noninterest escort in non er	5
A0090	Interest escort in non er	1
A0100	Nonemergency transport taxi	19
A0110	Nonemergency transport bus	16
A0120	Noner transport mini-bus	56
A0130	Noner transport wheelch van	30
A0140	Nonemergency transport air	200
A0160	Noner transport case worker	1
A0170	Transport parking fees/tolls	29
A0180	Noner transport lodgng recip	99
A0190	Noner transport meals recip	63
A0225	Neonatal emergency transport	549
A0300	Ambulance basic non-emer all	344
A0302	Ambulance basic emergeny all	355
A0304	Amb adv non-er no serv all	402
A0306	Amb adv non-er spec serv all	423
A0308	Amb adv er no spec serv all	414
A0310	Amb adv er spec serv all	450
A0320	Amb basic non-er + supplies	295
A0322	Amb basic emerg + supplies	308
A0324	Adv non-er serv sep mileage	299
A0326	Adv non-er no serv sep mile	328
A0328	Adv er no serv sep mileage	315
A0330	Adv er spec serv sep mile	348
A0340	Amb basic non-er + mileage	320
A0342	Ambul basic emer + mileage	327
A0344	Amb adv non-er no serv +mile	353
A0346	Amb adv non-er serv + mile	379
A0348	Adv emer no spec serv + mile	367
A0350	Adv emer spec serv + mileage	394
A0360	Basic non-er sep mile & supp	250
A0362	Basic emer sep mile & supply	260
A0364	Adv non-er no serv sep mi&su	255
A0366	Adv non-er serv sep mil&supp	288
A0368	Adv er no serv sep mile&supp	271
A0370	Adv er spec serv sep mi&supp	307
A0380	Basic life support mileage	10
A0382	Basic support routine suppls	13

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A0384	Bls defibrillation supplies	42
A0390	Advanced life support mileag	10
A0392	Als defibrillation supplies	63
A0394	Als IV drug therapy supplies	31
A0396	Als esophageal intub suppls	49
A0398	Als routine disposble suppls	12
A0420	Ambulance waiting 1/2 hr	27
A0422	Ambulance 02 life sustaining	61
A0424	Extra ambulance attendant	13
A0425	Ground mileage	7
A0426	Als 1	290
A0427	ALS1-emergency	459
A0428	bls	241
A0429	BLS-emergency	386
A0430	Fixed wing air transport	3,194
A0431	Rotary wing air transport	3,713
A0432	PI volunteer ambulance co	423
A0433	als 2	664
A0434	Specialty care transport	785
A0435	Fixed wing air mileage	8
A0436	Rotary wing air mileage	23
A0888	Noncovered ambulance mileage	11
A4206	1 CC sterile syringe&needle	1
A4207	2 CC sterile syringe&needle	1
A4208	3 CC sterile syringe&needle	1
A4209	5+ CC sterile syringe&needle	1
A4210	Nonneedle injection device	1,753
A4211	Supp for self-adm injections	1
A4212	Non coring needle or stylet	14
A4213	20+ CC syringe only	2
A4214	30 CC sterile water/saline	2
A4215	Sterile needle	1
A4220	Infusion pump refill kit	73
A4221	Maint drug infus cath per wk	28
A4222	Drug infusion pump supplies	58
A4230	Infus insulin pump non needl	14
A4231	Infusion insulin pump needle	17
A4232	Syringe w/needle insulin 3cc	3
A4244	Alcohol or peroxide per pint	2

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4245	Alcohol wipes per box	11
A4246	Betadine/phisohex solution	6
A4247	Betadine/iodine swabs/wipes	6
A4250	Urine reagent strips/tablets	19
A4253	Blood glucose/reagent strips	48
A4254	Battery for glucose monitor	8
A4255	Glucose monitor platforms	5
A4256	Calibrator solution/chips	14
A4257	Replace Lensshield Cartridge	16
A4258	Lancet device each	23
A4259	Lancets per box	16
A4260	Levonorgestrel implant	563
A4261	Cervical cap contraceptive	56
A4262	Temporary tear duct plug	1
A4263	Permanent tear duct plug	75
A4265	Paraffin	4
A4270	Disposable endoscope sheath	31
A4280	Brst prsths adhsv attchmnt	7
A4290	Sacral nerve stim test lead	175
A4300	Cath impl vasc access portal	25
A4301	Implantable access syst perc	25
A4305	Drug delivery system >=50 ML	30
A4306	Drug delivery system <=5 ML	27
A4310	Insert tray w/o bag/cath	10
A4311	Catheter w/o bag 2-way latex	19
A4312	Cath w/o bag 2-way silicone	23
A4313	Catheter w/bag 3-way	23
A4314	Cath w/drainage 2-way latex	32
A4315	Cath w/drainage 2-way silcne	33
A4316	Cath w/drainage 3-way	36
A4319	Sterile H2O irrigation solut	8
A4320	Irrigation tray	7
A4321	Cath therapeutic irrig agent	2
A4322	Irrigation syringe	4
A4323	Saline irrigation solution	11
A4324	Male ext cath w/adh coating	3
A4325	Male ext cath w/adh strip	2
A4326	Male external catheter	13
A4327	Fem urinary collect dev cup	56

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4328	Fem urinary collect pouch	13
A4329	External catheter start set	16
A4330	Stool collection pouch	9
A4331	Extension drainage tubing	4
A4332	Lubricant for cath insertion	1
A4333	Urinary cath anchor device	3
A4334	Urinary cath leg strap	6
A4335	Incontinence supply	1
A4338	Indwelling catheter latex	15
A4340	Indwelling catheter special	40
A4344	Cath indw foley 2 way silicn	20
A4346	Cath indw foley 3 way	24
A4347	Male external catheter	25
A4348	Male ext cath extended wear	35
A4351	Straight tip urine catheter	2
A4352	Coude tip urinary catheter	8
A4353	Intermittent urinary cath	9
A4354	Cath insertion tray w/bag	15
A4355	Bladder irrigation tubing	11
A4356	Ext ureth clmp or compr dvc	57
A4357	Bedside drainage bag	12
A4358	Urinary leg or abdomen bag	8
A4359	Urinary suspensory w/o leg b	38
A4360	Adult incontinence garment	1
A4361	Ostomy face plate	23
A4362	Solid skin barrier	4
A4364	Adhesive, liquid or equal	4
A4365	Adhesive remover wipes	14
A4366	Ostomy vent	16
A4367	Ostomy belt	9
A4368	Ostomy filter	1
A4369	Skin barrier liquid per oz	3
A4370	Skin barrier paste per oz	4
A4371	Skin barrier powder per oz	5
A4372	Skin barrier solid 4x4 equiv	5
A4373	Skin barrier with flange	8
A4374	Skin barrier extended wear	10
A4375	Drainable plastic pch w fcpl	21
A4376	Drainable rubber pch w fcplt	59

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4377	Drainable plstic pch w/o fp	5
A4378	Drainable rubber pch w/o fp	38
A4379	Urinary plastic pouch w fcpl	19
A4380	Urinary rubber pouch w fcplt	47
A4381	Urinary plastic pouch w/o fp	6
A4382	Urinary hvy plstc pch w/o fp	31
A4383	Urinary rubber pouch w/o fp	35
A4384	Ostomy faceplt/silicone ring	12
A4385	Ost skn barrier sld ext wear	6
A4386	Ost skn barrier w flng ex wr	8
A4387	Ost clsd pouch w att st barr	5
A4388	Drainable pch w ex wear barr	5
A4389	Drainable pch w st wear barr	8
A4390	Drainable pch ex wear convex	12
A4391	Urinary pouch w ex wear barr	9
A4392	Urinary pouch w st wear barr	10
A4393	Urine pch w ex wear bar conv	11
A4394	Ostomy pouch liq deodorant	3
A4395	Ostomy pouch solid deodorant	1
A4396	Peristomal hernia supprt blt	51
A4397	Irrigation supply sleeve	6
A4398	Ostomy irrigation bag	17
A4399	Ostomy irrig cone/cath w brs	15
A4400	Ostomy irrigation set	61
A4402	Lubricant per ounce	2
A4404	Ostomy ring each	2
A4405	Nonpectin based ostomy paste	4
A4406	Pectin based ostomy paste	7
A4407	Ext wear ost skn barr <=4sq□	11
A4408	Ext wear ost skn barr >4sq□	12
A4409	Ost skn barr w flng <=4 sq□	8
A4410	Ost skn barr w flng >4sq□	11
A4413	2 pc drainable ost pouch	7
A4414	Ostomy sknbarr w flng <=4sq□	6
A4415	Ostomy skn barr w flng >4sq□	8
A4416	Ost pch clsd w barrier/filtr	3
A4417	Ost pch w bar/bltinconv/fltr	5
A4418	Ost pch clsd w/o bar w filtr	2
A4419	Ost pch for bar w flange/flt	2

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4421	Ostomy supply misc	3
A4422	Ost pouch absorbent material	1
A4423	Ost pch for bar w lk fl/fltr	2
A4424	Ost pch drain w bar & filter	6
A4425	Ost pch drain for barrier fl	4
A4426	Ost pch drain 2 piece system	3
A4427	Ost pch drain/barr lk flng/f	3
A4428	Urine ost pouch w faucet/tap	8
A4429	Urine ost pouch w bltinconv	10
A4430	Ost urine pch w b/bltin conv	11
A4431	Ost pch urine w barrier/tapv	8
A4432	Os pch urine w bar/fange/tap	4
A4433	Urine ost pch bar w lock fln	4
A4434	Ost pch urine w lock flng/ft	5
A4450	Non-waterproof tape	1
A4452	Waterproof tape	1
A4454	Tape all types all sizes	3
A4455	Adhesive remover per ounce	2
A4460	Elastic compression bandage	1
A4462	Abdmnl drssng holder/binder	4
A4464	Joint support device/garment	28
A4465	Non-elastic extremity binder	23
A4470	Gravlee jet washer	12
A4480	Vabra aspirator	9
A4481	Tracheostoma filter	1
A4490	Above knee surgical stocking	17
A4495	Thigh length surg stocking	16
A4500	Below knee surgical stocking	13
A4510	Full length surg stocking	31
A4527	Adult size brief lg each	2
A4530	Child size diaper lg each	1
A4531	Child size brief sm/med each	1
A4550	Surgical trays	56
A4554	Disposable underpads	3
A4556	Electrodes, pair	15
A4557	Lead wires, pair	26
A4558	Conductive paste or gel	7
A4560	Pessary	35
A4561	Pessary rubber, any type	28

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4562	Pessary, non rubber,any type	71
A4565	Slings	8
A4570	Splint	31
A4572	Rib belt	23
A4575	Hyperbaric o2 chamber disps	688
A4580	Cast supplies (plaster)	50
A4590	Special casting material	56
A4595	TENS suppl 2 lead per month	36
A4606	Oxygen probe used w oximeter	2
A4608	Transtracheal oxygen cath	73
A4609	Trach suction cath clsed sys	18
A4610	Trach sctn cath 72h clsedsys	28
A4611	Heavy duty battery	246
A4612	Battery cables	100
A4613	Battery charger	180
A4614	Hand-held PEFR meter	30
A4615	Cannula nasal	3
A4616	Tubing (oxygen) per foot	1
A4617	Mouth piece	13
A4618	Breathing circuits	11
A4619	Face tent	2
A4620	Variable concentration mask	6
A4621	Tracheotomy mask or collar	2
A4622	Tracheostomy or larngectomy	72
A4623	Tracheostomy inner cannula	8
A4624	Tracheal suction tube	3
A4625	Trach care kit for new trach	9
A4626	Tracheostomy cleaning brush	4
A4627	Spacer bag/reservoir	35
A4628	Oropharyngeal suction cath	5
A4629	Tracheostomy care kit	6
A4630	Repl bat t.e.n.s. own by pt	8
A4631	Wheelchair battery	126
A4633	Uvl replacement bulb	51
A4635	Underarm crutch pad	6
A4636	Handgrip for cane etc	5
A4637	Repl tip cane/crutch/walker	3
A4639	Infrared ht sys replcmnt pad	359
A4640	Alternating pressure pad	79

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4642	Satumomab pendetide per dose	75
A4643	High dose contrast MRI	16
A4644	Contrast 100-199 MGs iodine	2
A4645	Contrast 200-299 MGs iodine	3
A4646	Contrast 300-399 MGs iodine	2
A4647	Supp- paramagnetic contr mat	188
A4650	Supp esrd centrifuge	58
A4651	Calibrated microcap tube	2
A4652	Microcapillary tube sealant	4
A4655	Esrd syringe/needle	9
A4656	Needle any size	1
A4657	Syringe w/wo needle	1
A4660	Sphyg/bp app w cuff and stet	23
A4663	Dialysis blood pressure cuff	31
A4670	Automatic bp monitor, dial	116
A4680	Activated carbon filter, ea	134
A4690	Dialyzer, each	1,328
A4700	Standard dialysate solution	16
A4705	Bicarb dialysate solution	18
A4706	Bicarbonate conc sol per gal	24
A4707	Bicarbonate conc pow per pac	6
A4709	Acid conc sol per gallon	13
A4712	Sterile water inj per 10 ml	2
A4714	Treated water per gallon	96
A4719	Y set tubing	13
A4721	Dialysat sol fld vol > 999cc	34
A4722	Dialys sol fld vol > 1999cc	37
A4723	Dialys sol fld vol > 2999cc	41
A4724	Dialys sol fld vol > 3999cc	5
A4725	Dialys sol fld vol > 4999cc	37
A4726	Dialys sol fld vol > 5999cc	44
A4730	Fistula cannulation set, ea	3
A4735	Local/topical anesthetics	3
A4750	Art or venous blood tubing	23
A4755	Comb art/venous blood tubing	21
A4765	Dialysate conc pow per pack	10
A4766	Dialysate conc sol add 10 ml	5
A4770	Blood collection tube/vacuum	13
A4772	Blood glucose test strips	52

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A4773	Occult blood test strips	21
A4800	Heparin/antidote dialysis	13
A4801	Heparin per 1000 units	7
A4802	Protamine sulfate per 50 mg	10
A4820	Supplies hemodialysis kit	107
A4850	Rubber tipped hemostats	92
A4860	Disposable catheter tips	7
A4880	Water storage tanks	475
A4900	Capd supply kit	1,864
A4901	Ccpd supply kit	344
A4910	Esrd nonmedical supplies	4
A4911	Drain bag/bottle	16
A4912	Gomco drain bottle	10
A4914	Preparation kit	31
A4921	Measuring cylinder	1
A4927	Non-sterile gloves	6
A4928	Surgical mask	1
A4929	Tourniquet for dialysis, ea	1
A5051	Pouch clsd w barr attached	3
A5052	Clsd ostomy pouch w/o barr	2
A5053	Clsd ostomy pouch faceplate	2
A5054	Clsd ostomy pouch w/flange	2
A5055	Stoma cap	2
A5061	Pouch drainable w barrier at	4
A5062	Drnble ostomy pouch w/o barr	3
A5063	Drain ostomy pouch w/flange	3
A5064	Drain ostomy pouch w/fceplte	71
A5065	Drain ostomy pouch on fcplte	11
A5071	Urinary pouch w/barrier	8
A5072	Urinary pouch w/o barrier	4
A5073	Urinary pouch on barr w/flng	4
A5074	Urinary pouch w/faceplate	6
A5075	Urinary pouch on faceplate	6
A5081	Continent stoma plug	4
A5082	Continent stoma catheter	15
A5093	Ostomy accessory convex inse	2
A5102	Bedside drain btl w/wo tube	28
A5105	Urinary suspensory	51
A5112	Urinary leg bag	43

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A5113	Latex leg strap	6
A5114	Foam/fabric leg strap	11
A5119	Skin barrier wipes box pr 50	14
A5121	Solid skin barrier 6x6	9
A5122	Solid skin barrier 8x8	16
A5123	Skin barrier with flange	7
A5126	Disk/foam pad +or- adhesive	2
A5131	Appliance cleaner	20
A5200	Percutaneous catheter anchor	14
A5500	Diab shoe for density insert	98
A5501	Diabetic custom molded shoe	316
A5502	Diabetic shoe density insert	53
A5503	Diabetic shoe w/roller/rockr	63
A5504	Diabetic shoe with wedge	48
A5505	Diab shoe w/metatarsal bar	45
A5507	Modification diabetic shoe	51
A5508	Diabetic deluxe shoe	63
A5509	Direct heat form shoe insert	48
A5510	Compression form shoe insert	44
A5511	Custom fab molded shoe inser	50
A6010	Collagen based wound filler	39
A6011	Collagen gel/paste wound fil	3
A6021	Collagen dressing <=16 sq in	26
A6022	Collagen drsg>6<=48 sq in	26
A6023	Collagen dressing >48 sq in	238
A6024	Collagen dsg wound filler	8
A6025	Silicone gel sheet, each	31
A6154	Wound pouch each	18
A6196	Alginate dressing <=16 sq in	9
A6197	Alginate drsg >16 <=48 sq in	21
A6199	Alginate drsg wound filler	7
A6200	Compos drsg <=16 no border	12
A6201	Compos drsg >16<=48 no bdr	26
A6202	Compos drsg >48 no border	44
A6203	Composite drsg <= 16 sq in	4
A6204	Composite drsg >16<=48 sq in	8
A6205	Composite drsg > 48 sq in	25
A6206	Contact layer <= 16 sq in	10
A6207	Contact layer >16<= 48 sq in	9

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A6208	Contact layer > 48 sq in	6
A6209	Foam drsg <=16 sq in w/o bdr	9
A6210	Foam drg >16<=48 sq in w/o b	25
A6211	Foam drg > 48 sq in w/o brdr	37
A6212	Foam drg <=16 sq in w/border	12
A6213	Foam drg >16<=48 sq in w/bdr	29
A6214	Foam drg > 48 sq in w/border	13
A6216	Non-sterile gauze<=16 sq in	1
A6217	Non-sterile gauze>16<=48 sq	1
A6218	Non-sterile gauze > 48 sq in	1
A6219	Gauze <= 16 sq in w/border	1
A6220	Gauze >16 <=48 sq in w/bordr	3
A6221	Gauze > 48 sq in w/border	1
A6222	Gauze <=16 in no w/sal w/o b	3
A6223	Gauze >16<=48 no w/sal w/o b	3
A6224	Gauze > 48 in no w/sal w/o b	5
A6228	Gauze <= 16 sq in water/sal	3
A6229	Gauze >16<=48 sq in watr/sal	5
A6230	Gauze > 48 sq in water/salne	7
A6231	Hydrogel dsg<=16 sq in	6
A6232	Hydrogel dsg>16<=48 sq in	9
A6233	Hydrogel dressing >48 sq in	24
A6234	Hydrocolld drg <=16 w/o bdr	8
A6235	Hydrocolld drg >16<=48 w/o b	21
A6236	Hydrocolld drg > 48 in w/o b	34
A6237	Hydrocolld drg <=16 in w/bdr	10
A6238	Hydrocolld drg >16<=48 w/bdr	28
A6240	Hydrocolld drg filler paste	15
A6241	Hydrocolloid drg filler dry	3
A6242	Hydrogel drg <=16 in w/o bdr	8
A6243	Hydrogel drg >16<=48 w/o bdr	15
A6244	Hydrogel drg >48 in w/o bdr	49
A6245	Hydrogel drg <= 16 in w/bdr	9
A6246	Hydrogel drg >16<=48 in w/b	12
A6247	Hydrogel drg > 48 sq in w/b	30
A6248	Hydrogel drsg gel filler	20
A6250	Skin seal protect moisturizr	1
A6251	Absorpt drg <=16 sq in w/o b	2
A6252	Absorpt drg >16 <=48 w/o bdr	4

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A6253	Absorpt drg > 48 sq in w/o b	8
A6254	Absorpt drg <=16 sq in w/bdr	2
A6255	Absorpt drg >16<=48 in w/bdr	4
A6256	Absorpt drg > 48 sq in w/bdr	9
A6257	Transparent film <= 16 sq in	2
A6258	Transparent film >16<=48 in	5
A6259	Transparent film > 48 sq in	14
A6260	Wound cleanser any type/size	1
A6261	Wound filler gel/paste /oz	5
A6262	Wound filler dry form / gram	3
A6263	Non-sterile elastic gauze/yd	1
A6264	Non-sterile no elastic gauze	1
A6265	Tape per 18 sq inches	1
A6266	Impreg gauze no h20/sal/yard	2
A6402	Sterile gauze <= 16 sq in	1
A6403	Sterile gauze>16 <= 48 sq in	1
A6404	Sterile gauze > 48 sq in	1
A6405	Sterile elastic gauze /yd	1
A6406	Sterile non-elastic gauze/yd	1
A6407	Packing strips, non-impreg	2
A6410	Sterile eye pad	1
A6421	Pad bandage >=3 <5in w /roll	3
A6422	Conf bandage ns >=3<5□w/roll	1
A6424	Conf bandage ns >=5□w /roll	3
A6426	Conf bandage s >=3<5□ w/roll	2
A6428	Conf bandage s >=5□ w /roll	4
A6430	Lt compres bdg >=3<5□w /roll	11
A6436	Hi compres bdg >=3<5□w /roll	24
A6440	Zinc paste bdg >=3<5□w /roll	16
A6441	Pad band w>=3□ <5□/yd	1
A6442	Conform band n/s w<3□/yd	1
A6443	Conform band n/s w>=3□<5□/yd	1
A6444	Conform band n/s w>=5□/yd	1
A6445	Conform band s w <3□/yd	1
A6446	Conform band s w>=3□ <5□/yd	1
A6447	Conform band s w >=5□/yd	1
A6448	Lt compres band <3□/yd	1
A6449	Lt compres band >=3□ <5□/yd	2
A6452	High compres band w>=3□<5□yd	7

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A6453	Self-adher band w <3□/yd	1
A6454	Self-adher band w>=3□ <5□/yd	1
A6455	Self-adher band >=5□/yd	2
A6456	Zinc paste band w >=3□<5□/yd	2
A6550	Neg pres wound ther drsg set	34
A6551	Neg press wound ther canistr	31
A7000	Disposable canister for pump	12
A7001	Nondisposable pump canister	41
A7002	Tubing used w suction pump	5
A7003	Nebulizer administration set	3
A7004	Disposable nebulizer sml vol	2
A7005	Nondisposable nebulizer set	39
A7006	Filtered nebulizer admin set	12
A7007	Lg vol nebulizer disposable	6
A7008	Disposable nebulizer prefill	14
A7009	Nebulizer reservoir bottle	53
A7010	Disposable corrugated tubing	29
A7011	Nondispos corrugated tubing	31
A7012	Nebulizer water collec devic	5
A7013	Disposable compressor filter	1
A7014	Compressor nondispos filter	6
A7015	Aerosol mask used w nebulize	2
A7016	Nebulizer dome & mouthpiece	9
A7017	Nebulizer not used w oxygen	168
A7018	Water distilled w/nebulizer	1
A7019	Saline solution dispenser	1
A7020	Sterile H2O or NSS w lgv neb	3
A7025	Replace chest compress vest	544
A7026	Replace chst cmprss sys hose	36
A7030	CPAP full face mask	236
A7031	Replacement facemask interfa	87
A7032	Replacement nasal cushion	51
A7033	Replacement nasal pillows	36
A7034	Nasal application device	147
A7035	Pos airway press headgear	50
A7036	Pos airway press chinstrap	23
A7037	Pos airway pressure tubing	51
A7038	Pos airway pressure filter	7
A7039	Filter, non disposable w pap	19

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
A7042	Implanted pleural catheter	255
A7043	Vacuum drainagebottle/tubing	37
A7044	PAP oral interface	151
A7046	Repl water chamber, PAP dev	24
A7501	Tracheostoma valve w diaphra	131
A7502	Replacement diaphragm/fplate	62
A7503	HMES filter holder or cap	14
A7504	Tracheostoma HMES filter	1
A7505	HMES or trach valve housing	6
A7506	HMES/trachvalve adhesivedisk	1
A7507	Integrated filter & holder	3
A7508	Housing & Integrated Adhesiv	4
A7509	Heat & moisture exchange sys	2
A7520	Trach/laryn tube non-cuffed	59
A7521	Trach/laryn tube cuffed	59
A7522	Trach/laryn tube stainless	56
A7524	Tracheostoma stent/stud/bttn	97
A7525	Tracheostomy mask	3
A7526	Tracheostomy tube collar	4
A9500	Technetium TC 99m sestamibi	156
A9502	Technetium TC99M tetrofosmin	175
A9503	Technetium TC 99m medronate	44
A9504	Technetium tc 99m apcitide	133
A9505	Thallous chloride TL 201/mci	90
A9507	Indium/111 capromab pendetid	2,719
A9508	Iobenguane sulfate I-131	29
A9510	Technetium TC99m Disofenin	125
A9600	Strontium-89 chloride	1,201
A9605	Samarium sm153 lexidronamm	2,647
A9700	Echocardiography Contrast	233
A9901	Delivery/set up/dispensing	25
B4034	Enter feed supkit syr by day	9
B4035	Enteral feed supp pump per d	17
B4036	Enteral feed sup kit grav by	14
B4081	Enteral ng tubing w/ stylet	45
B4082	Enteral ng tubing w/o stylet	24
B4083	Enteral stomach tube levine	7
B4084	Gastrostomy/jejunostomy tubi	26
B4085	Gastrostomy tube w/ring each	31

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
B4086	Gastrostomy/jejunostomy tube	36
B4150	Enteral formulae category i	3
B4151	Enteral formulae cat1natural	2
B4152	Enteral formulae category ii	2
B4153	Enteral formulae categoryIII	9
B4154	Enteral formulae category IV	11
B4155	Enteral formulae category v	23
B4156	Enteral formulae category vi	10
B4164	Parenteral 50% dextrose solu	38
B4168	Parenteral sol amino acid 3.	72
B4172	Parenteral sol amino acid 5.	131
B4176	Parenteral sol amino acid 7-	150
B4178	Parenteral sol amino acid >	228
B4180	Parenteral sol carb > 50%	60
B4184	Parenteral sol lipids 10%	149
B4186	Parenteral sol lipids 20%	157
B4189	Parenteral sol amino acid &	225
B4193	Parenteral sol 52-73 gm prot	255
B4197	Parenteral sol 74-100 gm pro	310
B4199	Parenteral sol > 100gm prote	366
B4220	Parenteral supply kit premix	13
B4222	Parenteral supply kit homemi	13
B4224	Parenteral administration ki	42
B5000	Parenteral sol renal-amirosy	150
B5100	Parenteral sol hepatic-fream	228
B5200	Parenteral sol stres-brnch c	538
B9000	Enter infusion pump w/o alrm	129
B9002	Enteral infusion pump w/ ala	170
B9004	Parenteral infus pump portab	75
B9006	Parenteral infus pump statio	27
C1009	PLASMA,CRYOPRECIPITATE-Reduc	121
C1010	Blood, L/R, CMV-NEG	401
C1011	Platelets, HLA-m, L/R, unit	1,652
C1012	PLATELET CONC, L/R, Irrad	268
C1013	PLATELET CONC, L/R, Unit	165
C1014	Platelet,Aph/Pher, L/R, unit	1,245
C1016	BLOOD,L/R,FROZ/DEGLY/Washed	996
C1017	Plt, APH/PHER,L/R,CMV-NEG	1,299
C1018	Blood, L/R, IRRADIATED	437

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
C1019	Plt, APH/PHER, L/R, IRRAD	1,344
C1024	QUINOPRISTIN 10ml/DALFOPRIS	449
C1045	I-131 Mibg(IOBEN-SULFATE)0.5	3,203
C1058	TC 99M oxidronate, per vial	59
C1059	CARTICEL,AUTO CULT-CHNDR Cyt	40,040
C1064	I-131 cap, each add mCi	112
C1079	CO 57/58 per 0.5 uCi	743
C1084	DENILEUKIN DIFTITOX, 300 Mcg	2,649
C1086	TEMOZOLOMIDE, 5 mg	17
C1087	I-123 per 100 uCi	2
C1088	LASER OPTIC TR Sys	5,389
C1089	Co 57, 0.5 Mci	255
C1090	IN 111 chloride, per mCi	427
C1091	IN111 oxyquinoline,per0.5mCi	1,428
C1092	IN 111 pentetate per 0.5 mCi	2,163
C1094	TC99Malbumin aggr,per 1.0mCi	86
C1095	TC 99M DEPREOTIDE, PER Vial	2,135
C1096	TC 99M EXAMETAZIME, PER Dose	96
C1097	TC 99M MEBROFENIN, PER Vial	130
C1098	TC 99M PENTETATE, PER Vial	108
C1099	TC 99M PYROPHOSPHATE,PER Via	88
C1122	Tc 99M ARCITUMOMAB PER VIAL	64
C1166	CYTARABINE LIPOSOMAL, 10 mg	1,044
C1167	EPIRUBICIN HCL, 2 mg	34
C1178	BUSULFAN IV, 6 Mg	74
C1188	I-131 cap, per 1-5 mCi	17
C1200	TC 99M Sodium Glucoheptonat	317
C1201	TC 99M SUCCIMER, PER Vial	381
C1202	TC 99M SULFUR COLLOID, Vial	110
C1203	VERTEPORFIN FOR Inj	4,097
C1205	TC 99M DISOFENIN, PER Vial	1,202
C1207	OCTREOTIDE ACETATE DEPOT 1mg	380
C1300	HYPERBARIC Oxygen	258
C1305	Apligraf	3,252
C1348	I-131 sol, per 1-6 mCi	125
C1350	PROSTASEED I-125, PER Source	411
C1360	OCULAR PHOTODYNAMIC Tx	410
C1706	Indigo Prostate Seeding Ndl	23
C1713	Anchor/screw bn/bn,tis/bn	621

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
C1715	Brachytherapy needle	79
C1718	Brachytx source, Iodine 125	199
C1720	Brachytx sour, Palladium 103	420
C1725	Cath, translumin non-laser	1,055
C1729	Cath, drainage	15
C1730	Cath, EP, 19 or few elect	532
C1751	Cath, inf, per/cent/midline	30
C1758	Catheter, ureteral	109
C1760	Closure dev, vasc	810
C1769	Guide wire	186
C1774	Darbepoetin alfa, non-esrd	20
C1781	Mesh (implantable)	511
C1788	Port, indwelling, imp	1,044
C1876	Stent, non-coa/non-cov w/del	4,171
C1887	Catheter, guiding	182
C1894	Intro/sheath, non-laser	67
C2617	Stent, non-cor, tem w/o del	508
C6004	Composix Mesh 80 in	84
C6005	Composix Mesh 140 in	30
C8500	Atherocath-GTO	3,593
C8501	Vigor SSI, SC, pmkr	5,030
C8502	Livewire Steerable EP Cath	1,077
C8503	SynchroMed Vas Cath	1,077
C8504	VasoSeal Hemostasis Dev	358
C8505	SynchroMed Infusion Pump	22,994
C8506	Pmkr leads 4057M,4058M	2,516
C8507	6721L/M/S,6939 lead	2,516
C8508	CapSure 4965 defib lead	2,516
C8509	Transvene 6933/6937 lead	2,516
C8510	DP-3238 defib lead	2,516
C8511	EndoTak DSP defib lead	17,245
C8512	On-Point,Pisces-Quad lead	2,516
C8513	Pisces,Resume II lead	2,516
C8514	Dura II Penile Prosthesis	7,185
C8516	Mentor Acu-Form/Mal Pros	5,030
C8518	Vigor DDD DC pmkr	10,059
C8519	Vista DDD C pmkr	10,059
C8520	Legacy II S, SC, pmkr	5,030
C8521	Medtronic Mattrix rcvr/trmr	22,994

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
C8522	Palmaz Bal Stent	2,516
C8523	Wallstent Trans Bil	3,593
C8524	Wallstent Esop	3,593
C8525	wallstent Esoph--double	5,030
C8526	OptiPlast XT PTA Cath	358
C8528	MS Classique Bl Dil Cath	358
C8529	Crista Cath II Def 20-Pole	2,516
C8530	Gel-Filled/Smooth Mammary Pr	1,796
C8531	Wilson-Cook Esoph Z-Stent	1,796
C8532	UltraFlex Esophageal Pros	3,593
C8533	SynchroMed Vas Cath 8700A/V	1,077
C8534	AMS 650 Penile Prosthesis	5,030
C8535	Za/Spiral Z Bil Stent	2,516
C8536	Esoph Z Metal Stent	3,593
C8539	Quantum Dil Balloon	358
C8540	Flex-EZ Bal Dilator	1,077
C8541	Carson/Passprt Dil Cath	1,077
C8542	UrethraMax Dil Cath	358
C8543	Amplatz Renal Dil	358
C8550	Livewire 5F, 7F EP Cath	1,796
C8551	Livewire 7F Duo-Decapolar	2,516
C8552	Santuro Fixed Curve Cath	1,796
C8597	Wisdom ST guidewire	358
C8598	SV Guidewire-5/8/14cm	358
C8599	Stabilizer XS guidewire	358
C8600	Shinobi Plus guidewire	358
C8650	XL Check-Flo Introducer	358
C8724	Octad neuro lead	3,593
C8725	SymMix neuro lead	2,516
C8748	Endotak SQ Patch defib lead	2,516
C8749	Endotak SQ Array defib lead	7,185
C8750	Unity VDDR dc pmkr	10,059
C8775	2188 Cor pmkr lead	3,593
C8776	Innomedica pmkr lead	2,516
C8777	Unipass pmkr lead	3,593
C8800	Lg Palmaz Bil Stent	2,516
C8801	Gianturco Bil Z Stent	1,796
C8802	Oasis Stent Intro Sys	358
C8830	Gianturco-Roubin Cor Snt	3,593

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
C8890	Perfluoron, 2ml	358
C8891	Perfluoron, 5/7ml	1,077
C9000	Na chromateCr51, per 0.25mCi	729
C9001	Linezolid inj, 200mg	95
C9002	Tenecteplase, 50mg/vial	7,340
C9003	Palivizumab, per 50 mg	1,070
C9004	Gemtuzumab ozogamicin inj,5m	5,423
C9005	Reteplase inj, half-kit,18.8	3,670
C9006	Tacrolimus inj, per 5 mg	309
C9007	Baclofen Intrathecal kit-1am	224
C9008	Baclofen Refill Kit-500mcg	63
C9009	Baclofen Refill Kit-2000mcg	1,314
C9010	Baclofen Refill Kit--4000mcg	113
C9011	Caffeine Citrate, inj, 1ml	34
C9018	Botulinum tox B, per 100 u	12
C9019	Caspofungin acetate, 5 mg	774
C9020	Sirolimus tablet, 1 mg	10
C9100	Iodinated I-131 Albumin	691
C9102	51 Na Chromate, 50mCi	608
C9103	Na Iothalamate I-125, 10 uCi	34
C9104	Anti-thymocyte globulin,25mg	708
C9105	Hep B imm glob, per 1 ml	688
C9106	Sirolimus 1mg/ml	19
C9107	Tinzaparin sodium, 2ml vial	449
C9115	Inj, zoledronic acid, 2 mg	2,006
C9500	Platelets, irrad, ea unit	248
C9501	Platelets, pheresis, ea unit	1,351
C9502	Platelets, pher/irrad, ea un	1,466
C9503	Fresh frozen plasma, ea unit	230
C9504	RBC, deglycerolized, ea unit	606
C9505	RBC, Irradiated, each unit	358
C9700	Water Induced Thermo	3,232
C9701	Stretta System	2,516
C9702	Chkmate/Novost/Galileo Brach	6,467
D0150	Comprehensve oral evaluation	211
D0240	Intraoral occlusal film	211
D0250	Extraoral first film	211
D0260	Extraoral ea additional film	211
D0270	Dental bitewing single film	211

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
D0272	Dental bitewings two films	211
D0274	Dental bitewings four films	211
D0277	Vert bitewings-sev to eight	211
D0460	Pulp vitality test	211
D0472	Gross exam, prep & report	211
D0473	Micro exam, prep & report	211
D0474	Micro w exam of surg margins	211
D0480	Cytopath smear prep & report	211
D0501	Histopathologic examinations	211
D0502	Other oral pathology procedu	211
D0999	Unspecified diagnostic proce	211
D1510	Space maintainer fxd unilat	211
D1515	Fixed bilat space maintainer	211
D1520	Remove unilat space maintain	211
D1525	Remove bilat space maintain	211
D1550	Recement space maintainer	211
D2110	Amalgam one surface primary	211
D2970	Temporary- fractured tooth	211
D2999	Dental unspec restorative pr	211
D3460	Endodontic endosseous implan	211
D3999	Endodontic procedure	211
D4260	Osseous surgery per quadrant	211
D4263	Bone replce graft first site	211
D4264	Bone replce graft each add	211
D4268	Surgical revision procedure	211
D4270	Pedicle soft tissue graft pr	211
D4271	Free soft tissue graft proc	211
D4273	Subepithelial tissue graft	211
D4355	Full mouth debridement	211
D4381	Localized chemo delivery	211
D5911	Facial moulage sectional	211
D5912	Facial moulage complete	211
D5983	Radiation applicator	211
D5984	Radiation shield	211
D5985	Radiation cone locator	211
D5987	Commissure splint	211
D6930	Dental recement bridge	211
D7110	Oral surgery single tooth	211
D7120	Each add tooth extraction	211

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
D7130	Tooth root removal	211
D7210	Rem imp tooth w mucoper flp	211
D7220	Impact tooth remov soft tiss	211
D7230	Impact tooth remov part bony	211
D7240	Impact tooth remov comp bony	211
D7241	Impact tooth rem bony w/comp	211
D7250	Tooth root removal	211
D7260	Oral antral fistula closure	211
D7310	Alveoplasty w/ extraction	211
D7940	Reshaping bone orthognathic	211
D9630	Other drugs/medicaments	211
D9930	Treatment of complications	211
D9940	Dental occlusal guard	211
D9950	Occlusion analysis	211
D9951	Limited occlusal adjustment	211
D9952	Complete occlusal adjustment	211
E0100	Cane adjust/fixed with tip	26
E0105	Cane adjust/fixed quad/3 pro	61
E0110	Crutch forearm pair	97
E0111	Crutch forearm each	67
E0112	Crutch underarm pair wood	46
E0113	Crutch underarm each wood	26
E0114	Crutch underarm pair no wood	59
E0116	Crutch underarm each no wood	35
E0117	Underarm springassist crutch	241
E0130	Walker rigid adjust/fixed ht	88
E0135	Walker folding adjust/fixed	105
E0140	Walker w trunk support	451
E0141	Rigid wheeled walker adj/fix	144
E0142	Walker rigid wheeled with se	215
E0143	Walker folding wheeled w/o s	150
E0144	Enclosed walker w rear seat	398
E0145	Walker whled seat/crutch att	26
E0146	Folding walker wheels w seat	24
E0147	Walker variable wheel resist	719
E0148	Heavyduty walker no wheels	159
E0149	Heavy duty wheeled walker	279
E0153	Forearm crutch platform atta	87
E0154	Walker platform attachment	88

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0155	Walker wheel attachment,pair	39
E0156	Walker seat attachment	33
E0157	Walker crutch attachment	102
E0158	Walker leg extenders set of4	40
E0159	Brake for wheeled walker	22
E0160	Sitz type bath or equipment	41
E0161	Sitz bath/equipment w/faucet	33
E0162	Sitz bath chair	182
E0163	Commode chair stationry fxd	138
E0164	Commode chair mobile fixed a	227
E0165	Commode chair stationry det	23
E0166	Commode chair mobile detach	39
E0167	Commode chair pail or pan	15
E0168	Heavyduty/wide commode chair	189
E0169	Seatlift incorp commodechair	63
E0175	Commode chair foot rest	83
E0176	Air pressre pad/cushion nonp	134
E0177	Water press pad/cushion nonp	133
E0178	Gel pressre pad/cushion nonp	152
E0179	Dry pressre pad/cushion nonp	15
E0180	Press pad alternating w pump	27
E0181	Press pad alternating w/ pum	30
E0182	Pressure pad alternating pum	33
E0184	Dry pressure mattress	243
E0185	Gel pressure mattress pad	400
E0186	Air pressure mattress	25
E0187	Water pressure mattress	29
E0188	Synthetic sheepskin pad	33
E0189	Lambswool sheepskin pad	65
E0191	Protector heel or elbow	12
E0192	Pad wheelchr low press/posit	484
E0193	Powered air flotation bed	1,129
E0194	Air fluidized bed	4,068
E0196	Gel pressure mattress	41
E0197	Air pressure pad for mattres	277
E0198	Water pressure pad for mattr	277
E0199	Dry pressure pad for mattres	40
E0200	Heat lamp without stand	99
E0202	Phototherapy light w/ photom	78

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0205	Heat lamp with stand	243
E0210	Electric heat pad standard	41
E0215	Electric heat pad moist	89
E0217	Water circ heat pad w pump	621
E0218	Water circ cold pad w pump	609
E0220	Hot water bottle	11
E0221	Infrared heating pad system	2,642
E0225	Hydrocollator unit	486
E0230	Ice cap or collar	11
E0235	Paraffin bath unit portable	22
E0236	Pump for water circulating p	55
E0238	Heat pad non-electric moist	34
E0239	Hydrocollator unit portable	562
E0241	Bath tub wall rail	38
E0242	Bath tub rail floor	96
E0243	Toilet rail	56
E0244	Toilet seat raised	62
E0245	Tub stool or bench	94
E0246	Transfer tub rail attachment	55
E0249	Pad water circulating heat u	125
E0250	Hosp bed fixed ht w/ mattres	122
E0251	Hosp bed fixd ht w/o mattres	93
E0255	Hospital bed var ht w/ mattr	147
E0256	Hospital bed var ht w/o matt	104
E0260	Hosp bed semi-electr w/ matt	210
E0261	Hosp bed semi-electr w/o mat	171
E0265	Hosp bed total electr w/ mat	250
E0266	Hosp bed total elec w/o matt	222
E0271	Mattress innerspring	278
E0272	Mattress foam rubber	253
E0273	Bed board	46
E0274	Over-bed table	28
E0275	Bed pan standard	19
E0276	Bed pan fracture	17
E0277	Powered pres-redu air mattrs	949
E0280	Bed cradle	48
E0290	Hosp bed fx ht w/o rails w/m	93
E0291	Hosp bed fx ht w/o rail w/o	68
E0292	Hosp bed var ht w/o rail w/o	105

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0293	Hosp bed var ht w/o rail w/	89
E0294	Hosp bed semi-elect w/ mattr	163
E0295	Hosp bed semi-elect w/o matt	159
E0296	Hosp bed total elect w/ matt	205
E0297	Hosp bed total elect w/o mat	176
E0298	Heavyduty/xtra wide hosp bed	3,879
E0300	Enclosed ped crib hosp grade	3,548
E0301	HD hosp bed, 350-600 lbs	591
E0302	Ex hd hosp bed > 600 lbs	481
E0303	Hosp bed hvy dty xtra wide	380
E0304	Hosp bed xtra hvy dty x wide	963
E0305	Rails bed side half length	22
E0310	Rails bed side full length	243
E0316	Bed safety enclosure	264
E0325	Urinal male jug-type	13
E0326	Urinal female jug-type	13
E0352	Disposable pack w/bowel syst	57
E0371	Nonpower mattress overlay	556
E0372	Powered air mattress overlay	674
E0373	Nonpowered pressure mattress	768
E0424	Stationary compressed gas 02	286
E0425	Gas system stationary compre	5,737
E0430	Oxygen system gas portable	2,597
E0431	Portable gaseous 02	45
E0434	Portable liquid 02	45
E0435	Oxygen system liquid portabl	1,786
E0439	Stationary liquid 02	286
E0440	Oxygen system liquid station	3,627
E0441	Oxygen contents, gaseous	204
E0442	Oxygen contents, liquid	204
E0443	Portable 02 contents, gas	27
E0444	Portable 02 contents, liquid	27
E0450	Volume vent stationary/porta	1,193
E0454	Pressure ventilator	1,750
E0457	Chest shell	768
E0459	Chest wrap	64
E0460	Neg press vent portabl/statn	917
E0461	Vol vent noninvasive interfa	1,253
E0462	Rocking bed w/ or w/o side r	364

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0470	RAD w/o backup non-inv intfc	321
E0471	RAD w/backup non inv intrfc	803
E0472	RAD w backup invasive intrfc	803
E0480	Percussor elect/pneum home m	55
E0481	Intrpulmnry percuss vent sys	1,569
E0482	Cough stimulating device	538
E0483	Chest compression gen system	1,329
E0484	Non-elec oscillatory pep dvc	46
E0500	Ippb all types	137
E0550	Humidif extens supple w ippb	63
E0555	Humidifier for use w/ regula	9
E0560	Humidifier supplemental w/ i	214
E0561	Humidifier nonheated w PAP	134
E0562	Humidifier heated used w PAP	377
E0565	Compressor air power source	76
E0570	Nebulizer with compression	25
E0571	Aerosol compressor for svneb	37
E0572	Aerosol compressor adjust pr	48
E0574	Ultrasonic generator w svneb	50
E0575	Nebulizer ultrasonic	128
E0580	Nebulizer for use w/ regulat	168
E0585	Nebulizer w/ compressor & he	44
E0590	Dispensing fee dme neb drug	8
E0600	Suction pump portab hom modl	57
E0601	Cont airway pressure device	140
E0602	Manual breast pump	37
E0603	Electric breast pump	50
E0604	Hosp grade elec breast pump	65
E0605	Vaporizer room type	33
E0606	Drainage board postural	29
E0607	Blood glucose monitor home	99
E0608	Apnea monitor	324
E0609	Blood gluc mon w/special fea	829
E0610	Pacemaker monitr audible/vis	297
E0615	Pacemaker monitr digital/vis	599
E0617	Automatic ext defibrillator	388
E0618	Apnea monitor	350
E0620	Cap bld skin piercing laser	1,093
E0621	Patient lift sling or seat	120

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0627	Seat lift incorp lift-chair	422
E0628	Seat lift for pt furn-electr	422
E0629	Seat lift for pt furn-non-el	413
E0630	Patient lift hydraulic	127
E0635	Patient lift electric	153
E0636	PT support & positioning sys	1,318
E0637	Sit-stand w seatlift	2,631
E0638	Standing frame sys	1,067
E0650	Pneuma compresor non-segment	900
E0651	Pneum compressor segmental	1,148
E0652	Pneum compres w/cal pressure	6,627
E0655	Pneumatic appliance half arm	135
E0660	Pneumatic appliance full leg	200
E0665	Pneumatic appliance full arm	171
E0666	Pneumatic appliance half leg	173
E0667	Seg pneumatic appl full leg	405
E0668	Seg pneumatic appl full arm	552
E0669	Seg pneumatic appli half leg	229
E0671	Pressure pneum appl full leg	519
E0672	Pressure pneum appl full arm	403
E0673	Pressure pneum appl half leg	335
E0675	Pneumatic compression device	402
E0690	Ultraviolet cabinet	1,576
E0691	Uvl pnl 2 sq ft or less	1,147
E0692	Uvl sys panel 4 ft	1,440
E0693	Uvl sys panel 6 ft	1,775
E0694	Uvl md cabinet sys 6 ft	5,650
E0700	Safety equipment	60
E0701	Helmet w face guard prefab	192
E0710	Restraints any type	36
E0720	Tens two lead	459
E0730	Tens four lead	463
E0731	Conductive garment for tens/	446
E0740	Incontinence treatment systm	654
E0744	Neuromuscular stim for scoli	114
E0745	Neuromuscular stim for shock	112
E0746	Electromyograph biofeedback	19
E0747	Elec osteogen stim not spine	4,502
E0748	Elec osteogen stim spinal	4,472

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0749	Elec osteogen stim implanted	327
E0751	Pulse generator or receiver	8,854
E0752	Neurostimulator electrode	558
E0753	Neurostimulator electrodes	3,625
E0754	Pulsegenerator pt programmer	1,442
E0756	Implantable pulse generator	10,137
E0757	Implantable RF receiver	7,243
E0758	External RF transmitter	6,375
E0759	Replace rdfrquncy transmittr	910
E0760	Osteogen ultrasound stimltor	3,717
E0765	Nerve stimulator for tx n&v	105
E0776	Iv pole	179
E0779	Amb infusion pump mechanical	21
E0780	Mech amb infusion pump <8hrs	13
E0781	External ambulatory infus pu	331
E0782	Non-programble infusion pump	4,935
E0783	Programmable infusion pump	9,411
E0784	Ext amb infusn pump insulin	522
E0785	Replacement impl pump cathet	543
E0786	Implantable pump replacement	9,180
E0791	Parenteral infusion pump sta	395
E0830	Ambulatory traction device	2,188
E0840	Tract frame attach headboard	92
E0850	Traction stand free standing	131
E0855	Cervical traction equipment	628
E0860	Tract equip cervical tract	48
E0870	Tract frame attach footboard	145
E0880	Trac stand free stand extrem	157
E0890	Traction frame attach pelvic	151
E0900	Trac stand free stand pelvic	160
E0910	Trapeze bar attached to bed	25
E0920	Fracture frame attached to b	58
E0930	Fracture frame free standing	57
E0935	Exercise device passive moti	28
E0940	Trapeze bar free standing	43
E0941	Gravity assisted traction de	54
E0942	Cervical head harness/halter	25
E0943	Cervical pillow	35
E0944	Pelvic belt/harness/boot	57

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0945	Belt/harness extremity	55
E0946	Fracture frame dual w cross	74
E0947	Fracture frame attachmnts pe	758
E0948	Fracture frame attachmnts ce	733
E0950	Tray	130
E0951	Loop heel	24
E0952	Toe loop/holder, each	24
E0953	Pneumatic tire	81
E0954	Wheelchair semi-pneumatic ca	81
E0955	Cushioned headrest	253
E0956	W/c lateral trunk/hip suppor	123
E0957	W/c medial thigh support	172
E0958	Whlchr att- conv 1 arm drive	55
E0959	Amputee adapter	55
E0960	W/c shoulder harness/straps	114
E0961	Wheelchair brake extension	37
E0962	Wheelchair 1 inch cushion	74
E0963	Wheelchair 2 inch cushion	89
E0964	Wheelchair 3 inch cushion	99
E0965	Wheelchair 4 inch cushion	106
E0966	Wheelchair head rest extensi	89
E0967	Wheelchair hand rims	82
E0968	Wheelchair commode seat	22
E0969	Wheelchair narrowing device	196
E0970	Wheelchair no. 2 footplates	91
E0971	Wheelchair anti-tipping devi	82
E0972	Transfer board or device	69
E0973	W/Ch access det adj armrest	144
E0974	W/Ch access anti-rollback	98
E0975	Wheelchair reinforced seat u	96
E0976	Wheelchair reinforced back u	82
E0977	Wheelchair wedge cushion	82
E0978	W/C acc,saf belt pelv strap	53
E0979	Wheelchair belt with velcro	64
E0980	Wheelchair safety vest	41
E0981	Seat upholstery, replacement	59
E0982	Back upholstery, replacement	64
E0983	Add pwr joystick	312
E0984	Add pwr tiller	2,388

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E0985	W/c seat lift mechanism	254
E0986	Man w/c push-rim pow assist	6,080
E0990	Whellchair elevating leg res	147
E0991	Wheelchair upholstry seat	86
E0992	Wheelchair solid seat insert	119
E0993	Wheelchair back upholstery	81
E0994	Wheelchair arm rest	22
E0995	Wheelchair calf rest	38
E0996	Wheelchair tire solid	54
E0997	Wheelchair caster w/ a fork	83
E0998	Wheelchair caster w/o a fork	48
E0999	Wheelchr pneumatic tire w/wh	144
E1000	Wheelchair tire pneumatic ca	68
E1001	Wheelchair wheel	123
E1002	Pwr seat tilt	5,141
E1003	Pwr seat recline	5,489
E1004	Pwr seat recline mech	6,086
E1005	Pwr seat recline pwr	6,588
E1006	Pwr seat combo w/o shear	8,070
E1007	Pwr seat combo w/shear	10,927
E1008	Pwr seat combo pwr shear	10,928
E1010	Add pwr leg elevation	1,439
E1012	Int seat sys planar ped w/c	634
E1013	Int seat sys contour ped w/c	1,047
E1014	Reclining back add ped w/c	456
E1015	Shock absorber for man w/c	143
E1016	Shock absorber for power w/c	164
E1019	HD feature power seat	559
E1020	Residual limb support system	304
E1021	Ex hd feature power seat	405
E1025	Pedwc lat/thor sup nocontour	157
E1026	Pedwc contoured lat/thor sup	241
E1027	Ped wc lat/ant support	344
E1028	W/c manual swingaway	258
E1029	W/c vent tray fixed	462
E1030	W/c vent tray gimbaled	1,457
E1031	Rollabout chair with casters	63
E1035	Patient transfer system	767
E1037	Transport chair, ped size	136

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E1038	Transport chair, adult size	50
E1050	Whelchr fxd full length arms	127
E1060	Wheelchair detachable arms	158
E1065	Wheelchair power attachment	3,634
E1066	Wheelchair battery charger	505
E1069	Wheelchair deep cycle batter	175
E1070	Wheelchair detachable foot r	137
E1083	Hemi-wheelchair fixed arms	98
E1084	Hemi-wheelchair detachable a	123
E1085	Hemi-wheelchair fixed arms	1,407
E1086	Hemi-wheelchair detachable a	135
E1087	Wheelchair lightwt fixed arm	158
E1088	Wheelchair lightweight det a	188
E1089	Wheelchair lightwt fixed arm	2,275
E1090	Wheelchair lightweight det a	218
E1091	Wheelchair youth	99
E1092	Wheelchair wide w/ leg rests	161
E1093	Wheelchair wide w/ foot rest	138
E1100	Whchr s-recl fxd arm leg res	130
E1110	Wheelchair semi-recl detach	127
E1130	Whlchr stand fxd arm ft rest	50
E1140	Wheelchair standard detach a	115
E1150	Wheelchair standard w/ leg r	102
E1160	Wheelchair fixed arms	78
E1161	Manual adult wc w tiltinspac	2,958
E1170	Whlchr ampu fxd arm leg rest	112
E1171	Wheelchair amputee w/o leg r	100
E1172	Wheelchair amputee detach ar	122
E1180	Wheelchair amputee w/ foot r	127
E1190	Wheelchair amputee w/ leg re	146
E1195	Wheelchair amputee heavy dut	157
E1200	Wheelchair amputee fixed arm	109
E1210	Whlchr moto ful arm leg rest	514
E1211	Wheelchair motorized w/ det	523
E1212	Wheelchair motorized w full	7,676
E1213	Wheelchair motorized w/ det	472
E1220	Whlchr special size/constrc	5,144
E1221	Wheelchair spec size w foot	59
E1222	Wheelchair spec size w/ leg	85

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E1223	Wheelchair spec size w foot	93
E1224	Wheelchair spec size w/ leg	101
E1225	Wheelchair spec sz semi-recl	57
E1226	W/C access fully reclineback	682
E1227	Wheelchair spec sz spec ht a	347
E1228	Wheelchair spec sz spec ht b	35
E1230	Power operated vehicle	2,827
E1232	Folding ped wc tilt-in-space	2,673
E1233	Rig ped wc tltnspc w/o seat	2,770
E1234	Fld ped wc tltnspc w/o seat	2,411
E1235	Rigid ped wc adjustable	2,322
E1236	Folding ped wc adjustable	2,048
E1237	Rgd ped wc adjstabl w/o seat	2,066
E1238	Fld ped wc adjstabl w/o seat	2,154
E1240	Whchr litwt det arm leg rest	129
E1250	Wheelchair lightwt fixed arm	131
E1260	Wheelchair lightwt foot rest	153
E1270	Wheelchair lightweight leg r	99
E1280	Whchr h-duty det arm leg res	164
E1285	Wheelchair heavy duty fixed	2,092
E1290	Wheelchair hvy duty detach a	200
E1295	Wheelchair heavy duty fixed	152
E1296	Wheelchair special seat heig	615
E1297	Wheelchair special seat dept	131
E1298	Wheelchair spec seat depth/w	530
E1310	Whirlpool non-portable	2,684
E1340	Repair for DME, per 15 min	21
E1353	Oxygen supplies regulator	3
E1355	Oxygen supplies stand/rack	11
E1372	Oxy suppl heater for nebuliz	204
E1375	Oxygen suppl nebulizer porta	370
E1377	Oxygen concentrator to 244 c	3,247
E1378	Oxygen concentrator to 488 c	396
E1379	Oxygen concentrator to 732 c	396
E1380	Oxygen concentrator to 976 c	396
E1381	Oxygen concentrat to 1220 cu	396
E1382	Oxygen concentrat to 1464 cu	396
E1383	Oxygen concentrat to 1708 cu	396
E1384	Oxygen concentrat to 1952 cu	396

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E1385	Oxygen concentrator > 1952 c	396
E1390	Oxygen concentrator	286
E1391	Oxygen concentrator, dual	286
E1405	O2/water vapor enrich w/heat	433
E1406	O2/water vapor enrich w/o he	180
E1594	Cycler dialysis machine	681
E1700	Jaw motion rehab system	431
E1701	Repl cushions for jaw motion	13
E1702	Repl measr scales jaw motion	28
E1800	Adjust elbow ext/flex device	153
E1801	SPS elbow device	161
E1802	Adjst forearm pro/sup device	409
E1805	Adjust wrist ext/flex device	158
E1806	SPS wrist device	132
E1810	Adjust knee ext/flex device	156
E1811	SPS knee device	168
E1815	Adjust ankle ext/flex device	158
E1816	SPS ankle device	170
E1818	SPS forearm device	174
E1820	Soft interface material	102
E1821	Replacement interface SPSD	132
E1825	Adjust finger ext/flex devc	158
E1830	Adjust toe ext/flex device	158
E1840	Adj shoulder ext/flex device	478
E2000	Gastric suction pump hme mdl	65
E2100	Bld glucose monitor w voice	804
E2101	Bld glucose monitor w lance	236
E2120	Pulse gen sys tx endolymp fl	354
E2201	Man w/ch acc seat w>=20□<24□	466
E2202	Seat width 24-27 in	592
E2203	Frame depth less than 22 in	599
E2204	Frame depth 22 to 25 in	1,017
E2310	Electro connect btw control	1,463
E2311	Electro connect btw 2 sys	2,962
E2320	Hand chin control	1,248
E2321	Hand interface joystick	1,916
E2322	Mult mech switches	1,763
E2323	Special joystick handle	81
E2324	Chin cup interface	56

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
E2325	Sip and puff interface	1,684
E2326	Breath tube kit	400
E2327	Head control interface mech	2,883
E2328	Head/extremity control inter	4,847
E2329	Head control nonproportional	2,163
E2330	Head control proximity switc	4,167
E2340	W/c wdth 20-23 in seat frame	393
E2341	W/c wdth 24-27 in seat frame	579
E2342	W/c dpth 20-21 in seat frame	560
E2343	W/c dpth 22-25 in seat frame	324
E2351	Electronic SGD interface	873
E2360	22nf nonsealed leadacid	140
E2361	22nf sealed leadacid battery	174
E2362	Gr24 nonsealed leadacid	115
E2363	Gr24 sealed leadacid battery	233
E2364	U1nonsealed leadacid battery	140
E2365	U1 sealed leadacid battery	140
E2366	Battery charger, single mode	330
E2367	Battery charger, dual mode	524
E2402	Neg press wound therapy pump	2,146
E2500	SGD digitized pre-rec <=8min	489
E2502	SGD prerec msg >8min <=20min	1,495
E2504	SGD prerec msg>20min <=40min	1,972
E2506	SGD prerec msg > 40 min	2,891
E2508	SGD spelling phys contact	4,471
E2510	SGD w multi methods msg/accs	8,460
G0001	Drawing blood for specimen	4
G0002	Temporary urinary catheter	98
G0004	ECG transm phys review & int	594
G0005	ECG 24 hour recording	100
G0006	ECG transmission & analysis	80
G0007	ECG phy review & interpret	125
G0008	Admin influenza virus vac	13
G0009	Admin pneumococcal vaccine	13
G0010	Admin hepatitis b vaccine	13
G0015	Post symptom ECG tracing	241
G0016	Post symptom ECG md review	138
G0025	Collagen skin test kit	67
G0026	Fecal leukocyte examination	25

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
G0027	Semen analysis	12
G0030	PET imaging prev PET single	107
G0031	PET imaging prev PET multple	134
G0032	PET follow SPECT 78464 singl	105
G0033	PET follow SPECT 78464 mult	135
G0034	PET follow SPECT 76865 singl	107
G0035	PET follow SPECT 78465 mult	134
G0036	PET follow cornry angio sing	106
G0037	PET follow cornry angio mult	133
G0038	PET follow myocard perf sing	104
G0039	PET follow myocard perf mult	133
G0040	PET follow stress echo singl	108
G0041	PET follow stress echo mult	134
G0042	PET follow ventriculogm sing	109
G0043	PET follow ventriculogm mult	135
G0044	PET following rest ECG singl	108
G0045	PET following rest ECG mult	134
G0046	PET follow stress ECG singl	108
G0047	PET follow stress ECG mult	134
G0050	Residual urine by ultrasound	125
G0101	CA screen;pelvic/breast exam	32
G0102	Prostate ca screening; dre	12
G0103	Psa, total screening	33
G0104	CA screen;flexi sigmoidscope	78
G0105	Colorectal scrn; hi risk ind	277
G0106	Colon CA screen;barium enema	193
G0107	CA screen; fecal blood test	6
G0108	Diab manage trn per indiv	45
G0109	Diab manage trn ind/group	26
G0110	Nett pulm-rehab educ; ind	62
G0111	Nett pulm-rehab educ; group	21
G0112	Nett;nutrition guid, initial	123
G0113	Nett;nutrition guid,subseqnt	88
G0114	Nett; psychosocial consult	81
G0115	Nett; psychological testing	81
G0116	Nett; psychosocial counsel	75
G0117	Glaucoma scrn hgh risk direc	33
G0118	Glaucoma scrn hgh risk direc	13
G0120	Colon ca scrn; barium enema	193

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
G0121	Colon ca scrn not hi rsk ind	277
G0122	Colon ca scrn; barium enema	540
G0123	Screen cerv/vag thin layer	37
G0124	Screen c/v thin layer by MD	31
G0125	PET image pulmonary nodule	104
G0126	Lung image (PET) staging	3,860
G0127	Trim nail(s)	13
G0128	CORF skilled nursing service	6
G0129	Partial hosp prog service	150
G0130	Single energy x-ray study	60
G0131	CT scan, bone density study	273
G0132	CT scan, bone density study	150
G0141	Scr c/v cyto,autosys and md	31
G0143	Scr c/v cyto,thinlayer,rescr	37
G0144	Scr c/v cyto,thinlayer,rescr	39
G0145	Scr c/v cyto,thinlayer,rescr	48
G0147	Scr c/v cyto, automated sys	21
G0148	Scr c/v cyto, autosys, rescr	27
G0151	HHCP-serv of pt,ea 15 min	163
G0152	HHCP-serv of ot,ea 15 min	125
G0153	HHCP-svs of s/l path,ea 15mn	138
G0154	HHCP-svs of rn,ea 15 min	140
G0155	HHCP-svs of csw,ea 15 min	41
G0156	HHCP-svs of aide,ea 15 min	5
G0163	Pet for rec of colorectal ca	3,830
G0164	Pet for lymphoma staging	3,862
G0165	Pet,rec of melanoma/met ca	3,830
G0166	Extrnl counterpulse, per tx	5
G0167	Hyperbaric oz tx;no md reqrd	41
G0168	Wound closure by adhesive	31
G0173	Stereo radoisurgery,complete	1,144
G0174	Intensitymodulatedradiation	1,144
G0175	OPPS Service,sched team conf	231
G0176	OPPS/PHP;activity therapy	125
G0177	OPPS/PHP; train & educ serv	125
G0178	Intensitymodulatedradiation	1,144
G0179	MD recertification HHA PT	80
G0180	MD certification HHA patient	102
G0181	Home health care supervision	169

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
G0182	Hospice care supervision	179
G0184	Ocular photdynamicTx 2nd eye	44
G0185	Transpuppillary thermotx	906
G0186	Dstry eye lesn,fdr vssl tech	933
G0187	Dstry mclr drusen,photocoag	4,733
G0188	Xray lwr extrmty-full lngth	192
G0190	Immunization administration	19
G0195	Clinicalevalswallowingfunct	220
G0196	Evalofswallowingwithradioopa	219
G0197	Evalofptforprescipspeechdevi	199
G0198	Patientadapation&trainforspe	122
G0199	Reevaluationofpatientusespec	169
G0200	Evalofpatientprescipofvoicep	199
G0201	Modifortraininginusevoicepro	140
G0202	Screeningmammographydigital	188
G0203	Screenmammographyfilmdigital	106
G0204	Diagnosticmammographydigital	198
G0205	Diagnosticmammographyfilmpro	148
G0206	Diagnosticmammographydigital	159
G0207	Diagnostic mammography film	122
G0210	PET img wholebody dxlung	103
G0211	PET img wholbody init lung	103
G0212	PET img wholebod restag lung	103
G0213	PET img wholbody dx	103
G0214	PET img wholebod init	103
G0215	PETimg wholebod restag	103
G0216	PET img wholebod dx melanoma	103
G0217	PET img wholebod init melan	103
G0218	PET img wholebod restag mela	104
G0220	PET img wholebod dx lymphoma	103
G0221	PET imag wholbod init lympho	103
G0222	PET imag wholbod resta lymph	104
G0223	PET imag wholbod reg dx head	103
G0224	PET imag wholbod reg ini hea	103
G0225	PET whol restag headneckonly	104
G0226	PET img wholbody dx esophagl	104
G0227	PET img wholbod ini esophage	104
G0228	PET img wholbod restg esopha	103
G0229	PET img metaboloc brain pres	103

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
G0230	PET myocard viability post	104
G0231	PET WhBD colorec; gamma cam	103
G0232	PET whbd lymphoma; gamma cam	104
G0233	PET whbd melanoma; gamma cam	104
G0234	PET WhBD pulm nod; gamma cam	104
G0236	Digital film convert diag ma	34
G0237	Therapeutic procd strg endur	26
G0238	Oth resp proc, indiv	63
G0239	Oth resp proc, group	40
G0240	Critic care by MD transport	318
G0241	Each additional 30 minutes	159
G0244	Observ care by facility topt	40
G0245	Initial foot exam pt lops	63
G0246	Followup eval of foot pt lop	32
G0247	Routine footcare pt w lops	38
G0248	Demonstrate use home inr mon	359
G0249	Provide test material,equipm	208
G0250	MD review interpret of test	13
G0252	PET imaging initial dx	116
G0253	PET image brst dection recur	133
G0254	PET image brst eval to tx	133
G0262	Sm intestinal image capsule	1,088
G0265	Cryopresevation Freeze+stora	18
G0266	Thawing + expansion froz cel	18
G0268	Removal of impacted wax md	46
G0270	MNT subs tx for change dx	25
G0271	Group MNT 2 or more 30 mins	11
G0272	Naso/oro gastric tube pl MD	24
G0273	Pretx planning, non-Hodgkins	653
G0274	Radiopharm tx, non-Hodgkins	292
G0275	Renal angio, cardiac cath	18
G0278	Iliac art angio,cardiac cath	18
G0279	Excorp shock tx, elbow epi	84
G0280	Excorp shock tx other than	84
G0281	Elec stim unattend for press	15
G0283	Elec stim other than wound	15
G0288	Recon, CTA for surg plan	575
G0289	Arthro, loose body + chondro	117
G0296	PET imge restag thyrod cance	133

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
G0306	CBC/diffwbc w/o platelet	14
G0307	CBC without platelet	12
G0308	ESRD related svc 4+mo < 2yrs	1,101
G0309	ESRD related svc 2-3mo <2yrs	916
G0310	ESRD related svc 1 vst <2yrs	733
G0311	ESRD related svs 4+mo 2-11yr	746
G0312	ESRD relate svs 2-3 mo 2-11y	621
G0313	ESRD related svs 1 mon 2-11y	497
G0314	ESRD related svs 4+ mo 12-19	655
G0315	ESRD related svs 2-3mo/12-19	545
G0316	ESRD related svs 1vis/12-19y	436
G0317	ESRD related svs 4+mo 20+yrs	410
G0318	ESRD related svs 2-3 mo 20+y	342
G0319	ESRD related svs 1visit 20+y	273
G0320	ESD related svs home undr 2	916
G0321	ESRD related svs home mo<2ys	545
G0322	ESRD relate svs home mo/2-19	621
G0323	ESRD related svs home mo 20+	342
G0324	ESRD relate svs home/dy <2yr	30
G0325	ESRD relate home/day/ 2-11yr	18
G0326	ESRD relate home/dy 12-19yr	21
G0327	ESRD relate home/dy 20+yrs	12
G0328	Fecal blood scrn immunoassay	23
G9012	Other Specified Case Mgmt	38
H0004	Alcohol and/or drug services	100
H0005	Alcohol and/or drug services	81
H0015	Alcohol and/or drug services	225
H0020	Alcohol and/or drug services	14
H1001	Antepartum management	132
H1002	Carecoordination prenatal	56
H1003	Prenatal at risk education	128
H1004	Follow up home visit/prental	9
J0120	Tetracyclin injection	1
J0130	Abciximab injection	641
J0150	Injection adenosine 6 MG	34
J0151	Adenosine injection	266
J0170	Adrenalin epinephrin inject	2
J0190	Inj biperiden lactate/5 mg	4
J0200	Alatrofloxacin mesylate	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J0205	Alglucerase injection	47
J0207	Amifostine	438
J0210	Methyldopate hcl injection	11
J0256	Alpha 1 proteinase inhibitor	3
J0270	Alprostadil for injection	6
J0275	Alprostadil urethral suppos	40
J0280	Aminophyllin 250 MG inj	1
J0282	Amiodarone HCl	100
J0285	Amphotericin B	20
J0286	Amphotericin B lipid complex	245
J0290	Ampicillin 500 MG inj	2
J0295	Ampicillin sodium per 1.5 gm	9
J0300	Amobarbital 125 MG inj	3
J0330	Succinycholine chloride inj	1
J0340	Nandrolon phenpropionate inj	6
J0350	Injection anistreplase 30 u	2,983
J0360	Hydralazine hcl injection	12
J0380	Inj metaraminol bitartrate	1
J0390	Chloroquine injection	19
J0395	Arbutamine HCl injection	228
J0400	Inj trimethaphan camsylate	3
J0456	Azithromycin	29
J0460	Atropine sulfate injection	10
J0470	Dimecaprol injection	39
J0475	Baclofen 10 MG injection	255
J0476	Baclofen intrathecal trial	93
J0500	Dicyclomine injection	18
J0510	Benzquinamide injection	9
J0515	Inj benztropine mesylate	5
J0520	Bethanechol chloride inject	6
J0530	Penicillin g benzathine inj	8
J0540	Penicillin g benzathine inj	18
J0550	Penicillin g benzathine inj	35
J0560	Penicillin g benzathine inj	9
J0570	Penicillin g benzathine inj	7
J0580	Penicillin g benzathine inj	37
J0585	Botulinum toxin a per unit	5
J0587	Botulinum toxin type B	16
J0590	Ethylnorepinephrine hcl inj	7

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J0600	Edetate calcium disodium inj	41
J0610	Calcium gluconate injection	2
J0620	Calcium glycer & lact/10 ML	4
J0630	Calcitonin salmon injection	37
J0635	Calcitriol injection	19
J0636	Inj calcitriol per 0.1 mcg	71
J0640	Leucovorin calcium injection	22
J0670	Inj mepivacaine HCL/10 ml	2
J0690	Cefazolin sodium injection	2
J0692	Cefepime HCl for injection	28
J0694	Cefoxitin sodium injection	12
J0695	Cefonocid sodium injection	47
J0696	Ceftriaxone sodium injection	18
J0697	Sterile cefuroxime injection	8
J0698	Cefotaxime sodium injection	12
J0702	Betamethasone acet&sod phosp	4
J0704	Betamethasone sod phosp/4 MG	4
J0706	Caffeine citrate injection	8
J0710	Cephapirin sodium injection	2
J0713	Inj ceftazidime per 500 mg	8
J0715	Ceftizoxime sodium / 500 MG	8
J0720	Chloramphenicol sodium injec	5
J0725	Chorionic gonadotropin/1000u	8
J0730	Chlorpheniramin maleate inj	1
J0735	Clonidine hydrochloride	67
J0740	Cidofovir injection	905
J0743	Cilastatin sodium injection	17
J0744	Ciprofloxacin iv	32
J0745	Inj codeine phosphate /30 MG	1
J0760	Colchicine injection	6
J0770	Colistimethate sodium inj	42
J0780	Prochlorperazine injection	10
J0800	Corticotropin injection	36
J0810	Cortisone injection	19
J0835	Inj cosyntropin per 0.25 MG	16
J0850	Cytomegalovirus imm IV /vial	463
J0880	Darbepoetin alfa injection	63
J0895	Deferoxamine mesylate inj	14
J0900	Testosterone enanthate inj	2

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J0945	Brompheniramine maleate inj	2
J0970	Estradiol valerate injection	4
J1000	Depo-estradiol cypionate inj	1
J1020	Methylprednisolone 20 MG inj	1
J1030	Methylprednisolone 40 MG inj	6
J1040	Methylprednisolone 80 MG inj	8
J1050	Medroxyprogesterone inj	50
J1055	Medrxyprogester acetate inj	82
J1056	MA/EC contraceptiveinjection	44
J1060	Testosterone cypionate 1 ML	1
J1070	Testosterone cypionat 100 MG	13
J1080	Testosterone cypionat 200 MG	25
J1090	Testosterone cypionate 50 MG	19
J1094	Inj dexamethasone acetate	1
J1095	Inj dexamethasone acetate	15
J1100	Dexamethasone sodium phos	5
J1110	Inj dihydroergotamine mesylt	15
J1120	Acetazolamid sodium injectio	37
J1160	Digoxin injection	3
J1165	Phenytoin sodium injection	2
J1170	Hydromorphone injection	2
J1180	Dyphylline injection	6
J1190	Dexrazoxane HCl injection	188
J1200	Diphenhydramine hcl injectio	1
J1205	Chlorothiazide sodium inj	11
J1212	Dimethyl sulfoxide 50% 50 ML	43
J1230	Methadone injection	1
J1240	Dimenhydrinate injection	4
J1245	Dipyridamole injection	35
J1250	Inj dobutamine HCL/250 mg	14
J1260	Dolasetron mesylate	19
J1270	Injection, doxercalciferol	29
J1320	Amitriptyline injection	3
J1325	Epoprostenol injection	21
J1327	Eptifibatide injection	41
J1330	Ergonovine maleate injection	6
J1362	Erythromycin glucep / 250 MG	9
J1364	Erythro lactobionate /500 MG	13
J1380	Estradiol valerate 10 MG inj	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J1390	Estradiol valerate 20 MG inj	5
J1410	Inj estrogen conjugate 25 MG	75
J1435	Injection estrone per 1 MG	1
J1436	Etidronate disodium inj	76
J1438	Etanercept injection	205
J1440	Filgrastim 300 mcg injection	196
J1441	Filgrastim 480 mcg injection	313
J1450	Fluconazole	105
J1452	Intraocular Fomivirsen na	2,470
J1455	Foscarnet sodium injection	15
J1470	Gamma globulin 2 CC inj	149
J1480	Gamma globulin 3 CC inj	100
J1490	Gamma globulin 4 CC inj	112
J1500	Gamma globulin 5 CC inj	85
J1540	Gamma globulin 9 CC inj	104
J1550	Gamma globulin 10 CC inj	131
J1560	Gamma globulin > 10 CC inj	18
J1561	Immune globulin 500 mg	106
J1562	Immune globulin 5 gms	1,070
J1563	IV immune globulin	169
J1564	Immune globulin 10 mg	2
J1565	RSV-ivig	897
J1570	Ganciclovir sodium injection	42
J1580	Garamycin gentamicin inj	6
J1590	Gatifloxacin injection	3
J1600	Gold sodium thiomaleate inj	11
J1610	Glucagon hydrochloride/1 MG	37
J1620	Gonadorelin hydroch/ 100 mcg	366
J1626	Granisetron HCl injection	38
J1630	Haloperidol injection	9
J1631	Haloperidol decanoate inj	34
J1642	Inj heparin sodium per 10 u	1
J1644	Inj heparin sodium per 1000u	1
J1645	Dalteparin sodium	17
J1650	Inj enoxaparin sodium	7
J1655	Tinzaparin sodium injection	5
J1670	Tetanus immune globulin inj	128
J1690	Prednisolone tebutate inj	25
J1700	Hydrocortisone acetate inj	3

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J1710	Hydrocortisone sodium ph inj	6
J1720	Hydrocortisone sodium succ i	3
J1730	Diazoxide injection	116
J1739	Hydroxyprogesterone cap 125	3
J1741	Hydroxyprogesterone cap 250	7
J1742	Ibutilide fumarate injection	276
J1745	Infliximab injection	73
J1750	Iron dextran	22
J1755	Iron sucrose injection	36
J1785	Injection imiglucerase /unit	5
J1790	Droperidol injection	4
J1800	Propranolol injection	22
J1810	Droperidol/fentanyl inj	10
J1820	Insulin injection	7
J1825	Interferon beta-1a	337
J1830	Interferon beta-1b / .25 MG	96
J1835	Itraconazole injection	2,280
J1840	Kanamycin sulfate 500 MG inj	4
J1850	Kanamycin sulfate 75 MG inj	4
J1885	Ketorolac tromethamine inj	7
J1890	Cephalothin sodium injection	13
J1910	Kutapressin injection	14
J1930	Propiomazine injection	7
J1940	Furosemide injection	1
J1950	Leuprolide acetate /3.75 MG	616
J1955	Inj levocarnitine per 1 gm	43
J1956	Levofloxacin injection	24
J1960	Levorphanol tartrate inj	4
J1970	Methotrimeprazine injection	34
J1980	Hyoscyamine sulfate inj	8
J1990	Chlordiazepoxide injection	31
J2000	Lidocaine injection	1
J2010	Lincomycin injection	14
J2020	Linezolid injection	73
J2060	Lorazepam injection	10
J2150	Mannitol injection	4
J2175	Meperidine hydrochl /100 MG	1
J2180	Meperidine/promethazine inj	10
J2210	Methylergonovin maleate inj	4

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J2240	Metocurine iodide injection	2
J2250	Inj midazolam hydrochloride	3
J2260	Inj milrinone lactate / 5 MG	45
J2270	Morphine sulfate injection	1
J2271	Morphine so4 injection 100mg	14
J2275	Morphine sulfate injection	11
J2300	Inj nalbuphine hydrochloride	1
J2310	Inj naloxone hydrochloride	4
J2320	Nandrolone decanoate 50 MG	8
J2321	Nandrolone decanoate 100 MG	13
J2322	Nandrolone decanoate 200 MG	16
J2330	Thiothixene injection	2
J2350	Niacinamide/niacin injection	13
J2352	Octreotide acetate injection	237
J2355	Oprelvekin injection	279
J2360	Orphenadrine injection	19
J2370	Phenylephrine hcl injection	3
J2400	Chloroprocaine hcl injection	12
J2405	Ondansetron hcl injection	8
J2410	Oxymorphone hcl injection	4
J2430	Pamidronate disodium /30 MG	291
J2440	Papaverin hcl injection	8
J2460	Oxytetracycline injection	1
J2480	Hydrochlorides of opium inj	25
J2500	Paricalcitol	34
J2501	Paricalcitol	6
J2510	Penicillin g procaine inj	4
J2512	Inj pentagastrin per 2 ML	54
J2515	Pentobarbital sodium inj	1
J2540	Penicillin g potassium inj	1
J2543	Piperacillin/tazobactam	19
J2545	Pentamidine isethionte/300mg	117
J2550	Promethazine hcl injection	3
J2560	Phenobarbital sodium inj	6
J2590	Oxytocin injection	1
J2597	Inj desmopressin acetate	7
J2640	Prednisolone sodium ph inj	13
J2650	Prednisolone acetate inj	1
J2670	Totazoline hcl injection	40

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J2675	Inj progesterone per 50 MG	6
J2680	Fluphenazine decanoate 25 MG	30
J2690	Procainamide hcl injection	14
J2700	Oxacillin sodium injeciton	3
J2710	Neostigmine methylslfte inj	2
J2720	Inj protamine sulfate/10 MG	1
J2725	Inj protirelin per 250 mcg	74
J2730	Pralidoxime chloride inj	35
J2760	Phentolaine mesylate inj	36
J2765	Metoclopramide hcl injection	3
J2770	Quinupristin/dalfopristin	269
J2780	Ranitidine hydrochloride inj	5
J2790	Rho d immune globulin inj	119
J2792	Rho(D) immune globulin h, sd	63
J2795	Ropivacaine HCl injection	1
J2800	Methocarbamol injection	25
J2810	Inj theophylline per 40 MG	2
J2820	Sargramostim injection	30
J2860	Secobarbital sodium inj	12
J2910	Aurothioglucose injeciton	16
J2912	Sodium chloride injection	1
J2915	NA Ferric Gluconate Complex	78
J2916	Na ferric gluconate complex	10
J2920	Methylprednisolone injection	3
J2930	Methylprednisolone injection	7
J2940	Somatrem injection	81
J2941	Somatropin injection	85
J2950	Promazine hcl injection	1
J2970	Methicillin sodium injection	9
J2993	Reteplase injection	3,354
J2994	Reteplase double bolus	6,709
J2995	Inj streptokinase /250000 IU	145
J2996	Alteplase recombinant inj	679
J2997	Alteplase recombinant	73
J3000	Streptomycin injection	7
J3010	Fentanyl citrate injeciton	2
J3030	Sumatriptan succinate / 6 MG	94
J3070	Pentazocine injection	2
J3080	Chlorprothixene injection	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J3100	Tenecteplase injection	6,988
J3105	Terbutaline sulfate inj	3
J3120	Testosterone enanthate inj	13
J3130	Testosterone enanthate inj	25
J3140	Testosterone suspension inj	1
J3150	Testosteron propionate inj	2
J3230	Chlorpromazine hcl injection	3
J3240	Thyrotropin injection	238
J3245	Tirofiban hydrochloride	1,175
J3250	Trimethobenzamide hcl inj	5
J3260	Tobramycin sulfate injection	9
J3265	Injection torsemide 10 mg/ml	1
J3270	Imipramine hcl injection	3
J3280	Thiethylperazine maleate inj	5
J3301	Triamcinolone acetonide inj	2
J3302	Triamcinolone diacetate inj	1
J3303	Triamcinolone hexacetonl inj	3
J3305	Inj trimetrexate glucoronate	87
J3310	Perphenazine injeciton	7
J3320	Spectinomycn di-hcl inj	25
J3350	Urea injection	92
J3360	Diazepam injection	3
J3364	Urokinase 5000 IU injection	71
J3365	Urokinase 250,000 IU inj	555
J3370	Vancomycin hcl injection	14
J3390	Methoxamine injection	36
J3395	Verteporfin injection	1,920
J3400	Triflupromazine hcl inj	15
J3410	Hydroxyzine hcl injection	1
J3420	Vitamin b12 injection	1
J3430	Vitamin k phytonadione inj	1
J3450	Mephentermine sulfate inj	31
J3470	Hyaluronidase injection	9
J3475	Inj magnesium sulfate	1
J3480	Inj potassium chloride	1
J3485	Zidovudine	8
J3487	Zoledronic acid	443
J3520	Edetate disodium per 150 mg	1
J3535	Metered dose inhaler drug	3

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J7030	Normal saline solution infus	12
J7040	Normal saline solution infus	11
J7042	5% dextrose/normal saline	13
J7050	Normal saline solution infus	13
J7051	Sterile saline/water	3
J7060	5% dextrose/water	12
J7070	D5w infusion	15
J7100	Dextran 40 infusion	118
J7110	Dextran 75 infusion	117
J7120	Ringers lactate infusion	16
J7130	Hypertonic saline solution	4
J7190	Factor viii	1
J7191	Factor VIII (porcine)	6
J7192	Factor viii recombinant	1
J7193	Factor IX non-recombinant	2
J7194	Factor ix complex	41
J7195	Factor IX recombinant	1
J7197	Antithrombin iii injection	1
J7198	Anti-inhibitor	179
J7300	Intraut copper contraceptive	450
J7302	Levonorgestrel iu contracept	575
J7308	Aminolevulinic acid hcl top	162
J7310	Ganciclovir long act implant	12,346
J7315	Sodium hyaluronate injection	232
J7316	Sodium hyaluronate injection	62
J7317	Sodium hyaluronate injection	243
J7320	Hylan G-F 20 injection	256
J7330	Cultured chondrocytes implnt	40,040
J7340	Metabolic active D/E tissue	35
J7500	Azathioprine oral 50mg	2
J7501	Azathioprine parenteral	199
J7502	Cyclosporine oral 100 mg	8
J7504	Lymphocyte immune globulin	531
J7505	Monoclonal antibodies	2,018
J7506	Prednisone oral	1
J7507	Tacrolimus oral per 1 MG	4
J7508	Tacrolimus oral per 5 MG	21
J7509	Methylprednisolone oral	1
J7510	Prednisolone oral per 5 mg	1

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J7511	Antithymocyte globuln rabbit	834
J7513	Daclizumab, parenteral	758
J7515	Cyclosporine oral 25 mg	2
J7516	Cyclosporin parenteral 250mg	75
J7517	Mycophenolate mofetil oral	4
J7520	Sirolimus, oral	10
J7525	Tacrolimus injection	299
J7608	Acetylcysteine inh sol u d	13
J7610	Acetylcysteine 10% injection	3
J7615	Acetylcysteine 20% injection	2
J7618	Albuterol inh sol con	1
J7619	Albuterol inh sol u d	1
J7620	Albuterol sulfate .083%/ml	1
J7622	Beclomethasone inhalatn sol	7
J7624	Betamethasone inhalation sol	2
J7625	Albuterol sulfate .5% inj	2
J7626	Budesonide inhalation sol	6
J7627	Bitolterolmesylate inhal sol	13
J7628	Bitolterol mes inhal sol con	1
J7629	Bitolterol mes inh sol u d	1
J7630	Cromolyn sodium injeciton	2
J7631	Cromolyn sodium inh sol u d	1
J7635	Atropine inhal sol con	1
J7636	Atropine inhal sol unit dose	1
J7637	Dexamethasone inhal sol con	1
J7638	Dexamethasone inhal sol u d	1
J7639	Dornase alpha inhal sol u d	66
J7641	Flunisolide, inhalation sol	2
J7642	Glycopyrrolate inhal sol con	9
J7643	Glycopyrrolate inhal sol u d	20
J7644	Ipratropium brom inh sol u d	5
J7645	Ipratropium bromide .02%/ml	4
J7649	Isoetharine hcl inh sol u d	1
J7655	Isoetharine hcl 1% inj	7
J7668	Metaproterenol inh sol con	1
J7669	Metaproterenol inh sol u d	2
J7670	Metaproterenol sulfate .4%	3
J7672	Metaproterenol sulfate .6%	4
J7675	Metaproterenol sulfate 5%	4

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J7680	Terbutaline so4 inh sol con	37
J7681	Terbutaline so4 inh sol u d	3
J7682	Tobramycin inhalation sol	162
J7683	Triamcinolone inh sol con	1
J7684	Triamcinolone inh sol u d	1
J8510	Oral busulfan	6
J8520	Capecitabine, oral, 150 mg	6
J8521	Capecitabine, oral, 500 mg	17
J8530	Cyclophosphamide oral 25 MG	9
J8560	Etoposide oral 50 MG	93
J8600	Melphalan oral 2 MG	4
J8610	Methotrexate oral 2.5 MG	7
J8700	Temozolomide	16
J9000	Doxorubic hcl 10 MG vl chemo	64
J9001	Doxorubicin hcl liposome inj	419
J9010	Alemtuzumab injection	1,063
J9015	Aldesleukin/single use vial	712
J9017	Arsenic trioxide	701
J9020	Asparaginase injection	65
J9031	Bcg live intravesical vac	208
J9040	Bleomycin sulfate injection	362
J9045	Carboplatin injection	119
J9050	Carmus bischl nitro inj	129
J9060	Cisplatin 10 MG injection	50
J9062	Cisplatin 50 MG injection	491
J9065	Inj cladribine per 1 MG	67
J9070	Cyclophosphamide 100 MG inj	7
J9080	Cyclophosphamide 200 MG inj	27
J9090	Cyclophosphamide 500 MG inj	56
J9091	Cyclophosphamide 1.0 grm inj	116
J9092	Cyclophosphamide 2.0 grm inj	200
J9093	Cyclophosphamide lyophilized	8
J9094	Cyclophosphamide lyophilized	33
J9095	Cyclophosphamide lyophilized	64
J9096	Cyclophosphamide lyophilized	138
J9097	Cyclophosphamide lyophilized	257
J9100	Cytarabine hcl 100 MG inj	8
J9110	Cytarabine hcl 500 MG inj	66
J9120	Dactinomycin actinomycin d	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J9130	Dacarbazine 100 mg inj	14
J9140	Dacarbazine 200 MG inj	63
J9150	Daunorubicin	100
J9151	Daunorubicin citrate liposom	81
J9160	Denileukin diftitox, 300 mcg	2,750
J9165	Diethylstilbestrol injection	18
J9170	Docetaxel	338
J9180	Epirubicin HCl injection	1,435
J9181	Etoposide 10 MG inj	16
J9182	Etoposide 100 MG inj	275
J9185	Fludarabine phosphate inj	288
J9190	Fluorouracil injection	4
J9200	Floxuridine injection	162
J9201	Gemcitabine HCl	111
J9202	Goserelin acetate implant	558
J9206	Irinotecan injection	147
J9208	Ifosfomide injection	177
J9209	Mesna injection	46
J9211	Idarubicin hcl injection	427
J9212	Interferon alfacon-1	5
J9213	Interferon alfa-2a inj	42
J9214	Interferon alfa-2b inj	14
J9215	Interferon alfa-n3 inj	9
J9216	Interferon gamma 1-b inj	151
J9217	Leuprolide acetate suspnsion	706
J9218	Leuprolide acetate injeciton	137
J9219	Leuprolide acetate implant	7,498
J9230	Mechlorethamine hcl inj	13
J9245	Inj melphalan hydrochl 50 MG	454
J9250	Methotrexate sodium inj	1
J9260	Methotrexate sodium inj	6
J9265	Paclitaxel injection	217
J9266	Pegaspargase/singl dose vial	1,652
J9268	Pentostatin injection	1,953
J9270	Plicamycin (mithramycin) inj	105
J9280	Mitomycin 5 MG inj	152
J9290	Mitomycin 20 MG inj	750
J9291	Mitomycin 40 MG inj	1,250
J9293	Mitoxantrone hydrochl / 5 MG	279

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
J9300	Gemtuzumab ozogamicin	4,124
J9310	Rituximab cancer treatment	525
J9320	Streptozocin injection	126
J9340	Thiotepa injection	125
J9350	Topotecan	717
J9355	Trastuzumab	129
J9357	Valrubicin, 200 mg	529
J9360	Vinblastine sulfate inj	5
J9370	Vincristine sulfate 1 MG inj	43
J9375	Vincristine sulfate 2 MG inj	152
J9380	Vincristine sulfate 5 MG inj	313
J9390	Vinorelbine tartrate/10 mg	94
J9600	Porfimer sodium	3,056
K0001	Standard wheelchair	68
K0002	Stnd hemi (low seat) whlchr	102
K0003	Lightweight wheelchair	112
K0004	High strength ltwt whlchr	167
K0005	Ultralightweight wheelchair	2,311
K0006	Heavy duty wheelchair	157
K0007	Extra heavy duty wheelchair	223
K0008	Cstm manual wheelchair/base	3,161
K0009	Other manual wheelchair/base	3,546
K0010	Stnd wt frame power whlchr	532
K0011	Stnd wt pwr whlchr w control	662
K0012	Ltwt portbl power whlchr	406
K0015	Detach non-adjus hght armrst	227
K0016	Detach adjust armrst cmplete	144
K0017	Detach adjust armrest base	64
K0018	Detach adjust armrst upper	36
K0019	Arm pad each	22
K0020	Fixed adjust armrest pair	58
K0021	Anti-tipping device each	76
K0022	Reinforced back upholstery	63
K0023	Planr back insrt foam w/strp	118
K0024	Plnr back insrt foam w/hrdwr	139
K0025	Hook-on headrest extension	89
K0026	Back upholst lgtwt whlchr	58
K0027	Back upholst other whlchr	58
K0028	Manual fully reclining back	682

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0029	Reinforced seat upholstery	62
K0030	Solid plnr seat sngl dnsfoam	119
K0031	Safety belt/pelvic strap	53
K0032	Seat uphols lgtwt whlchr	57
K0033	Seat upholstery other whlchr	57
K0034	Heel loop each	22
K0035	Heel loop with ankle strap	32
K0036	Toe loop each	24
K0037	High mount flip-up footrest	60
K0038	Leg strap each	30
K0039	Leg strap h style each	67
K0040	Adjustable angle footplate	93
K0041	Large size footplate each	66
K0042	Standard size footplate each	46
K0043	Ftrst lower extension tube	24
K0044	Ftrst upper hanger bracket	21
K0045	Footrest complete assembly	71
K0046	Elevat legrst low extension	24
K0047	Elevat legrst up hangr brack	96
K0048	Elevate legrest complete	147
K0049	Calf pad each	38
K0050	Ratchet assembly	41
K0051	Cam relese assem ftrst/lgrst	66
K0052	Swingaway detach footrest	116
K0053	Elevate footrest articulate	128
K0054	Seat wdth 10-12/15/17/20 wc	131
K0055	Seat dpth 15/17/18 ltwt wc	119
K0056	Seat ht <17 or >=21 ltwt wc	119
K0057	Seat wdth 19/20 hvy dty wc	155
K0058	Seat dpth 17/18 power wc	75
K0059	Plastic coated handrim each	40
K0060	Steel handrim each	35
K0061	Aluminum handrim each	49
K0062	Handrim 8-10 vert/obliq proj	76
K0063	Hndrm 12-16 vert/obliq proj	102
K0064	Zero pressure tube flat free	38
K0065	Spoke protectors	56
K0066	Solid tire any size each	36
K0067	Pneumatic tire any size each	51

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0068	Pneumatic tire tube each	7
K0069	Rear whl complete solid tire	125
K0070	Rear whl compl pneum tire	229
K0071	Front castr compl pneum tire	137
K0072	Frnt cstr cmpl sem-pneum tir	82
K0073	Caster pin lock each	44
K0074	Pneumatic caster tire each	45
K0075	Semi-pneumatic caster tire	52
K0076	Solid caster tire each	32
K0077	Front caster assem complete	74
K0078	Pneumatic caster tire tube	12
K0079	Wheel lock extension pair	74
K0080	Anti-rollback device pair	196
K0081	Wheel lock assembly complete	51
K0082	22 nf nonsealed leadacid	140
K0083	22nf sealed leadacid battery	174
K0084	Gr24 nonsealed leadacid	115
K0085	Gr24 sealed leadacid battery	233
K0086	U1nonsealed leadacid battery	140
K0087	U1 sealed leadacid battery	140
K0088	Battery charger, single mode	330
K0089	Battery charger, dual mode	524
K0090	Rear tire power wheelchair	95
K0091	Rear tire tube power whlchr	26
K0092	Rear assem cmplt powr whlchr	304
K0093	Rear zero pressure tire tube	190
K0094	Wheel tire for power base	62
K0095	Wheel tire tube each base	62
K0096	Wheel assem powr base complt	343
K0097	Wheel zero presure tire tube	79
K0098	Drive belt power wheelchair	34
K0099	Pwr wheelchair front caster	101
K0100	Amputee adapter pair	111
K0101	One-arm drive attachment	50
K0102	Crutch and cane holder	54
K0103	Transfer board < 25□	69
K0104	Cylinder tank carrier	148
K0105	Iv hanger	124
K0106	Arm trough each	134

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0107	Wheelchair tray	130
K0112	Trunk vest supprt innr frame	356
K0113	Trunk vest suprt w/o inr frm	217
K0114	Whlchr back suprt inr frame	948
K0115	Back module orthotic system	1,087
K0116	Back & seat modul orthot sys	2,268
K0182	Water distilled w/ nebulizer	1
K0183	Nasal application device	136
K0184	Nasal pillow or face seal	40
K0185	Pos airway pressure headgear	62
K0186	Pos airway prssure chinstrap	30
K0187	Pos airway pressure tubing	61
K0188	Pos airway pressure filter	8
K0189	Filter nondisposable w PAP	23
K0195	Elevating whlchair leg rests	26
K0268	Humidifier nonheated w PAP	134
K0280	Extension drainage tubing	6
K0281	Lubricant catheter insertion	1
K0283	Saline solution dispenser	1
K0407	Urinary cath skin attachment	3
K0408	Urinary cath leg strap	6
K0409	Sterile H2O irrigation solut	16
K0410	Male ext cath w/adh coating	3
K0411	Male ext cath w/adh strip	1
K0440	Nasal prosthesis	3,115
K0441	Midfacial prosthesis	3,753
K0442	Orbital prosthesis	4,217
K0443	Upper facial prosthesis	4,724
K0444	Hemi-facial prosthesis	5,229
K0445	Auricular prosthesis	3,441
K0446	Partial facial prosthesis	3,375
K0447	Nasal septal prosthesis	1,728
K0449	Repair maxillofacial prosth	29
K0451	Adhesive remover wipes	10
K0452	Wheelchair bearings	8
K0455	Pump uninterrupted infusion	331
K0456	Heavyduty/xtra wide hosp bed	3,653
K0457	Heavyduty/wide commode chair	207
K0458	Heavyduty walker no wheels	175

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0459	Heavy duty wheeled walker	308
K0460	WC power add-on joystick	312
K0461	WC power add-on tiller cntrl	2,388
K0529	Sterile H20 or nss w lv neb	3
K0531	Heated humidifier used w pap	377
K0532	Noninvasive assist wo backup	321
K0533	Noninvasive assist w backup	803
K0534	Invasive assist w backup	803
K0535	Hydrogel Primary Dressing sm	7
K0536	Hydrogel primarydressing med	10
K0537	Hydrogel primary dressing lg	27
K0538	Neg pressure wnd thrpy pump	2,146
K0539	Neg pres wnd thrpy dsg set	34
K0540	Neg pres wnd thrp canister	31
K0541	SGD prerecorded msg <= 8 min	489
K0542	SGD prerecorded msg > 8 min	1,889
K0543	SGD msg formed by spelling	4,471
K0544	SGD w multi methods msg/accs	8,460
K0547	SGD accessory NOC	250
K0548	Insulin lispro	3
K0549	Hosp bed hvy dty xtra wide	380
K0550	Hosp bed xtra hvy dty x wide	963
K0551	Residual limb support system	539
K0552	Supply/ext inf pump syr type	3
K0556	Socket insert w lock mech	893
K0557	Socket insert w/o lock mech	744
K0558	Intl custm cong/atyp insert	1,580
K0559	Initial custom socket insert	1,580
K0560	MCP joint 2-piece for implnt	2,643
K0561	Nonpectin based ostomy paste	4
K0562	Pectin based ostomy paste	7
K0563	Ext wear ost skn barr <=4sq"	10
K0564	Ext wear ost skn barr >4sq"	11
K0565	Ost skn barr w flng <=4sq"	7
K0566	Ost skn barr w flng >4sq"	10
K0567	1 pc drainable ost pouch	2
K0568	1 pc cnvx drainabl ost pouch	4
K0569	2 pc drainable ost pouch	6
K0570	Ostomy skn barr w flng<=4sq"	6

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0571	Ostomy skn barr w flng >4sq"	7
K0572	Non-waterproof tape	1
K0573	Waterproof tape	1
K0574	Ostomy pouch filter	1
K0575	Ost pouch rustle free mat	1
K0576	Ostomy pouch comfort panel	1
K0577	Ostomy pouch odor barrier	1
K0578	Urinary pouch faucet/drain	1
K0579	Ost pouch absorbent material	1
K0580	Ost pouch locking flange	1
K0581	Ost pch clsd w barrier/filtr	3
K0582	Ost pch w bar/bltinconv/fltr	5
K0583	Ost pch clsd w/o bar w filtr	2
K0584	Ost pch for bar w flange/flt	2
K0586	Ost pch for bar w lk fl/fltr	2
K0587	Ost pch drain w bar & filter	6
K0588	Ost pch drain for barrier fl	4
K0589	Ost pch drain 2 piece system	3
K0590	Ost pch drain/barr lk flng/f	3
K0591	Urine ost pouch w faucet/tap	8
K0592	Urine ost pouch w bltinconv	10
K0593	Ost urine pch w b/bltin conv	11
K0594	Ost pch urine w barrier/tapv	8
K0595	Os pch urine w bar/fange/tap	4
K0596	Urine ost pch bar w lock fln	4
K0597	Ost pch urine w lock flng/ft	5
K0600	Functional neuromuscularstim	12,721
K0601	Repl batt silver oxide 1.5 v	1
K0602	Repl batt silver oxide 3 v	8
K0603	Repl batt alkaline 1.5 v	1
K0604	Repl batt lithium 3.6 v	8
K0605	Repl batt lithium 4.5 v	18
K0607	Repl batt for AED	248
K0608	Repl garment for AED	155
K0609	Repl electrode for AED	1,029
K0615	SGD prerec mes >8min <=20min	1,495
K0616	SGD prerec mes>20min <=40min	1,972
K0617	SGD prerec mes > 40min	2,891
K0618	TLSO 2 piece rigid shell	921

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
K0619	TLSO 3 piece rigid shell	598
K0620	Tubular elastic dressing	1
K0621	Gauze, non-impreg pack strip	2
K0622	Confrm band non str <3in/rol	1
K0623	Confrm band sterl>3in/roll	2
K0624	Lite compress wdth<3in/roll	7
K0625	Self adher wdth <3 in, roll	4
K0626	Self adher wdth >=5 in, roll	9
L0100	Cranial orthosis/helmet mold	722
L0110	Cranial orthosis/helmet nonm	180
L0112	Cranial cervical orthosis	1,678
L0120	Cerv flexible non-adjustable	33
L0130	Flex thermoplastic collar mo	205
L0140	Cervical semi-rigid adjustab	80
L0150	Cerv semi-rig adj molded chn	136
L0160	Cerv semi-rig wire occ/mand	196
L0170	Cervical collar molded to pt	809
L0172	Cerv col thermplas foam 2 pi	159
L0174	Cerv col foam 2 piece w thor	345
L0180	Cer post col occ/man sup adj	465
L0190	Cerv collar supp adj cerv ba	621
L0200	Cerv col supp adj bar & thor	648
L0210	Thoracic rib belt	56
L0220	Thor rib belt custom fabrica	154
L0300	TLSO flex surgical support	191
L0310	Tlso flexible custom fabrica	362
L0315	Tlso flex elas rigid post pa	289
L0317	Tlso flex hypext elas post p	392
L0320	Tlso a-p contrl w apron frnt	410
L0321	Tlso anti-post-cntrl prefab	574
L0330	Tlso ant-pos-lateral control	503
L0331	Tlso ant-post-lat cntrl prfb	667
L0340	Tlso a-p-l-rotary with apron	717
L0350	Tlso flex compress jacket cu	1,051
L0360	Tlso flex compress jacket mo	1,556
L0370	Tlso a-p-l-rotary hyperexten	444
L0380	Tlso a-p-l-rot w/ pos extens	683
L0390	Tlso a-p-l control molded	1,563
L0391	Tlso ant-post-lat-rot cntrl	837

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L0400	Tlso a-p-l w interface mater	1,702
L0410	Tlso a-p-l two piece constr	1,951
L0420	Tlso a-p-l 2 piece w interfa	2,070
L0430	Tlso a-p-l w interface custm	1,471
L0440	Tlso a-p-l overlap frnt cust	1,230
L0450	TLSO flex prefab thoracic	218
L0452	tlso flex custom fab thoraci	362
L0454	TLSO flex prefab sacrococ-T9	416
L0456	TLSO flex prefab	1,192
L0458	TLSO 2Mod symphis-xipho pre	1,069
L0460	TLSO2Mod symphysis-stern pre	1,203
L0462	TLSO 3Mod sacro-scap pre	1,497
L0464	TLSO 4Mod sacro-scap pre	1,782
L0466	TLSO rigid frame pre soft ap	469
L0468	TLSO rigid frame prefab pelv	575
L0470	TLSO rigid frame pre subclav	800
L0472	TLSO rigid frame hyperex pre	507
L0476	TLSO flexion compres jac pre	1,201
L0478	TLSO flexion compres jac cus	1,778
L0480	TLSO rigid plastic custom fa	1,786
L0482	TLSO rigid lined custom fab	1,946
L0484	TLSO rigid plastic cust fab	2,230
L0486	TLSO rigidlined cust fab two	2,365
L0488	TLSO rigid lined pre one pie	1,203
L0490	TLSO rigid plastic pre one	339
L0500	Lso flex surgical support	170
L0510	Lso flexible custom fabricat	346
L0515	Lso flex elas w/ rig post pa	365
L0520	Lso a-p-l control with apron	517
L0530	Lso ant-pos control w apron	520
L0540	Lso lumbar flexion a-p-l	560
L0550	Lso a-p-l control molded	1,659
L0560	Lso a-p-l w interface	1,813
L0561	Prefab lso	414
L0565	Lso a-p-l control custom	1,407
L0600	Sacroiliac flex surg support	116
L0610	Sacroiliac flexible custm fa	324
L0620	Sacroiliac semi-rig w apron	531
L0700	Ctlso a-p-l control molded	2,536

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L0710	Ctlso a-p-l control w/ inter	2,620
L0810	Halo cervical into jckt vest	3,236
L0820	Halo cervical into body jack	2,710
L0830	Halo cerv into milwaukee typ	3,934
L0860	Magnetic resonanc image comp	1,528
L0861	Halo repl liner/interface	258
L0900	Torso/ptosis support	176
L0910	Torso & ptosis supp custm fa	382
L0920	Torso/pendulous abd support	186
L0930	Pendulous abdomen supp custm	415
L0940	Torso/postsurgical support	174
L0950	Post surg support custom fab	378
L0960	Post surgical support pads	87
L0970	Tlso corset front	143
L0972	Lso corset front	129
L0974	Tlso full corset	225
L0976	Lso full corset	201
L0978	Axillary crutch extension	242
L0980	Peroneal straps pair	22
L0982	Stocking supp grips set of f	20
L0984	Protective body sock each	75
L0986	Spinal orth abdm pnl prefab	146
L1000	Ctlso milwauke initial model	2,547
L1005	Tension based scoliosis orth	3,836
L1010	Ctlso axilla sling	84
L1020	Kyphosis pad	108
L1025	Kyphosis pad floating	156
L1030	Lumbar bolster pad	80
L1040	Lumbar or lumbar rib pad	98
L1050	Sternal pad	104
L1060	Thoracic pad	120
L1070	Trapezius sling	113
L1080	Outrigger	69
L1085	Outrigger bil w/ vert extens	193
L1090	Lumbar sling	115
L1100	Ring flange plastic/leather	200
L1110	Ring flange plas/leather mol	320
L1120	Covers for upright each	50
L1200	Furnsh initial orthosis only	1,966

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L1210	Lateral thoracic extension	328
L1220	Anterior thoracic extension	278
L1230	Milwaukee type superstructur	713
L1240	Lumbar derotation pad	97
L1250	Anterior asis pad	91
L1260	Anterior thoracic derotation	95
L1270	Abdominal pad	97
L1280	Rib gusset (elastic) each	108
L1290	Lateral trochanteric pad	99
L1300	Body jacket mold to patient	2,096
L1310	Post-operative body jacket	2,156
L1499	Spinal orthosis NOS	55
L1500	Thkao mobility frame	2,383
L1510	Thkao standing frame	1,508
L1520	Thkao swivel walker	2,862
L1600	Abduct hip flex frejka w cvr	162
L1610	Abduct hip flex frejka covr	55
L1620	Abduct hip flex pavlik harne	168
L1630	Abduct control hip semi-flex	213
L1640	Pelv band/spread bar thigh c	579
L1650	HO abduction hip adjustable	290
L1652	HO bi thighcuffs w sprdr bar	427
L1660	HO abduction static plastic	215
L1680	Pelvic & hip control thigh c	1,529
L1685	Post-op hip abduct custom fa	1,492
L1686	HO post-op hip abduction	1,144
L1690	Combination bilateral HO	2,318
L1700	Leg perthes orth toronto typ	1,916
L1710	Legg perthes orth newington	2,243
L1720	Legg perthes orthosis trilat	1,653
L1730	Legg perthes orth scottish r	1,420
L1750	Legg perthes sling	247
L1755	Legg perthes patten bottom t	1,986
L1800	Knee orthoses elas w stays	83
L1810	Ko elastic with joints	124
L1815	Elastic with condylar pads	122
L1820	Ko elas w/ condyle pads & jo	163
L1825	Ko elastic knee cap	69
L1830	Ko immobilizer canvas longit	110

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L1831	Knee orth pos locking joint	353
L1832	KO adj jnt pos rigid support	763
L1834	Ko w/0 joint rigid molded to	974
L1836	Rigid KO wo joints	160
L1840	Ko derot ant cruciate custom	1,154
L1843	KO single upright custom fit	1,075
L1844	Ko w/adj jt rot cntrl molded	1,995
L1845	Ko w/ adj flex/ext rotat cus	1,025
L1846	Ko w adj flex/ext rotat mold	1,332
L1847	KO adjustable w air chambers	689
L1850	Ko swedish type	361
L1855	Ko plas doub upright jnt mol	1,379
L1858	Ko polycentric pneumatic pad	1,503
L1860	Ko supracondylar socket mold	1,346
L1870	Ko doub upright lacers molde	1,313
L1880	Ko doub upright cuffs/lacers	888
L1885	Knee upright w/resistance	1,248
L1900	Afo sprng wir drsflx calf bd	338
L1901	Prefab ankle orthosis	21
L1902	Afo ankle gauntlet	100
L1904	Afo molded ankle gauntlet	590
L1906	Afo multiligamentus ankle su	151
L1907	AFO supramalleolar custom	674
L1910	Afo sing bar clasp attach sh	336
L1920	Afo sing upright w/ adjust s	439
L1930	Afo plastic	297
L1940	Afo molded to patient plasti	620
L1945	Afo molded plas rig ant tib	1,161
L1950	Afo spiral molded to pt plas	934
L1951	AFO spiral prefabricated	1,007
L1960	Afo pos solid ank plastic mo	695
L1970	Afo plastic molded w/ankle j	893
L1971	AFO w/ankle joint, prefab	562
L1980	Afo sing solid stirrup calf	460
L1990	Afo doub solid stirrup calf	559
L2000	Kafo sing fre stirr thi/calf	1,273
L2010	Kafo sng solid stirrup w/o j	1,160
L2020	Kafo dbl solid stirrup band/	1,465
L2030	Kafo dbl solid stirrup w/o j	1,271

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L2035	KAFO plastic pediatric size	209
L2036	Kafo plas doub free knee mol	2,328
L2037	Kafo plas sing free knee mol	2,090
L2038	Kafo w/o joint multi-axis an	1,794
L2039	KAFO,plstic,medlat rotat con	2,664
L2040	Hkafo torsion bil rot straps	223
L2050	Hkafo torsion cable hip pelv	598
L2060	Hkafo torsion ball bearing j	728
L2070	Hkafo torsion unilat rot str	169
L2080	Hkafo unilat torsion cable	451
L2090	Hkafo unilat torsion ball br	550
L2102	Afo tibial fx cast plstr mol	499
L2104	Afo tib fx cast synthetic mo	500
L2106	Afo tib fx cast plaster mold	853
L2108	Afo tib fx cast molded to pt	1,340
L2112	Afo tibial fracture soft	585
L2114	Afo tib fx semi-rigid	728
L2116	Afo tibial fracture rigid	893
L2122	Kafo fem fx cast plaster mol	1,211
L2124	Kafo fem fx cast synthet mol	1,446
L2126	Kafo fem fx cast thermoplas	1,502
L2128	Kafo fem fx cast molded to p	2,151
L2132	Kafo femoral fx cast soft	1,012
L2134	Kafo fem fx cast semi-rigid	1,213
L2136	Kafo femoral fx cast rigid	1,484
L2180	Plas shoe insert w ank joint	147
L2182	Drop lock knee	115
L2184	Limited motion knee joint	155
L2186	Adj motion knee jnt lerman t	189
L2188	Quadrilateral brim	376
L2190	Waist belt	110
L2192	Pelvic band & belt thigh fla	447
L2200	Limited ankle motion ea jnt	60
L2210	Dorsiflexion assist each joi	84
L2220	Dorsi & plantar flex ass/res	103
L2230	Split flat caliper stirr & p	96
L2240	Round caliper and plate atta	105
L2250	Foot plate molded stirrup at	446
L2260	Reinforced solid stirrup	252

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L2265	Long tongue stirrup	148
L2270	Varus/valgus strap padded/li	67
L2275	Plastic mod low ext pad/line	157
L2280	Molded inner boot	568
L2300	Abduction bar jointed adjust	338
L2310	Abduction bar-straight	154
L2320	Non-molded lacer	258
L2330	Lacer molded to patient mode	493
L2335	Anterior swing band	285
L2340	Pre-tibial shell molded to p	561
L2350	Prosthetic type socket molde	1,118
L2360	Extended steel shank	65
L2370	Patten bottom	322
L2375	Torsion ank & half solid sti	142
L2380	Torsion straight knee joint	154
L2385	Straight knee joint heavy du	168
L2390	Offset knee joint each	137
L2395	Offset knee joint heavy duty	196
L2397	Suspension sleeve lower ext	141
L2405	Knee joint drop lock ea jnt	105
L2415	Knee joint cam lock each joi	146
L2425	Knee disc/dial lock/adj flex	172
L2430	Knee jnt ratchet lock ea jnt	172
L2435	Knee joint polycentric joint	208
L2492	Knee lift loop drop lock rin	128
L2500	Thi/glut/ischia wgt bearing	396
L2510	Th/wght bear quad-lat brim m	911
L2520	Th/wght bear quad-lat brim c	578
L2525	Th/wght bear nar m-l brim mo	1,529
L2526	Th/wght bear nar m-l brim cu	859
L2530	Thigh/wght bear lacer non-mo	295
L2540	Thigh/wght bear lacer molded	530
L2550	Thigh/wght bear high roll cu	360
L2570	Hip clevis type 2 posit jnt	598
L2580	Pelvic control pelvic sling	582
L2600	Hip clevis/thrust bearing fr	258
L2610	Hip clevis/thrust bearing lo	305
L2620	Pelvic control hip heavy dut	335
L2622	Hip joint adjustable flexion	385

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L2624	Hip adj flex ext abduct cont	415
L2627	Plastic mold recipro hip & c	2,151
L2628	Metal frame recipro hip & ca	2,102
L2630	Pelvic control band & belt u	311
L2640	Pelvic control band & belt b	422
L2650	Pelv & thor control gluteal	151
L2660	Thoracic control thoracic ba	234
L2670	Thorac cont paraspinal uprig	214
L2680	Thorac cont lat support upri	196
L2750	Plating chrome/nickel pr bar	105
L2755	Carbon graphite lamination	157
L2760	Extension per extension per	76
L2768	Ortho sidebar disconnect	156
L2770	Low ext orthosis per bar/jnt	77
L2780	Non-corrosive finish	85
L2785	Drop lock retainer each	40
L2795	Knee control full kneecap	107
L2800	Knee cap medial or lateral p	134
L2810	Knee control condylar pad	98
L2820	Soft interface below knee se	109
L2830	Soft interface above knee se	118
L2840	Tibial length sock fx or equ	55
L2850	Femoral lgth sock fx or equa	78
L2860	Torsion mechanism knee/ankle	438
L2999	Lower extremity orthosis NOS	91
L3000	Ft insert ucb berkeley shell	263
L3001	Foot insert remov molded spe	156
L3002	Foot insert plastazote or eq	180
L3003	Foot insert silicone gel eac	209
L3010	Foot longitudinal arch suppo	234
L3020	Foot longitud/metatarsal sup	234
L3030	Foot arch support remov prem	250
L3040	Ft arch suprt premold longit	44
L3050	Foot arch supp premold metat	38
L3060	Foot arch supp longitud/meta	62
L3070	Arch suprt att to sho longit	25
L3080	Arch supp att to shoe metata	14
L3090	Arch supp att to shoe long/m	19
L3100	Hallus-valgus nght dynamic s	28

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L3140	Abduction rotation bar shoe	115
L3150	Abduct rotation bar w/o shoe	94
L3160	Shoe styled positioning dev	26
L3170	Foot plastic heel stabilizer	34
L3201	Oxford w supinat/pronat inf	87
L3202	Oxford w/ supinat/pronator c	88
L3203	Oxford w/ supinator/pronator	93
L3204	Hightop w/ supp/pronator inf	88
L3206	Hightop w/ supp/pronator chi	75
L3207	Hightop w/ supp/pronator jun	99
L3208	Surgical boot each infant	58
L3209	Surgical boot each child	58
L3211	Surgical boot each junior	58
L3212	Benesch boot pair infant	109
L3213	Benesch boot pair child	132
L3214	Benesch boot pair junior	140
L3215	Orthopedic ftwear ladies oxf	143
L3216	Orthoped ladies shoes dpth i	175
L3217	Ladies shoes hightop depth i	234
L3218	Ladies surgical boot each	31
L3219	Orthopedic mens shoes oxford	169
L3221	Orthopedic mens shoes dpth i	187
L3222	Mens shoes hightop depth inl	203
L3223	Mens surgical boot each	38
L3224	Woman's shoe oxford brace	74
L3225	Man's shoe oxford brace	85
L3230	Custom shoes depth inlay	350
L3250	Custom mold shoe remov prost	438
L3251	Shoe molded to pt silicone s	84
L3252	Shoe molded plastazote cust	353
L3253	Shoe molded plastazote cust	90
L3254	Orth foot non-stndard size/w	31
L3255	Orth foot non-standard size/	25
L3257	Orth foot add charge split s	31
L3260	Ambulatory surgical boot eac	33
L3265	Plastazote sandal each	31
L3300	Sho lift taper to metatarsal	45
L3310	Shoe lift elev heel/sole neo	83
L3320	Shoe lift elev heel/sole cor	126

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L3330	Lifts elevation metal extens	364
L3332	Shoe lifts tapered to one-ha	19
L3334	Shoe lifts elevation heel /i	15
L3340	Shoe wedge sach	57
L3350	Shoe heel wedge	25
L3360	Shoe sole wedge outside sole	31
L3370	Shoe sole wedge between sole	37
L3380	Shoe clubfoot wedge	59
L3390	Shoe outflare wedge	59
L3400	Shoe metatarsal bar wedge ro	63
L3410	Shoe metatarsal bar between	100
L3420	Full sole/heel wedge btween	48
L3430	Sho heel count plast reinfor	88
L3440	Heel leather reinforced	73
L3450	Shoe heel sach cushion type	55
L3455	Shoe heel new leather standa	30
L3460	Shoe heel new rubber standar	25
L3465	Shoe heel thomas with wedge	19
L3470	Shoe heel thomas extend to b	75
L3480	Shoe heel pad & depress for	44
L3485	Shoe heel pad removable for	31
L3500	Ortho shoe add leather insol	34
L3510	Orthopedic shoe add rub insl	31
L3520	O shoe add felt w leath insl	57
L3530	Ortho shoe add half sole	17
L3540	Ortho shoe add full sole	56
L3550	O shoe add standard toe tap	8
L3560	O shoe add horseshoe toe tap	13
L3570	O shoe add instep extension	56
L3580	O shoe add instep velcro clo	48
L3590	O shoe convert to sof counte	65
L3595	Ortho shoe add march bar	19
L3600	Trans shoe calip plate exist	103
L3610	Trans shoe caliper plate new	136
L3620	Trans shoe solid stirrup exi	93
L3630	Trans shoe solid stirrup new	121
L3640	Shoe dennis browne splint bo	43
L3650	Shlder fig 8 abduct restrain	73
L3651	Prefab shoulder orthosis	72

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L3652	Prefab dbl shoulder orthosis	216
L3660	Abduct restrainer canvas&web	126
L3670	Acromio/clavicular canvas&we	139
L3675	Canvas vest SO	191
L3677	SO hard plastic stabilizer	246
L3700	Elbow orthoses elas w stays	86
L3701	Prefab elbow orthosis	22
L3710	Elbow elastic with metal joi	152
L3720	Forearm/arm cuffs free motio	803
L3730	Forearm/arm cuffs ext/flex a	1,107
L3740	Cuffs adj lock w/ active con	1,312
L3760	EO withjoint, Prefabricated	546
L3762	Rigid EO wo joints	117
L3800	Whfo short opponen no attach	245
L3805	Whfo long opponens no attach	393
L3807	WHFO,no joint, prefabricated	273
L3810	Whfo thumb abduction bar	80
L3815	Whfo second m.p. abduction a	74
L3820	Whfo ip ext asst w/ mp ext s	127
L3825	Whfo m.p. extension stop	80
L3830	Whfo m.p. extension assist	104
L3835	Whfo m.p. spring extension a	113
L3840	Whfo spring swivel thumb	77
L3845	Whfo thumb ip ext ass w/ mp	100
L3850	Action wrist w/ dorsiflex as	142
L3855	Whfo adj m.p. flexion contro	144
L3860	Whfo adj m.p. flex ctrl & i.	196
L3890	Torsion mechanism wrist/elbo	438
L3900	Hinge extension/flex wrist/f	1,589
L3901	Hinge ext/flex wrist finger	1,973
L3902	Whfo ext power compress gas	2,617
L3904	Whfo electric custom fitted	3,595
L3906	Wrist gauntlet molded to pt	485
L3907	Whfo wrst gauntlt thmb spica	624
L3908	Wrist cock-up non-molded	74
L3909	Prefab wrist orthosis	15
L3910	Whfo swanson design	461
L3912	Flex glove w/elastic finger	116
L3914	WHO wrist extension cock-up	105

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L3916	Whfo wrist extens w/ outrigg	156
L3917	Prefab metacarpl fx orthosis	115
L3918	HFO knuckle bender	96
L3920	Knuckle bender with outrigge	120
L3922	Knuckle bend 2 seg to flex j	120
L3923	HFO, no joint, prefabricated	42
L3924	Oppenheimer	131
L3926	Thomas suspension	114
L3928	Finger extension w/ clock sp	71
L3930	Finger extension with wrist	76
L3932	Safety pin spring wire	58
L3934	Safety pin modified	59
L3936	Palmer	109
L3938	Dorsal wrist	115
L3940	Dorsal wrist w/ outrigger at	132
L3942	Reverse knuckle bender	91
L3944	Reverse knuckle bend w/ outr	121
L3946	HFO composite elastic	109
L3948	Finger knuckle bender	68
L3950	Oppenheimer w/ knuckle bend	184
L3952	Oppenheimer w/ rev knuckle 2	204
L3954	Spreading hand	136
L3956	Add joint upper ext orthosis	73
L3960	Sewho airplan desig abdu pos	902
L3962	Sewho erbs palsey design abd	881
L3963	Molded w/ articulating elbow	2,048
L3964	Seo mobile arm sup att to wc	776
L3965	Arm supp att to wc rancho ty	1,239
L3966	Mobile arm supports reclinin	933
L3968	Friction dampening arm supp	1,181
L3969	Monosuspension arm/hand supp	826
L3970	Elevat proximal arm support	330
L3972	Offset/lat rocker arm w/ ela	210
L3974	Mobile arm support supinator	178
L3980	Upp ext fx orthosis humeral	380
L3982	Upper ext fx orthosis rad/ul	458
L3984	Upper ext fx orthosis wrist	423
L3985	Forearm hand fx orth w/ wr h	718
L3986	Humeral rad/ulna wrist fx or	688

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L3995	Sock fracture or equal each	40
L3999	Upper limb orthosis NOS	83
L4000	Repl girdle milwaukee orth	1,600
L4010	Replace trilateral socket br	842
L4020	Replace quadlat socket brim	1,081
L4030	Replace socket brim cust fit	633
L4040	Replace molded thigh lacer	512
L4045	Replace non-molded thigh lac	412
L4050	Replace molded calf lacer	518
L4055	Replace non-molded calf lace	335
L4060	Replace high roll cuff	399
L4070	Replace prox & dist upright	353
L4080	Repl met band kafo-afo prox	127
L4090	Repl met band kafo-afo calf/	113
L4100	Repl leath cuff kafo prox th	131
L4110	Repl leath cuff kafo-afo cal	106
L4130	Replace pretibial shell	622
L4205	Ortho dvc repair per 15 min	33
L4210	Orth dev repair/repl minor p	40
L4350	Ankle control orthosi prefab	112
L4360	Pneumati walking boot prefab	347
L4370	Pneumatic full leg splint	237
L4380	Pneumatic knee splint	135
L4386	Non-pneum walk boot prefab	190
L4392	Replace AFO soft interface	28
L4394	Replace foot drop spint	21
L4396	Static AFO	201
L4398	Foot drop splint recumbent	92
L5000	Sho insert w arch toe filler	675
L5010	Mold socket ank hgt w/ toe f	1,627
L5020	Tibial tubercle hgt w/ toe f	2,649
L5050	Ank symes mold sckt sach ft	3,067
L5060	Symes met fr leath socket ar	3,692
L5100	Molded socket shin sach foot	3,107
L5105	Plast socket jts/thgh lacer	4,643
L5150	Mold sckt ext knee shin sach	4,694
L5160	Mold socket bent knee shin s	5,105
L5200	Kne sing axis fric shin sach	4,415
L5210	No knee/ankle joints w/ ft b	3,243

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L5220	No knee joint with artic ali	3,687
L5230	Fem focal defic constant fri	5,085
L5250	Hip canad sing axi cons fric	6,935
L5270	Tilt table locking hip sing	6,874
L5280	Hemipelvect canad sing axis	6,806
L5300	Bk sach soft cover & finish	4,402
L5301	BK mold socket SACH ft endo	3,069
L5310	Knee disart sach soft cv/fin	5,454
L5311	Knee disart, SACH ft, endo	4,409
L5320	Ak open end sach soft cv/fin	6,268
L5321	AK open end SACH	4,393
L5330	Hip canadian sach sft cv/fin	7,628
L5331	Hip disart canadian SACH ft	6,216
L5340	Hemipelvectomy canad cv/fin	8,151
L5341	Hemipelvectomy canadian SACH	6,755
L5400	Postop dress & 1 cast chg bk	1,609
L5410	Postop dsg bk ea add cast ch	558
L5420	Postop dsg & 1 cast chg ak/d	2,032
L5430	Postop dsg ak ea add cast ch	673
L5450	Postop app non-wgt bear dsg	545
L5460	Postop app non-wgt bear dsg	729
L5500	Init bk ptb plaster direct	1,717
L5505	Init ak ischal plstr direct	2,325
L5510	Prep BK ptb plaster molded	1,946
L5520	Perp BK ptb thermopls direct	1,922
L5530	Prep BK ptb thermopls molded	2,309
L5535	Prep BK ptb open end socket	2,267
L5540	Prep BK ptb laminated socket	2,419
L5560	Prep AK ischial plast molded	2,598
L5570	Prep AK ischial direct form	2,701
L5580	Prep AK ischial thermo mold	3,153
L5585	Prep AK ischial open end	3,420
L5590	Prep AK ischial laminated	3,213
L5595	Hip disartic sach thermopls	5,382
L5600	Hip disart sach laminat mold	5,943
L5610	Above knee hydracadence	2,767
L5611	Ak 4 bar link w/fric swing	2,154
L5613	Ak 4 bar ling w/hydraul swig	3,276
L5614	4-bar link above knee w/swng	2,027

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L5616	Ak univ multiplex sys frict	1,815
L5617	AK/BK self-aligning unit ea	676
L5618	Test socket symes	376
L5620	Test socket below knee	372
L5622	Test socket knee disarticula	485
L5624	Test socket above knee	486
L5626	Test socket hip disarticulat	637
L5628	Test socket hemipelvectomy	645
L5629	Below knee acrylic socket	425
L5630	Syme typ expandabl wall sckt	600
L5631	Ak/knee disartic acrylic soc	587
L5632	Symes type ptb brim design s	297
L5634	Symes type poster opening so	407
L5636	Symes type medial opening so	341
L5637	Below knee total contact	386
L5638	Below knee leather socket	650
L5639	Below knee wood socket	1,499
L5640	Knee disarticulat leather so	855
L5642	Above knee leather socket	828
L5643	Hip flex inner socket ext fr	2,080
L5644	Above knee wood socket	789
L5645	Bk flex inner socket ext fra	1,066
L5646	Below knee cushion socket	732
L5647	Below knee suction socket	1,063
L5648	Above knee cushion socket	880
L5649	Isch containmt/narrow m-l so	2,545
L5650	Tot contact ak/knee disart s	653
L5651	Ak flex inner socket ext fra	1,605
L5652	Suction susp ak/knee disart	583
L5653	Knee disart expand wall sock	778
L5654	Socket insert symes	443
L5655	Socket insert below knee	355
L5656	Socket insert knee articulat	496
L5658	Socket insert above knee	486
L5660	Sock insrt syme silicone gel	674
L5661	Multi-durometer symes	813
L5662	Socket insert bk silicone ge	618
L5663	Sock knee disartic silicone	806
L5664	Socket insert ak silicone ge	776

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L5665	Multi-durometer below knee	684
L5666	Below knee cuff suspension	94
L5667	Socket insert w lock lower	2,298
L5668	Socket insert w/o lock lower	135
L5669	Below knee socket w/o lock	1,676
L5670	Bk molded supracondylar susp	363
L5671	BK/AK locking mechanism	665
L5672	Bk removable medial brim sus	399
L5673	Socket insert w lock mech	893
L5674	Bk suspension sleeve	85
L5675	Bk heavy duty susp sleeve	116
L5676	Bk knee joints single axis p	484
L5677	Bk knee joints polycentric p	659
L5678	Bk joint covers pair	53
L5679	Socket insert w/o lock mech	744
L5680	Bk thigh lacer non-molded	407
L5681	Intl custm cong/latyp insert	1,580
L5682	Bk thigh lacer glut/ischia m	836
L5683	Initial custom socket insert	1,580
L5684	Bk fork strap	64
L5686	Bk back check	68
L5688	Bk waist belt webbing	82
L5690	Bk waist belt padded and lin	131
L5692	Ak pelvic control belt light	178
L5694	Ak pelvic control belt pad/l	242
L5695	Ak sleeve susp neoprene/equa	218
L5696	Ak/knee disartic pelvic join	247
L5697	Ak/knee disartic pelvic band	107
L5698	Ak/knee disartic silesian ba	139
L5699	Shoulder harness	249
L5700	Replace socket below knee	3,660
L5701	Replace socket above knee	4,545
L5702	Replace socket hip	5,807
L5704	Custom shape cover BK	704
L5705	Custom shape cover AK	1,242
L5706	Custom shape cvr knee disart	1,218
L5707	Custom shape cvr hip disart	1,653
L5710	Kne-shin exo sng axi mnl loc	481
L5711	Knee-shin exo mnl lock ultra	698

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L5712	Knee-shin exo frict swg & st	576
L5714	Knee-shin exo variable frict	559
L5716	Knee-shin exo mech stance ph	974
L5718	Knee-shin exo frct swg & sta	1,218
L5722	Knee-shin pneum swg frct exo	1,207
L5724	Knee-shin exo fluid swing ph	2,018
L5726	Knee-shin ext jnts fld swg e	2,325
L5728	Knee-shin fluid swg & stance	3,180
L5780	Knee-shin pneum/hydra pneum	1,530
L5781	Lower limb pros vacuum pump	4,805
L5785	Exoskeletal bk ultralt mater	694
L5790	Exoskeletal ak ultra-light m	961
L5795	Exoskel hip ultra-light mate	1,435
L5810	Endoskel knee-shin mnl lock	651
L5811	Endo knee-shin mnl lck ultra	975
L5812	Endo knee-shin frct swg & st	756
L5814	Endo knee-shin hydral swg ph	4,460
L5816	Endo knee-shin polyc mch sta	1,137
L5818	Endo knee-shin frct swg & st	1,284
L5822	Endo knee-shin pneum swg frc	2,276
L5824	Endo knee-shin fluid swing p	2,050
L5826	Miniature knee joint	3,774
L5828	Endo knee-shin fluid swg/sta	3,775
L5830	Endo knee-shin pneum/swg pha	2,536
L5840	Multi-axial knee/shin system	4,530
L5845	Knee-shin sys stance flexion	2,153
L5846	Knee-shin sys microprocessor	6,552
L5847	Microprocessor cntrl feature	18,600
L5848	Knee-shin sys hydraul stance	1,291
L5850	Endo ak/hip knee extens assi	171
L5855	Mech hip extension assist	413
L5910	Endo below knee alignable sy	484
L5920	Endo ak/hip alignable system	709
L5925	Above knee manual lock	449
L5930	High activity knee frame	4,068
L5940	Endo bk ultra-light material	670
L5950	Endo ak ultra-light material	1,040
L5960	Endo hip ultra-light materia	1,289
L5962	Below knee flex cover system	786

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L5964	Above knee flex cover system	1,252
L5966	Hip flexible cover system	1,595
L5968	Multiaxial ankle w dorsiflex	4,364
L5970	Foot external keel sach foot	271
L5972	Flexible keel foot	471
L5974	Foot single axis ankle/foot	311
L5975	Combo ankle/foot prosthesis	557
L5976	Energy storing foot	749
L5978	Ft prosth multiaxial ankl/ft	390
L5979	Multi-axial ankle/ft prosth	3,050
L5980	Flex foot system	4,956
L5981	Flex-walk sys low ext prosth	3,850
L5982	Exoskeletal axial rotation u	773
L5984	Endoskeletal axial rotation	761
L5985	Lwr ext dynamic prosth pylon	341
L5986	Multi-axial rotation unit	847
L5987	Shank ft w vert load pylon	8,639
L5988	Vertical shock reducing pylo	2,399
L5989	Pylon w elctrnc force sensor	3,720
L5990	User adjustable heel height	2,179
L5999	Lowr extremity prosthes NOS	681
L6000	Par hand robin-aids thum rem	1,776
L6010	Hand robin-aids little/ring	1,976
L6020	Part hand robin-aids no fing	1,843
L6025	Part hand disart myoelectric	9,611
L6050	Wrst MLd sck flx hng tri pad	2,539
L6055	Wrst mold sock w/exp interfa	3,539
L6100	Elb mold sock flex hinge pad	2,572
L6110	Elbow mold sock suspension t	2,729
L6120	Elbow mold doub splt soc ste	3,180
L6130	Elbow stump activated lock h	3,460
L6200	Elbow mold outsid lock hinge	3,646
L6205	Elbow molded w/ expand inter	4,867
L6250	Elbow inter loc elbow forarm	3,589
L6300	Shlder disart int lock elbow	4,980
L6310	Shoulder passive restor comp	4,056
L6320	Shoulder passive restor cap	2,284
L6350	Thoracic intern lock elbow	5,235
L6360	Thoracic passive restor comp	4,257

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L6370	Thoracic passive restor cap	2,715
L6380	Postop dsg cast chg wrst/elb	1,537
L6382	Postop dsg cast chg elb dis/	1,979
L6384	Postop dsg cast chg shlder/t	2,548
L6386	Postop ea cast chg & realign	537
L6388	Postop applicat rigid dsg on	588
L6400	Below elbow prosth tiss shap	3,101
L6450	Elb disart prosth tiss shap	4,121
L6500	Above elbow prosth tiss shap	4,124
L6550	Shldr disar prosth tiss shap	5,097
L6570	Scap thorac prosth tiss shap	5,850
L6580	Wrist/elbow bowden cable mol	2,089
L6582	Wrist/elbow bowden cbl dir f	1,840
L6584	Elbow fair lead cable molded	2,736
L6586	Elbow fair lead cable dir fo	2,517
L6588	Shdr fair lead cable molded	3,778
L6590	Shdr fair lead cable direct	3,517
L6600	Polycentric hinge pair	251
L6605	Single pivot hinge pair	248
L6610	Flexible metal hinge pair	223
L6615	Disconnect locking wrist uni	232
L6616	Disconnect insert locking wr	87
L6620	Flexion/extension wrist unit	405
L6623	Spring-ass rot wrst w/ latch	857
L6625	Rotation wrst w/ cable lock	711
L6628	Quick disconn hook adapter o	640
L6629	Lamination collar w/ couplin	196
L6630	Stainless steel any wrist	288
L6632	Latex suspension sleeve each	87
L6635	Lift assist for elbow	235
L6637	Nudge control elbow lock	491
L6638	Elec lock on manual pw elbow	3,003
L6640	Shoulder abduction joint pai	374
L6641	Excursion amplifier pulley t	214
L6642	Excursion amplifier lever ty	291
L6645	Shoulder flexion-abduction j	427
L6646	Multipo locking shoulder jnt	3,788
L6647	Shoulder lock actuator	624
L6648	Ext pwrd shlder lock/unlock	3,907

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L6650	Shoulder universal joint	452
L6655	Standard control cable extra	100
L6660	Heavy duty control cable	123
L6665	Teflon or equal cable lining	62
L6670	Hook to hand cable adapter	64
L6672	Harness chest/shlder saddle	225
L6675	Harness figure of 8 sing con	161
L6676	Harness figure of 8 dual con	162
L6680	Test sock wrist disart/bel e	310
L6682	Test sock elbw disart/above	343
L6684	Test socket shldr disart/tho	466
L6686	Suction socket	789
L6687	Frame typ socket bel elbow/w	771
L6688	Frame typ sock above elb/dis	708
L6689	Frame typ socket shoulder di	901
L6690	Frame typ sock interscap-tho	919
L6691	Removable insert each	461
L6692	Silicone gel insert or equal	747
L6693	Lockingelbow forearm cntrbal	3,410
L6700	Terminal device model #3	693
L6705	Terminal device model #5	407
L6710	Terminal device model #5x	461
L6715	Terminal device model #5xa	458
L6720	Terminal device model #6	1,140
L6725	Terminal device model #7	552
L6730	Terminal device model #7lo	854
L6735	Terminal device model #8	398
L6740	Terminal device model #8x	519
L6745	Terminal device model #88x	475
L6750	Terminal device model #10p	470
L6755	Terminal device model #10x	468
L6765	Terminal device model #12p	489
L6770	Terminal device model #99x	472
L6775	Terminal device model#555	559
L6780	Terminal device model #ss555	597
L6790	Hooks-accu hook or equal	604
L6795	Hooks-2 load or equal	1,654
L6800	Hooks-aprl vc or equal	1,354
L6805	Modifier wrist flexion unit	455

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L6806	Trs grip vc or equal	1,942
L6807	Term device grip1/2 or equal	1,761
L6808	Term device infant or child	1,504
L6809	Trs super sport passive	496
L6810	Pincher tool otto bock or eq	249
L6825	Hands dorrance vo	1,379
L6830	Hand aprl vc	1,810
L6835	Hand sierra vo	1,577
L6840	Hand becker imperial	1,095
L6845	Hand becker lock grip	1,017
L6850	Term dvc-hand becker plylite	921
L6855	Hand robin-aids vo	1,171
L6860	Hand robin-aids vo soft	888
L6865	Hand passive hand	435
L6867	Hand detroit infant hand	1,284
L6868	Passive inf hand steeper/hos	320
L6870	Hand child mitt	318
L6872	Hand nyu child hand	1,259
L6873	Hand mech inf steeper or equ	625
L6875	Hand bock vc	1,039
L6880	Hand bock vo	674
L6881	Autograsp feature ul term dv	4,910
L6882	Microprocessor control uplmb	3,724
L6890	Production glove	227
L6895	Custom glove	746
L6900	Hand restorat thumb/1 finger	2,019
L6905	Hand restoration multiple fi	1,962
L6910	Hand restoration no fingers	1,912
L6915	Hand restoration replacmnt g	837
L6920	Wrist disarticul switch ctrl	8,920
L6925	Wrist disart myoelectronic c	10,298
L6930	Below elbow switch control	8,976
L6935	Below elbow myoelectronic ct	10,491
L6940	Elbow disarticulation switch	11,727
L6945	Elbow disart myoelectronic c	13,643
L6950	Above elbow switch control	13,329
L6955	Above elbow myoelectronic ct	15,964
L6960	Shldr disartic switch contro	16,101
L6965	Shldr disartic myoelectronic	18,943

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L6970	Interscapular-thor switch ct	19,494
L6975	Interscap-thor myoelectronic	21,360
L7010	Hand otto back steeper/eq sw	4,882
L7015	Hand sys teknik village swit	7,758
L7020	Electronic greifer switch ct	4,548
L7025	Electron hand myoelectronic	4,590
L7030	Hand sys teknik vill myoelec	7,019
L7035	Electron greifer myoelectro	4,701
L7040	Prehensile actuator hosmer s	3,768
L7045	Electron hook child michigan	2,160
L7170	Electronic elbow hosmer swit	7,837
L7180	Electronic elbow utah myoele	43,663
L7185	Electron elbow adolescent sw	7,936
L7186	Electron elbow child switch	11,823
L7190	Elbow adolescent myoelectron	10,097
L7191	Elbow child myoelectronic ct	12,354
L7260	Electron wrist rotator otto	2,630
L7261	Electron wrist rotator utah	4,789
L7266	Servo control steeper or equ	1,323
L7272	Analogue control unb or equa	2,698
L7274	Proportional ctl 12 volt uta	7,677
L7360	Six volt bat otto bock/eq ea	304
L7362	Battery chrgr six volt otto	335
L7364	Twelve volt battery utah/equ	533
L7366	Battery chrgr 12 volt utah/e	717
L7367	Replacemnt lithium ionbatter	468
L7368	Lithium ion battery charger	606
L7499	Upper extremity prosthes NOS	147
L7500	Prosthetic dvc repair hourly	73
L7510	Prosthetic device repair rep	58
L7520	Repair prosthesis per 15 min	34
L7900	Male vacuum erection system	644
L8000	Mastectomy bra	49
L8001	Breast prosthesis bra & form	151
L8002	Brst prsth bra & bilat form	198
L8010	Mastectomy sleeve	84
L8015	Ext breastprosthesis garment	72
L8020	Mastectomy form	268
L8030	Breast prosthesis silicone/e	422

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L8035	Custom breast prosthesis	4,400
L8040	Nasal prosthesis	2,975
L8041	Midfacial prosthesis	3,585
L8042	Orbital prosthesis	4,028
L8043	Upper facial prosthesis	4,512
L8044	Hemi-facial prosthesis	4,995
L8045	Auricular prosthesis	3,287
L8046	Partial facial prosthesis	3,223
L8047	Nasal septal prosthesis	1,652
L8049	Repair maxillofacial prosth	29
L8100	Compression stocking BK18-30	41
L8110	Compression stocking BK30-40	54
L8120	Compression stocking BK40-50	76
L8130	Gc stocking thighlngth 18-30	56
L8140	Gc stocking thighlngth 30-40	67
L8150	Gc stocking thighlngth 40-50	60
L8160	Gc stocking full lngth 18-30	72
L8170	Gc stocking full lngth 30-40	75
L8180	Gc stocking full lngth 40-50	74
L8190	Gc stocking waistlngth 18-30	156
L8195	Gc stocking waistlngth 30-40	174
L8200	Gc stocking waistlngth 40-50	174
L8210	Gc stocking custom made	127
L8220	Gc stocking lymphedema	35
L8230	Gc stocking garter belt	36
L8300	Truss single w/ standard pad	113
L8310	Truss double w/ standard pad	178
L8320	Truss addition to std pad wa	71
L8330	Truss add to std pad scrotal	66
L8400	Sheath below knee	21
L8410	Sheath above knee	28
L8415	Sheath upper limb	29
L8417	Pros sheath/sock w gel cushn	90
L8420	Prosthetic sock multi ply BK	26
L8430	Prosthetic sock multi ply AK	30
L8435	Pros sock multi ply upper lm	28
L8440	Shrinker below knee	56
L8460	Shrinker above knee	89
L8465	Shrinker upper limb	65

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
L8470	Pros sock single ply BK	9
L8480	Pros sock single ply AK	12
L8485	Pros sock single ply upper l	15
L8490	Air seal suction reten systm	178
L8500	Artificial larynx	882
L8501	Tracheostomy speaking valve	161
L8505	Artificial larynx, accessory	36
L8507	Trach-esoph voice pros pt in	50
L8509	Trach-esoph voice pros md in	131
L8510	Voice amplifier	303
L8600	Implant breast silicone/eq	835
L8603	Collagen imp urinary 2.5 ml	527
L8606	Synthetic implnt urinary 1ml	264
L8610	Ocular implant	782
L8612	Aqueous shunt prosthesis	813
L8613	Ossicular implant	344
L8614	Cochlear device/system	23,230
L8619	Replace cochlear processor	9,971
L8630	Metacarpophalangeal implant	450
L8631	MCP joint repl 2 pc or more	2,643
L8641	Metatarsal joint implant	468
L8642	Hallux implant	380
L8658	Interphalangeal joint spacer	408
L8659	Interphalangeal joint repl	2,318
L8670	Vascular graft, synthetic	670
M0064	Visit for drug monitoring	25
M0076	Prolotherapy	47
M0300	IV chelationtherapy	113
M0302	Assessment of cardiac output	156
P2028	Cephalin floculation test	9
P2038	Blood mucoprotein	9
P3000	Screen pap by tech w md supv	18
P3001	Screening pap smear by phys	31
P7001	Culture bacterial urine	56
P9010	Whole blood for transfusion	132
P9011	Blood split unit	212
P9012	Cryoprecipitate each unit	97
P9016	RBC leukocytes reduced	283
P9017	Plasma 1 donor frz w/in 8 hr	132

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
P9019	Platelets, each unit	95
P9020	Plaelet rich plasma unit	104
P9021	Red blood cells unit	129
P9022	Washed red blood cells unit	238
P9023	Frozen plasma, pooled, sd	410
P9031	Platelets leukocytes reduced	394
P9032	Platelets, irradiated	248
P9033	Platelets leukoreduced irrad	394
P9034	Platelets, pheresis	708
P9035	Platelet pheres leukoreduced	863
P9036	Platelet pheresis irradiated	1,466
P9037	Plate pheres leukoredu irrad	988
P9038	RBC irradiated	358
P9039	RBC deglycerolized	606
P9040	RBC leukoreduced irradiated	563
P9041	Albumin (human),5%, 50ml	18
P9042	Albumin (human), 25%	129
P9043	Plasma protein fract,5%,50ml	18
P9044	Cryoprecipitatereducedplasma	121
P9045	Albumin (human), 5%, 250 ml	69
P9046	Albumin (human), 25%, 20 ml	18
P9047	Albumin (human), 25%, 50ml	69
P9048	Plasmaprotein fract,5%,250ml	36
P9603	One-way allow prorated miles	1
P9604	One-way allow prorated trip	10
P9612	Catheterize for urine spec	46
P9615	Urine specimen collect mult	4
Q0034	Admin of influenza vaccine	18
Q0035	Cardiokymography	34
Q0081	Infusion ther other than che	131
Q0083	Chemo by other than infusion	175
Q0084	Chemotherapy by infusion	291
Q0085	Chemo by both infusion and o	500
Q0086	Physical therapy evaluation/	98
Q0091	Obtaining screen pap smear	26
Q0092	Set up port xray equipment	17
Q0111	Wet mounts/ w preparations	8
Q0112	Potassium hydroxide preps	8
Q0113	Pinworm examinations	10

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
Q0114	Fern test	13
Q0115	Post-coital mucous exam	18
Q0136	Non esrd epoetin alpha inj	16
Q0137	Darbepoetin alfa, non-esrd	6
Q0144	Azithromycin dihydrate, oral	31
Q0156	Human albumin 5%	356
Q0160	Factor IX non-recombinant	1
Q0161	Factor IX recombinant	1
Q0163	Diphenhydramine HCl 50mg	1
Q0164	Prochlorperazine maleate 5mg	1
Q0165	Prochlorperazine maleate10mg	1
Q0166	Granisetron HCl 1 mg oral	88
Q0167	Dronabinol 2.5mg oral	7
Q0168	Dronabinol 5mg oral	17
Q0169	Promethazine HCl 12.5mg oral	1
Q0170	Promethazine HCl 25 mg oral	1
Q0171	Chlorpromazine HCl 10mg oral	1
Q0172	Chlorpromazine HCl 25mg oral	1
Q0173	Trimethobenzamide HCl 250mg	1
Q0174	Thiethylperazine maleate10mg	1
Q0175	Perphenazine 4mg oral	1
Q0176	Perphenazine 8mg oral	1
Q0177	Hydroxyzine pamoate 25mg	1
Q0178	Hydroxyzine pamoate 50mg	1
Q0179	Ondansetron HCl 8mg oral	101
Q0180	Dolasetron mesylate oral	148
Q0181	Unspecified oral anti-emetic	1
Q0183	Nonmetabolic active tissue	20
Q0184	Metabolically active tissue	20
Q0185	Metabolic active D/E tissue	56
Q0187	Factor viia recombinant	1,785
Q1001	Ntiol category 1	63
Q1002	Ntiol category 2	118
Q2001	Oral cabergoline 0.5 mg	60
Q2002	Elliotts b solution per ml	29
Q2003	Aprotinin, 10,000 kiu	4
Q2004	Bladder calculi irrig sol	50
Q2005	Corticorelin ovine triflutat	748
Q2006	Digoxin immune fab (ovine)	1,122

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
Q2007	Ethanolamine oleate 100 mg	115
Q2008	Fomepizole, 15 mg	2,046
Q2009	Fosphenytoin, 50 mg	39
Q2010	Glatiramer acetate, per dose	51
Q2011	Hemin, per 1 mg	33
Q2012	Pegademase bovine, 25 iu	283
Q2013	Pentastarch 10% solution	43
Q2014	Sermorelin acetate, 0.5 mg	32
Q2015	Somatrem, 5 mg	259
Q2016	Somatropin, 1 mg	85
Q2017	Teniposide, 50 mg	484
Q2018	Urofollitropin, 75 iu	190
Q2019	Basiliximab	2,890
Q2020	Histrelin acetate	41
Q2021	Lepirudin	265
Q2022	VonWillebrandFactrCmplxperIU	1
Q3001	Brachytherapy Radioelements	66
Q3002	Gallium ga 67	45
Q3003	Technetium tc99m bicisate	1,173
Q3004	Xenon xe 133	75
Q3005	Technetium tc99m mertiatide	330
Q3006	Technetium tc99m glucepatate	64
Q3007	Sodium phosphate p32	208
Q3008	Indium 111-in pentetreotide	796
Q3009	Technetium tc99m oxidronate	61
Q3010	Technetium tc99mlabeledrbcs	23
Q3011	Chromic phosphate p32	385
Q3013	Verteporfin injection	2,966
Q3014	Telehealth facility fee	27
Q3019	ALS emer trans no ALS serv	386
Q3020	ALS nonemer trans no ALS ser	241
Q3025	IM inj interferon beta 1-a	107
Q3030	Sodium hyaluronate 20-25 mg	71
Q4001	Cast sup body cast plaster	46
Q4002	Cast sup body cast fiberglas	175
Q4003	Cast sup shoulder cast plstr	33
Q4004	Cast sup shoulder cast fbrgl	115
Q4005	Cast sup long arm adult plst	12
Q4006	Cast sup long arm adult fbrg	28

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
Q4007	Cast sup long arm ped plster	6
Q4008	Cast sup long arm ped fbrgls	14
Q4009	Cast sup sht arm adult plstr	8
Q4010	Cast sup sht arm adult fbrgl	18
Q4011	Cast sup sht arm ped plaster	4
Q4012	Cast sup sht arm ped fbrglas	9
Q4013	Cast sup gauntlet plaster	15
Q4014	Cast sup gauntlet fiberglass	25
Q4015	Cast sup gauntlet ped plster	7
Q4016	Cast sup gauntlet ped fbrgls	13
Q4017	Cast sup lng arm splint plst	9
Q4018	Cast sup lng arm splint fbrg	14
Q4019	Cast sup lng arm splnt ped p	4
Q4020	Cast sup lng arm splnt ped f	7
Q4021	Cast sup sht arm splint plst	6
Q4022	Cast sup sht arm splint fbrg	12
Q4023	Cast sup sht arm splnt ped p	3
Q4024	Cast sup sht arm splnt ped f	6
Q4025	Cast sup hip spica plaster	36
Q4026	Cast sup hip spica fiberglas	112
Q4027	Cast sup hip spica ped plstr	18
Q4028	Cast sup hip spica ped fbrgl	56
Q4029	Cast sup long leg plaster	27
Q4030	Cast sup long leg fiberglass	72
Q4031	Cast sup lng leg ped plaster	14
Q4032	Cast sup lng leg ped fbrgls	36
Q4033	Cast sup lng leg cylinder pl	26
Q4034	Cast sup lng leg cylinder fb	63
Q4035	Cast sup lngleg cylndr ped p	13
Q4036	Cast sup lngleg cylndr ped f	32
Q4037	Cast sup shrt leg plaster	16
Q4038	Cast sup shrt leg fiberglass	39
Q4039	Cast sup shrt leg ped plster	8
Q4040	Cast sup shrt leg ped fbrgls	20
Q4041	Cast sup lng leg splnt plstr	19
Q4042	Cast sup lng leg splnt fbrgl	32
Q4043	Cast sup lng leg splnt ped p	9
Q4044	Cast sup lng leg splnt ped f	16
Q4045	Cast sup sht leg splnt plstr	11

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
Q4046	Cast sup sht leg splnt fbrgl	18
Q4047	Cast sup sht leg splnt ped p	5
Q4048	Cast sup sht leg splnt ped f	9
Q4049	Finger splint, static	2
Q4052	Octreotide injection, depot	104
Q4053	Pegfilgrastim, 1 mg	584
Q4054	Darbepoetin alfa, esrd use	6
Q4075	Acyclovir, 5 mg	1
Q4076	Dopamine hcl, 40 mg	1
Q4077	Treprostinil, 1 mg	46
Q9920	Epoetin with hct <= 20	21
Q9921	Epoetin with hct = 21	25
Q9922	Epoetin with hct = 22	30
Q9923	Epoetin with hct = 23	24
Q9924	Epoetin with hct = 24	35
Q9925	Epoetin with hct = 25	25
Q9926	Epoetin with hct = 26	25
Q9927	Epoetin with hct = 27	25
Q9928	Epoetin with hct = 28	25
Q9929	Epoetin with hct = 29	25
Q9930	Epoetin with hct = 30	24
Q9931	Epoetin with hct = 31	25
Q9932	Epoetin with hct = 32	24
Q9933	Epoetin with hct = 33	25
Q9934	Epoetin with hct = 34	25
Q9935	Epoetin with hct = 35	25
Q9936	Epoetin with hct = 36	25
Q9937	Epoetin with hct = 37	25
Q9938	Epoetin with hct = 38	24
Q9939	Epoetin with hct = 39	24
Q9940	Epoetin with hct >= 40	24
R0070	Transport portable x-ray	211
R0075	Transport port x-ray multipl	70
R0076	Transport portable EKG	237
S0009	Injection, butorphanol tartr	18
S0010	Injection, somatrem, 5 mg	426
S0011	Injection, somatropin, 5 mg	416
S0012	Butorphanol tartrate, nasal	174
S0014	Tacrine hydrochloride, 10 mg	2

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
S0016	Injection, amikacin sulfate	59
S0017	Injection, aminocaproic acid	4
S0020	Injection, bupivicaine hydro	10
S0023	Injection, cimetidine hydroc	9
S0024	Injection, ciprofloxacin	28
S0028	Injection, famotidine, 20 mg	10
S0029	Injection, fluconazole	258
S0030	Injection, metronidazole	31
S0032	Injection, nafcillin sodium	13
S0034	Injection, ofloxacin, 400 mg	127
S0039	Injection, sulfamethoxazole	21
S0040	Injection, ticarcillin disod	42
S0071	Injection, acyclovir sodium	5
S0072	Injection, amikacin sulfate	58
S0073	Injection, aztreonam, 500 mg	31
S0074	Injection, cefotetan disodiu	15
S0077	Injection, clindamycin phosp	16
S0078	Injection, fosphenytoin sodi	259
S0079	Octreotide 100 mcg	31
S0080	Injection, pentamidine iseth	175
S0081	Injection, piperacillin sodi	3
S0085	injection, gatifloxacin	35
S0086	Injection, verteporfin, 15mg	2,966
S0087	Alemtuzumab 30 mg	3,082
S0088	Imatinib 100 mg	22
S0090	Sildenafil citrate, 25 mg	18
S0091	Granisetron 1mg	395
S0092	Hydromorphone 250 mg	180
S0093	Morphine 500 mg	21
S0096	Injection, itraconazole, 200	30
S0097	Injection, ibutilide fumarat	449
S0106	Bupropion HCL SR 60 tablets	214
S0108	Mercaptopurine 50 mg	8
S0112	Inj darbepoetin	101
S0122	Inj menotropins 75 iu	130
S0126	Inj follitropin alfa 75 iu	172
S0128	Inj follitropin beta 75 iu	168
S0130	Inj c gonadotropin 5000 iu	36
S0155	Epoprostenol dilutant	21

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
S0156	Exemestane, 25 mg	15
S0170	Anastrozole 1 mg	13
S0171	Bumetanide 0.5 mg	3
S0172	Chlorambucil 2 mg	3
S0173	Dexamethasone 4 mg	2
S0174	Dolasetron 50 mg	130
S0175	Flutamide 125 mg	4
S0176	Hydroxyurea 500 mg	2
S0177	Levamisole 50 mg	13
S0178	Lomustine 10 mg	13
S0179	Megestrol 20 mg	1
S0181	Ondansetron 4 mg	34
S0182	Procarbazine 5 mg	1
S0183	Prochlorperazine 5 mg	1
S0187	Tamoxifen 10 mg	4
S0190	Mifepristone, oral, 200 mg	156
S0191	Misoprostol, oral, 200 mcg	5
S0199	Med abortion inc all ex drug	875
S0209	WC van mileage per mi	2
S0215	Nonemerg transp mileage	2
S0302	Completed EPSDT	60
S0395	Impression casting ft	63
S0500	Dispos cont lens	83
S0580	Polycarb lens	38
S0605	Digital rectal examination,	28
S0610	Annual gynecological examina	150
S0612	Annual gynecological examina	113
S0620	Routine ophthalmological exa	70
S0621	Routine ophthalmological exa	81
S0630	Removal of sutures	63
S0800	Laser in situ keratomileusis	1,744
S0820	Computerized corneal topogra	125
S0830	Ultrasound pachymetry	75
S1015	IV tubing extension set	33
S3620	Newborn metabolic screening	38
S4993	Contraceptive pills for bc	30
S5000	Prescription drug, generic	7
S5001	Prescription drug,brand name	17
S5002	Fat emulsion 10% in 250 ml	73

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
S5003	Fat emulsion 20% in 250 ml	104
S5010	5% dextrose and 0.45% saline	19
S5011	5% dextrose in lactated ring	7
S5016	Antibiotic admin supplies w/	159
S5019	Chemotherapy admin supplies	125
S5021	Hydration therapy admin supp	102
S5025	Infusion pump rental,perdiem	31
S5035	HIT routine device maint	19
S5498	HIT simple cath care	19
S5501	HIT complex cath care	29
S5502	HIT interim cath care	15
S5521	HIT midline cath insert kit	59
S8085	Fluorine-18 fluorodeoxygluco	594
S8092	Electron beam computed tomog	619
S8095	Wig (for medically-induced h	500
S8096	Portable peak flow meter	31
S8105	Oximeter for measuring blood	388
S8110	Peak expiratory flow rate (p	19
S8181	Trach tube holder	7
S8186	Swivel adaptor	42
S8189	Trach supply noc	22
S8260	Oral orthotic for treatment	1,369
S8400	Incontinence pants, each	1
S8401	Child-size diaper	1
S8402	Diapers, each	1
S8403	Adult-size pull-up brief	1
S8404	Child-size pull-up brief	2
S8405	Incontinence liners, each	1
S8451	Splint wrist or ankle	35
S8490	100 insulin syringes	1
S9001	Home uterine monitor with or	125
S9015	Automated EEG monitoring	109
S9035	Medical equipment or supplie	50
S9083	Urgent care center global	133
S9088	Services provided in urgent	113
S9090	Vertebral axial decompressio	81
S9122	Home health aide or certifie	22
S9123	Nursing care in home RN	49
S9124	Nursing care, in the home; b	56

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
S9126	Hospice care, in the home, p	180
S9127	Social work visit, in the ho	250
S9128	Speech therapy, in the home,	123
S9129	Occupational therapy, in the	159
S9131	PT in the home per diem	160
S9140	Diabetic Management Program,	38
S9213	Hm preeclamp per diem	15
S9300	Nursing services and all nec	49
S9308	Nursing services and all nec	36
S9325	HIT pain mgmt per diem	294
S9326	HIT cont pain per diem	127
S9329	HIT chemo per diem	269
S9330	HIT cont chem diem	113
S9331	HIT intermit chemo diem	306
S9338	HIT immunotherapy diem	158
S9340	HIT enteral per diem	41
S9342	HIT enteral pump diem	38
S9343	HIT enteral bolus nurs	14
S9347	HIT longterm infusion diem	81
S9349	HIT tocolysis diem	250
S9355	HIT chelation diem	6
S9364	HIT tpn total diem	813
S9365	HIT tpn 1 liter diem	813
S9366	HIT tpn 2 liter diem	813
S9367	HIT tpn 3 liter diem	569
S9370	HT inj antiemetic diem	356
S9372	HT inj anticoag diem	33
S9373	HIT hydra total diem	204
S9374	HIT hydra 1 liter diem	125
S9375	HIT hydra 2 liter diem	33
S9376	HIT hydra 3 liter diem	456
S9377	HIT hydra over 3l diem	14
S9430	Pharmacy comp/disp serv	75
S9435	Medical foods for inborn err	14
S9455	Diabetic Management Program,	55
S9460	Diabetic Management Program,	94
S9465	Diabetic Management Program,	39
S9470	Nutritional counseling, diet	59
S9480	Intensive outpatient psychia	188

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
S9494	HIT antibiotic total diem	14
S9497	HIT antibiotic q3h diem	276
S9500	HIT antibiotic q24h diem	174
S9501	HIT antibiotic q12h diem	225
S9502	HIT antibiotic q8h diem	250
S9503	HIT antibiotic q6h diem	390
S9504	HIT antibiotic q4h diem	315
S9524	Nursing services related to	119
S9526	Skilled nursing visits for	175
S9529	Venipuncture home/snf	188
S9535	Administration of hematopoie	46
S9537	HT hem horm inj diem	83
S9539	Administration of antibiotic	258
S9543	Administration of medication	100
S9550	Home IV therapy, hydration	63
S9558	HT inj growth horm diem	5
S9559	HIT inj interferon diem	156
S9800	HT rn per hour	50
S9982	Med record copy per page	1
S9992	Transportation costs to and	29
S9994	Lodging costs (e.g. hotel ch	75
T1002	RN services up to 15 minutes	19
T1008	Day Treatment for Individual	225
T1013	Sign Lang/Oral Interpreter	103
T1015	Clinic service	13
V2020	Vision svcs frames purchases	84
V2025	Eyeglasses delux frames	125
V2100	Lens spher single plano 4.00	52
V2101	Single visn sphere 4.12-7.00	55
V2102	Singl visn sphere 7.12-20.00	78
V2103	Spherocylindr 4.00d/12-2.00d	45
V2104	Spherocylindr 4.00d/2.12-4d	50
V2105	Spherocylinder 4.00d/4.25-6d	55
V2106	Spherocylinder 4.00d/>6.00d	61
V2107	Spherocylinder 4.25d/12-2d	58
V2108	Spherocylinder 4.25d/2.12-4d	60
V2109	Spherocylinder 4.25d/4.25-6d	66
V2110	Spherocylinder 4.25d/over 6d	65
V2111	Spherocylindr 7.25d/.25-2.25	68

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
V2112	Spherocylindr 7.25d/2.25-4d	74
V2113	Spherocylindr 7.25d/4.25-6d	84
V2114	Spherocylinder over 12.00d	91
V2115	Lens lenticular bifocal	99
V2116	Nonaspheric lens bifocal	88
V2117	Aspheric lens bifocal	102
V2118	Lens aniseikonic single	98
V2121	Lenticular lens, single	101
V2199	Lens single vision not oth c	141
V2200	Lens spher bifoc plano 4.00d	69
V2201	Lens sphere bifocal 4.12-7.0	75
V2202	Lens sphere bifocal 7.12-20.	88
V2203	Lens sphcyl bifocal 4.00d/.1	69
V2204	Lens sphcy bifocal 4.00d/2.1	72
V2205	Lens sphcy bifocal 4.00d/4.2	78
V2206	Lens sphcy bifocal 4.00d/ove	84
V2207	Lens sphcy bifocal 4.25-7d/.	76
V2208	Lens sphcy bifocal 4.25-7/2.	80
V2209	Lens sphcy bifocal 4.25-7/4.	86
V2210	Lens sphcy bifocal 4.25-7/ov	95
V2211	Lens sphcy bifo 7.25-12/.25-	99
V2212	Lens sphcyl bifo 7.25-12/2.2	102
V2213	Lens sphcyl bifo 7.25-12/4.2	103
V2214	Lens sphcyl bifocal over 12.	112
V2215	Lens lenticular bifocal	114
V2216	Lens lenticular nonaspheric	123
V2217	Lens lenticular aspheric bif	116
V2218	Lens aniseikonic bifocal	135
V2219	Lens bifocal seg width over	60
V2220	Lens bifocal add over 3.25d	48
V2221	Lenticular lens, bifocal	118
V2299	Lens bifocal speciality	103
V2300	Lens sphere trifocal 4.00d	87
V2301	Lens sphere trifocal 4.12-7.	103
V2302	Lens sphere trifocal 7.12-20	110
V2303	Lens sphcy trifocal 4.0/.12-	86
V2304	Lens sphcy trifocal 4.0/2.25	90
V2305	Lens sphcy trifocal 4.0/4.25	104
V2306	Lens sphcyl trifocal 4.00/>6	107

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
V2307	Lens sphcy trifocal 4.25-7/.	101
V2308	Lens sphc trifocal 4.25-7/2.	106
V2309	Lens sphc trifocal 4.25-7/4.	116
V2310	Lens sphc trifocal 4.25-7/>6	114
V2311	Lens sphc trifo 7.25-12/.25-	119
V2312	Lens sphc trifo 7.25-12/2.25	120
V2313	Lens sphc trifo 7.25-12/4.25	134
V2314	Lens sphcyl trifocal over 12	144
V2315	Lens lenticular trifocal	159
V2316	Lens lenticular nonaspheric	150
V2317	Lens lenticular aspheric tri	161
V2318	Lens aniseikonic trifocal	196
V2319	Lens trifocal seg width > 28	66
V2320	Lens trifocal add over 3.25d	70
V2321	Lenticular lens, trifocal	157
V2399	Lens trifocal speciality	125
V2410	Lens variab asphericity sing	120
V2430	Lens variable asphericity bi	144
V2499	Variable asphericity lens	63
V2500	Contact lens pmma spherical	109
V2501	Cntct lens pmma-toric/prism	165
V2502	Contact lens pmma bifocal	204
V2503	Cntct lens pmma color vision	188
V2510	Cntct gas permeable sphericl	148
V2511	Cntct toric prism ballast	213
V2512	Cntct lens gas permbl bifocl	252
V2513	Contact lens extended wear	211
V2520	Contact lens hydrophilic	139
V2521	Cntct lens hydrophilic toric	243
V2522	Cntct lens hydrophil bifocl	236
V2523	Cntct lens hydrophil extend	201
V2530	Contact lens gas impermeable	298
V2531	Contact lens gas permeable	654
V2599	Contact lens/es other type	53
V2610	Single lens spectacle mount	313
V2623	Plastic eye prosth custom	1,200
V2624	Polishing artifical eye	81
V2625	Enlargemnt of eye prosthesis	495
V2626	Reduction of eye prosthesis	267

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
V2627	Scleral cover shell	1,722
V2628	Fabrication & fitting	407
V2630	Anter chamber intraocul lens	172
V2632	Post chmbr intraocular lens	531
V2700	Balance lens	59
V2710	Glass/plastic slab off prism	86
V2715	Prism lens/es	16
V2718	Fresnell prism press-on lens	38
V2730	Special base curve	28
V2740	Rose tint plastic	14
V2741	Non-rose tint plastic	13
V2742	Rose tint glass	13
V2743	Non-rose tint glass	17
V2744	Tint photochromatic lens/es	22
V2745	Tint, any color/solid/grad	14
V2750	Anti-reflective coating	26
V2755	UV lens/es	22
V2760	Scratch resistant coating	21
V2762	Polarization, any lens	72
V2770	Occluder lens/es	26
V2780	Oversize lens/es	17
V2781	Progressive lens per lens	122
V2782	Lens, 1.54-1.65 p/1.60-1.79g	77
V2783	Lens, >= 1.66 p/>=1.80 g	87
V2784	Lens polycarb or equal	57
V2785	Corneal tissue processing	2,853
V5008	Hearing screening	33
V5010	Assessment for hearing aid	137
V5011	Hearing aid fitting/checking	140
V5014	Hearing aid repair/modifying	219
V5020	Conformity evaluation	94
V5030	Body-worn hearing aid air	1,760
V5040	Body-worn hearing aid bone	1,110
V5050	Hearing aid monaural in ear	1,298
V5060	Behind ear hearing aid	1,181
V5070	Glasses air conduction	596
V5080	Glasses bone conduction	1,497
V5090	Hearing aid dispensing fee	375
V5100	Body-worn bilat hearing aid	2,374

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
V5110	Hearing aid dispensing fee	500
V5120	Body-worn binaur hearing aid	2,100
V5130	In ear binaural hearing aid	2,159
V5140	Behind ear binaur hearing ai	2,000
V5150	Glasses binaural hearing aid	2,481
V5160	Dispensing fee binaural	438
V5170	Within ear cros hearing aid	1,725
V5180	Behind ear cros hearing aid	1,460
V5190	Glasses cros hearing aid	1,707
V5200	Cros hearing aid dispens fee	536
V5210	In ear bicros hearing aid	1,875
V5220	Behind ear bicros hearing ai	1,801
V5230	Glasses bicros hearing aid	1,863
V5240	Dispensing fee bicros	556
V5241	Dispensing fee, monaural	438
V5243	Hearing aid, monaural, itc	1,031
V5245	Hearing aid, prog, mon, itc	1,963
V5246	Hearing aid, prog, mon, ite	1,750
V5247	Hearing aid, prog, mon, bte	1,875
V5249	Hearing aid, binaural, itc	1,623
V5250	Hearing aid, prog, bin, cic	4,375
V5251	Hearing aid, prog, bin, itc	3,136
V5252	Hearing aid, prog, bin, ite	4,924
V5253	Hearing aid, prog, bin, bte	2,945
V5254	Hearing id, digit, mon, cic	3,369
V5255	Hearing aid, digit, mon, itc	2,570
V5256	Hearing aid, digit, mon, ite	2,213
V5257	Hearing aid, digit, mon, bte	2,545
V5258	Hearing aid, digit, bin, cic	4,924
V5259	Hearing aid, digit, bin, itc	4,375
V5260	Hearing aid, digit, bin, ite	4,125
V5261	Hearing aid, digit, bin, bte	3,125
V5264	Ear mold/insert	63
V5266	Battery for hearing device	2
V5267	Hearing aid supply/accessory	23
V5275	Ear impression	38
100	ANESTH SALIVARY GLAND	23
102	ANESTH REPAIR OF CLEFT LIP	23
103	ANESTH BLEPHAROPLASTY	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
104	ANESTH ELECTROSHOCK	23
120	ANESTH EAR SURGERY	23
124	ANESTH EAR EXAM	23
126	ANESTH TYMPANOTOMY	23
140	ANESTH PROCEDURES ON EYE	23
142	ANESTH LENS SURGERY	23
144	ANESTH CORNEAL TRANSPLANT	23
145	ANESTH VITREORETINAL SURG	23
147	ANESTH IRIDECTOMY	23
148	ANESTH EYE EXAM	23
160	ANESTH NOSE/SINUS SURGERY	23
162	ANESTH NOSE/SINUS SURGERY	23
164	ANESTH BIOPSY OF NOSE	23
170	ANESTH PROCEDURE ON MOUTH	23
172	ANESTH CLEFT PALATE REPAIR	23
174	ANESTH PHARYNGEAL SURGERY	23
176	ANESTH PHARYNGEAL SURGERY	23
190	ANESTH FACE/SKULL BONE SURG	23
192	ANESTH FACIAL BONE SURGERY	23
0020T	EXTRACORP SHOCK WAVE TX, FT	4
210	ANESTH OPEN HEAD SURGERY	23
212	ANESTH SKULL DRAINAGE	23
214	ANESTH SKULL DRAINAGE	23
215	ANESTH SKULL REPAIR/FRACT	23
216	ANESTH HEAD VESSEL SURGERY	23
218	ANESTH SPECIAL HEAD SURGERY	23
220	ANESTH INTRCRN NERVE	23
222	ANESTH HEAD NERVE SURGERY	23
300	ANESTH HEAD/NECK/PTRUNK	23
320	ANESTH NECK ORGAN, 1 & OVER	23
322	ANESTH BIOPSY OF THYROID	23
326	ANESTH LARYNX/TRACH, < 1 YR	23
350	ANESTH NECK VESSEL SURGERY	23
352	ANESTH NECK VESSEL SURGERY	23
400	ANESTH SKIN, EXT/PER/ATRUNK	47
402	ANESTH SURGERY OF BREAST	23
404	ANESTH SURGERY OF BREAST	23
406	ANESTH SURGERY OF BREAST	23
410	ANESTH CORRECT HEART RHYTHM	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
450	ANESTH SURGERY OF SHOULDER	23
452	ANESTH SURGERY OF SHOULDER	23
454	ANESTH COLLAR BONE BIOPSY	23
470	ANESTH REMOVAL OF RIB	23
472	ANESTH CHEST WALL REPAIR	23
474	ANESTH SURGERY OF RIB(S)	23
500	ANESTH ESOPHAGEAL SURGERY	23
520	ANESTH CHEST PROCEDURE	23
522	ANESTH CHEST LINING BIOPSY	23
524	ANESTH CHEST DRAINAGE	23
528	ANESTH CHEST PARTITION VIEW	23
529	ANESTH CHEST PARTITION VIEW	23
530	ANESTH PACEMAKER INSERTION	23
532	ANESTH VASCULAR ACCESS	23
534	ANESTH CARDIOVERTER/DEFIB	23
537	ANESTH CARDIAC ELECTROPHYS	23
539	ANESTH TRACH-BRONCH RECONST	23
540	ANESTH CHEST SURGERY	23
541	ANESTH ONE LUNG VENTILATION	23
542	ANESTH RELEASE OF LUNG	23
546	ANESTH LUNG,CHEST WALL SURG	23
548	ANESTH TRACHEA,BRONCHI SURG	23
550	ANESTH STERNAL DEBRIDEMENT	23
560	ANESTH OPEN HEART SURGERY	23
562	ANESTH OPEN HEART SURGERY	23
563	ANESTH HEART PROC W/PUMP	23
566	ANESTH CABG W/O PUMP	23
580	ANESTH HEART/LUNG TRANSPLNT	23
600	ANESTH SPINE, CORD SURGERY	23
604	ANESTH SITTING PROCEDURE	23
620	ANESTH SPINE, CORD SURGERY	23
622	ANESTH REMOVAL OF NERVES	23
630	ANESTH SPINE, CORD SURGERY	23
632	ANESTH REMOVAL OF NERVES	23
634	ANESTH FOR CHEMONUCLEOLYSIS	23
635	ANESTH LUMBAR PUNCTURE	23
640	ANESTH SPINE MANIPULATION	23
670	ANESTH SPINE, CORD SURGERY	23
700	ANESTH ABDOMINAL WALL SURG	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
702	ANESTH FOR LIVER BIOPSY	23
730	ANESTH ABDOMINAL WALL SURG	23
740	ANESTH UPPER GI VISUALIZE	23
750	ANESTH REPAIR OF HERNIA	23
752	ANESTH REPAIR OF HERNIA	23
754	ANESTH REPAIR OF HERNIA	23
756	ANESTH REPAIR OF HERNIA	23
770	ANESTH BLOOD VESSEL REPAIR	23
790	ANESTH SURG UPPER ABDOMEN	23
792	ANESTH HEMORR/EXCISE LIVER	23
794	ANESTH PANCREAS REMOVAL	23
796	ANESTH FOR LIVER TRANSPLANT	23
797	ANESTH SURGERY FOR OBESITY	23
800	ANESTH ABDOMINAL WALL SURG	23
802	ANESTH FAT LAYER REMOVAL	23
810	ANESTH LOW INTESTINE SCOPE	23
820	ANESTH ABDOMINAL WALL SURG	23
830	ANESTH REPAIR OF HERNIA	23
832	ANESTH REPAIR OF HERNIA	23
834	ANESTH HERNIA REPAIR< 1 YR	23
836	ANESTH HERNIA REPAIR PREEMIE	23
840	ANESTH SURG LOWER ABDOMEN	95
842	ANESTH AMNIOCENTESIS	23
844	ANESTH PELVIS SURGERY	23
846	ANESTH HYSTERECTOMY	23
848	ANESTH PELVIC ORGAN SURG	23
851	ANESTH TUBAL LIGATION	95
860	ANESTH SURGERY OF ABDOMEN	23
862	ANESTH KIDNEY/URETER SURG	23
864	ANESTH REMOVAL OF BLADDER	23
865	ANESTH REMOVAL OF PROSTATE	23
866	ANESTH REMOVAL OF ADRENAL	23
868	ANESTH KIDNEY TRANSPLANT	23
870	ANESTH BLADDER STONE SURG	23
872	ANESTH KIDNEY STONE DESTRUCT	23
873	ANESTH KIDNEY STONE DESTRUCT	23
880	ANESTH ABDOMEN VESSEL SURG	23
882	ANESTH MAJOR VEIN LIGATION	23
902	ANESTH ANORECTAL SURGERY	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
904	ANESTH PERINEAL SURGERY	23
906	ANESTH REMOVAL OF VULVA	23
908	ANESTH REMOVAL OF PROSTATE	23
910	ANESTH BLADDER SURGERY	23
912	ANESTH BLADDER TUMOR SURG	23
914	ANESTH REMOVAL OF PROSTATE	23
916	ANESTH BLEEDING CONTROL	23
918	ANESTH STONE REMOVAL	23
920	ANESTH GENITALIA SURGERY	47
921	ANESTH VASECTOMY	23
922	ANESTH SPERM DUCT SURGERY	23
924	ANESTH TESTIS EXPLORATION	23
926	ANESTH REMOVAL OF TESTIS	23
928	ANESTH REMOVAL OF TESTIS	23
930	ANESTH TESTIS SUSPENSION	23
932	ANESTH AMPUTATION OF PENIS	23
934	ANESTH PENIS, NODES REMOVAL	23
936	ANESTH PENIS, NODES REMOVAL	23
938	ANESTH INSERT PENIS DEVICE	23
940	ANESTH VAGINAL PROCEDURES	47
942	ANESTH SURG ON VAG/URETHRAL	23
944	ANESTH VAGINAL HYSTERECTOMY	23
948	ANESTH REPAIR OF CERVIX	23
950	ANESTH VAGINAL ENDOSCOPY	23
952	ANESTH HYSTEROSCOPE/GRAPH	63
1112	ANESTH BONE ASPIRATE/BX	23
1120	ANESTH PELVIS SURGERY	23
1130	ANESTH BODY CAST PROCEDURE	23
1140	ANESTH AMPUTATION AT PELVIS	23
1150	ANESTH PELVIC TUMOR SURGERY	23
1160	ANESTH PELVIS PROCEDURE	23
1170	ANESTH PELVIS SURGERY	23
1173	ANESTH FX REPAIR, PELVIS	23
1180	ANESTH PELVIS NERVE REMOVAL	23
1190	ANESTH PELVIS NERVE REMOVAL	23
1200	ANESTH HIP JOINT PROCEDURE	23
1202	ANESTH ARTHROSCOPY OF HIP	23
1210	ANESTH HIP JOINT SURGERY	23
1212	ANESTH HIP DISARTICULATION	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
1214	ANESTH HIP ARTHROPLASTY	23
1215	ANESTH REVISE HIP REPAIR	23
1220	ANESTH PROCEDURE ON FEMUR	23
1230	ANESTH SURGERY OF FEMUR	23
1232	ANESTH AMPUTATION OF FEMUR	23
1234	ANESTH RADICAL FEMUR SURG	23
1250	ANESTH UPPER LEG SURGERY	23
1260	ANESTH UPPER LEG VEINS SURG	23
1270	ANESTH THIGH ARTERIES SURG	23
1272	ANESTH FEMORAL ARTERY SURG	23
1274	ANESTH FEMORAL EMBOLECTOMY	23
1320	ANESTH KNEE AREA SURGERY	23
1340	ANESTH KNEE AREA PROCEDURE	23
1360	ANESTH KNEE AREA SURGERY	23
1380	ANESTH KNEE JOINT PROCEDURE	23
1382	ANESTH DX KNEE ARTHROSCOPY	23
1390	ANESTH KNEE AREA PROCEDURE	23
1392	ANESTH KNEE AREA SURGERY	23
1400	ANESTH KNEE JOINT SURGERY	23
1402	ANESTH KNEE ARTHROPLASTY	23
1404	ANESTH AMPUTATION AT KNEE	23
1420	ANESTH KNEE JOINT CASTING	23
1430	ANESTH KNEE VEINS SURGERY	23
1432	ANESTH KNEE VESSEL SURG	23
1440	ANESTH KNEE ARTERIES SURG	23
1442	ANESTH KNEE ARTERY SURG	23
1444	ANESTH KNEE ARTERY REPAIR	23
1462	ANESTH LOWER LEG PROCEDURE	23
1464	ANESTH ANKLE/FT ARTHROSCOPY	23
1470	ANESTH LOWER LEG SURGERY	23
1472	ANESTH ACHILLES TENDON SURG	23
1474	ANESTH LOWER LEG SURGERY	23
1480	ANESTH LOWER LEG BONE SURG	23
1482	ANESTH RADICAL LEG SURGERY	23
1484	ANESTH LOWER LEG REVISION	23
1486	ANESTH ANKLE REPLACEMENT	23
1490	ANESTH LOWER LEG CASTING	23
1500	ANESTH LEG ARTERIES SURG	23
1502	ANESTH LWR LEG EMBOLECTOMY	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
1520	ANESTH LOWER LEG VEIN SURG	23
1522	ANESTH LOWER LEG VEIN SURG	23
1610	ANESTH SURGERY OF SHOULDER	23
1620	ANESTH SHOULDER PROCEDURE	23
1622	ANESTH DX SHOULDER ARTHRO	23
1630	ANESTH SURGERY OF SHOULDER	23
1632	ANESTH SURGERY OF SHOULDER	23
1634	ANESTH SHOULDER JOINT AMPUT	23
1636	ANESTH FOREQUARTER AMPUT	23
1638	ANESTH SHOULDER REPLACEMENT	23
1650	ANESTH SHOULDER ARTERY SURG	23
1652	ANESTH SHOULDER VESSEL SURG	23
1654	ANESTH SHOULDER VESSEL SURG	23
1656	ANESTH ARM-LEG VESSEL SURG	23
1670	ANESTH SHOULDER VEIN SURG	23
1680	ANESTH SHOULDER CASTING	23
1682	ANESTH AIRPLANE CAST	23
1710	ANESTH ELBOW AREA SURGERY	23
1712	ANESTH UPPR ARM TENDON SURG	23
1714	ANESTH UPPR ARM TENDON SURG	23
1716	ANESTH BICEPS TENDON REPAIR	23
1730	ANESTH UPPR ARM PROCEDURE	23
1732	ANESTH DX ELBOW ARTHROSCOPY	23
1740	ANESTH UPPER ARM SURGERY	23
1742	ANESTH HUMERUS SURGERY	23
1744	ANESTH HUMERUS REPAIR	23
1756	ANESTH RADICAL HUMERUS SURG	23
1758	ANESTH HUMERAL LESION SURG	23
1760	ANESTH ELBOW REPLACEMENT	23
1770	ANESTH UPPR ARM ARTERY SURG	23
1772	ANESTH UPPR ARM EMBOLECTOMY	23
1780	ANESTH UPPER ARM VEIN SURG	23
1782	ANESTH UPPR ARM VEIN REPAIR	23
1810	ANESTH LOWER ARM SURGERY	23
1820	ANESTH LOWER ARM PROCEDURE	23
1829	ANESTH DX WRIST ARTHROSCOPY	23
1830	ANESTH LOWER ARM SURGERY	23
1832	ANESTH WRIST REPLACEMENT	23
1840	ANESTH LWR ARM ARTERY SURG	23

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
1842	ANESTH LWR ARM EMBOLECTOMY	23
1844	ANESTH VASCULAR SHUNT SURG	23
1850	ANESTH LOWER ARM VEIN SURG	23
1852	ANESTH LWR ARM VEIN REPAIR	23
1860	ANESTH LOWER ARM CASTING	23
1905	ANESTH SPINE INJECT, X-RAY/R	23
1916	ANESTH DX ARTERIOGRAPHY	23
1920	ANESTH CATHETERIZE HEART	23
1922	ANESTH CAT OR MRI SCAN	23
1924	ANESTH THER INTERVEN RAD, AR	23
1925	ANESTH THER INTERVEN RAD, CA	23
1926	ANESTH TX INTERV RAD HRT/CRA	23
1930	ANESTH THER INTERVEN RAD, VE	23
1931	ANESTH THER INTERVEN RAD, TI	23
1932	ANESTH TX INTERV RAD, TH VEI	23
1933	ANESTH TX INTERV RAD, CRAN V	23
1951	ANESTH BURN, LESS 4 PERCENT	23
1952	ANESTH BURN, 4-9 PERCENT	23
1953	ANESTH BURN, EACH 9 PERCENT	23
1958	ANESTH ANTEPARTUM MANIPUL	23
1960	ANESTH VAGINAL DELIVERY	23
1961	ANESTH CS DELIVERY	23
1962	ANESTH EMER HYSTERECTOMY	23
1963	ANESTH CS HYSTERECTOMY	23
1964	ANESTH ABORTION PROCEDURES	23
1967	ANESTH/ANALG, VAG DELIVERY	23
1968	ANES/ANALG CS DELIVER ADD-ON	23
1969	ANESTH/ANALG CS HYST ADD-ON	23
1990	SUPPORT FOR ORGAN DONOR	23
1991	ANESTH NERVE BLOCK/INJ	23
1992	ANESTH NRV BLOCK/INJ, PRONE	23
1995	REGIONAL ANESTHESIA LIMB	23
1996	HOSP MANAGE CONT DRUG ADMIN	23
1999	UNLISTED ANESTH PROCEDURE	23
10021	FNA W/O IMAGE	95
10022	FNA W/IMAGE	88
10040	ACNE SURGERY	97
10060	DRAIN SKIN ABSCESS	138
10061	DRAIN SKIN ABSCESS	222

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
10080	DRAIN PILONIDAL CYST	123
10081	DRAIN PILONIDAL CYST	211
10120	REMOVE FOREIGN BODY	87
10121	REMOVE FOREIGN BODY	246
10140	DRAIN HEMATOMA/FLUID	159
10160	PUNCTURE DRAIN LESION	89
10180	COMPLEX DRAINAGE WOUND	235
11000	DEBRIDE INFECTED SKIN	44
11001	DEBRIDE INFECTED SKIN ADD-ON	22
11010	DEBRIDE SKIN, FX	354
11011	DEBRIDE SKIN/MUSCLE, FX	398
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	591
11040	DEBRIDE SKIN, PARTIAL	38
11041	DEBRIDE SKIN, FULL	61
11042	DEBRIDE SKIN/TISSUE	84
11043	DEBRIDE TISSUE/MUSCLE	269
11044	DEBRIDE TISSUE/MUSCLE/BONE	370
11055	TRIM SKIN LESION	31
11056	TRIM SKIN LESIONS, 2 TO 4	45
11057	TRIM SKIN LESIONS, OVER 4	58
11100	BIOPSY SKIN LESION	62
11101	BIOPSY SKIN ADD-ON	31
11200	REMOVE SKIN TAGS	81
11201	REMOVE SKIN TAGS ADD-ON	22
11300	SHAVE SKIN LESION	39
11301	SHAVE SKIN LESION	64
11302	SHAVE SKIN LESION	79
11303	SHAVE SKIN LESION	92
11305	SHAVE SKIN LESION	50
11306	SHAVE SKIN LESION	73
11307	SHAVE SKIN LESION	85
11308	SHAVE SKIN LESION	104
11310	SHAVE SKIN LESION	56
11311	SHAVE SKIN LESION	80
11312	SHAVE SKIN LESION	92
11313	SHAVE SKIN LESION	123
11400	EXC TR-EXT B9+MARG 0.5 < CM	92
11401	EXC TR-EXT B9+MARG 0.6-1 CM	120
11402	EXC TR-EXT B9+MARG 1.1-2 CM	139

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
11403	EXC TR-EXT B9+MARG 2.1-3 CM	167
11404	EXC TR-EXT B9+MARG 3.1-4 CM	186
11406	EXC TR-EXT B9+MARG > 4.0 CM	238
11420	EXC H-F-NK-SP B9+MARG 0.5 <	103
11421	EXC H-F-NK-SP B9+MARG 0.6-1	135
11422	EXC H-F-NK-SP B9+MARG 1.1-2	159
11423	EXC H-F-NK-SP B9+MARG 2.1-3	186
11424	EXC H-F-NK-SP B9+MARG 3.1-4	216
11426	EXC H-F-NK-SP B9+MARG > 4 CM	316
11440	EXC FACE-MM B9+MARG 0.5 < CM	127
11441	EXC FACE-MM B9+MARG 0.6-1 CM	159
11442	EXC FACE-MM B9+MARG 1.1-2 CM	176
11443	EXC FACE-MM B9+MARG 2.1-3 CM	220
11444	EXC FACE-MM B9+MARG 3.1-4 CM	285
11446	EXC FACE-MM B9+MARG > 4 CM	385
11450	REMOVE SWEAT GLAND LESION	256
11451	REMOVE SWEAT GLAND LESION	351
11462	REMOVE SWEAT GLAND LESION	244
11463	REMOVE SWEAT GLAND LESION	359
11470	REMOVE SWEAT GLAND LESION	297
11471	REMOVE SWEAT GLAND LESION	386
11600	EXC TR-EXT MLG+MARG 0.5 < CM	122
11601	EXC TR-EXT MLG+MARG 0.6-1 CM	160
11602	EXC TR-EXT MLG+MARG 1.1-2 CM	171
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	187
11604	EXC TR-EXT MLG+MARG 3.1-4 CM	203
11606	EXC TR-EXT MLG+MARG > 4 CM	277
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	115
11621	EXC H-F-NK-SP MLG+MARG 0.6-1	159
11622	EXC H-F-NK-SP MLG+MARG 1.1-2	185
11623	EXC H-F-NK-SP MLG+MARG 2.1-3	224
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	259
11626	EXC H-F-NK-SP MLG+MAR > 4 CM	358
11640	EXC FACE-MM MALIG+MARG 0.5 <	131
11641	EXC FACE-MM MALIG+MARG 0.6-1	196
11642	EXC FACE-MM MALIG+MARG 1.1-2	229
11643	EXC FACE-MM MALIG+MARG 2.1-3	270
11644	EXC FACE-MM MALIG+MARG 3.1-4	347
11646	EXC FACE-MM MLG+MARG > 4 CM	503

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
11719	TRIM NAIL(S)	13
11720	DEBRIDE NAIL, 1-5	24
11721	DEBRIDE NAIL, 6 OR MORE	40
11730	REMOVE NAIL PLATE	83
11732	REMOVE NAIL PLATE, ADD-ON	42
11740	DRAIN BLOOD FROM UNDER NAIL	27
11750	REMOVE NAIL BED	192
11752	REMOVE NAIL BED/FINGER TIP	306
11755	BIOPSY NAIL UNIT	96
11760	REPAIR NAIL BED	152
11762	RECONSTRUCT NAIL BED	257
11765	EXCISE NAIL FOLD TOE	64
11770	REMOVE PILONIDAL LESION	222
11771	REMOVE PILONIDAL LESION	490
11772	REMOVE PILONIDAL LESION	586
11900	INJECTION INTO SKIN LESIONS	38
11901	ADDED SKIN LESIONS INJECTION	60
11920	CORRECT SKIN COLOR DEFECTS	130
11921	CORRECT SKIN COLOR DEFECTS	158
11922	CORRECT SKIN COLOR DEFECTS	40
11950	THERAPY FOR CONTOUR DEFECTS	66
11951	THERAPY FOR CONTOUR DEFECTS	91
11952	THERAPY FOR CONTOUR DEFECTS	129
11954	THERAPY FOR CONTOUR DEFECTS	150
11960	INSERT TISSUE EXPANDER(S)	1,054
11970	REPLACE TISSUE EXPANDER	713
11971	REMOVE TISSUE EXPANDER(S)	369
11975	INSERT CONTRACEPTIVE CAP	336
11976	REMOVE CONTRACEPTIVE CAP	179
11977	REMOVE/REINSERT CONTRA CAP	445
11980	IMPLANT HORMONE PELLET(S)	107
11981	INSERT DRUG IMPLANT DEVICE	117
11982	REMOVE DRUG IMPLANT DEVICE	142
11983	REMOVE/INSERT DRUG IMPLANT	257
12001	REPAIR SUPERFICIAL WOUND(S)	117
12002	REPAIR SUPERFICIAL WOUND(S)	149
12004	REPAIR SUPERFICIAL WOUND(S)	176
12005	REPAIR SUPERFICIAL WOUND(S)	219
12006	REPAIR SUPERFICIAL WOUND(S)	279

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
12007	REPAIR SUPERFICIAL WOUND(S)	320
12011	REPAIR SUPERFICIAL WOUND(S)	121
12013	REPAIR SUPERFICIAL WOUND(S)	158
12014	REPAIR SUPERFICIAL WOUND(S)	189
12015	REPAIR SUPERFICIAL WOUND(S)	238
12016	REPAIR SUPERFICIAL WOUND(S)	294
12017	REPAIR SUPERFICIAL WOUND(S)	354
12018	REPAIR SUPERFICIAL WOUND(S)	417
12020	CLOSE SPLIT WOUND	235
12021	CLOSE SPLIT WOUND	176
12031	LAYER CLOSURE WOUND(S)	157
12032	LAYER CLOSURE WOUND(S)	228
12034	LAYER CLOSURE WOUND(S)	230
12035	LAYER CLOSURE WOUND(S)	300
12036	LAYER CLOSURE WOUND(S)	347
12037	LAYER CLOSURE WOUND(S)	404
12041	LAYER CLOSURE WOUND(S)	172
12042	LAYER CLOSURE WOUND(S)	217
12044	LAYER CLOSURE WOUND(S)	251
12045	LAYER CLOSURE WOUND(S)	313
12046	LAYER CLOSURE WOUND(S)	377
12047	LAYER CLOSURE WOUND(S)	415
12051	LAYER CLOSURE WOUND(S)	203
12052	LAYER CLOSURE WOUND(S)	217
12053	LAYER CLOSURE WOUND(S)	244
12054	LAYER CLOSURE WOUND(S)	268
12055	LAYER CLOSURE WOUND(S)	350
12056	LAYER CLOSURE WOUND(S)	444
12057	LAYER CLOSURE WOUND(S)	520
13100	REPAIR WOUND OR LESION	260
13101	REPAIR WOUND OR LESION	323
13102	REPAIR WOUND/LESION ADD-ON	97
13120	REPAIR WOUND OR LESION	272
13121	REPAIR WOUND OR LESION	350
13122	REPAIR WOUND/LESION ADD-ON	111
13131	REPAIR WOUND OR LESION	313
13132	REPAIR WOUND OR LESION	479
13133	REPAIR WOUND/LESION ADD-ON	172
13150	REPAIR WOUND OR LESION	342

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
13151	REPAIR WOUND OR LESION	395
13152	REPAIR WOUND OR LESION	541
13153	REPAIR WOUND/LESION ADD-ON	188
13160	LATE CLOSURE WOUND	959
14000	SKIN TISSUE REARRANGEMENT	586
14001	SKIN TISSUE REARRANGEMENT	802
14020	SKIN TISSUE REARRANGEMENT	669
14021	SKIN TISSUE REARRANGEMENT	943
14040	SKIN TISSUE REARRANGEMENT	781
14041	SKIN TISSUE REARRANGEMENT	1,065
14060	SKIN TISSUE REARRANGEMENT	859
14061	SKIN TISSUE REARRANGEMENT	1,150
14300	SKIN TISSUE REARRANGEMENT	1,113
14350	SKIN TISSUE REARRANGEMENT	910
15000	SKIN GRAFT	334
15001	SKIN GRAFT ADD-ON	77
15050	SKIN PINCH GRAFT	488
15100	SKIN SPLIT GRAFT	911
15101	SKIN SPLIT GRAFT ADD-ON	183
15120	SKIN SPLIT GRAFT	946
15121	SKIN SPLIT GRAFT ADD-ON	246
15200	SKIN FULL GRAFT	753
15201	SKIN FULL GRAFT ADD-ON	106
15220	SKIN FULL GRAFT	766
15221	SKIN FULL GRAFT ADD-ON	95
15240	SKIN FULL GRAFT	895
15241	SKIN FULL GRAFT ADD-ON	150
15260	SKIN FULL GRAFT	986
15261	SKIN FULL GRAFT ADD-ON	195
15342	CULTURED SKIN GRAFT, 25 CM	83
15343	CULTURE SKN GRAFT ADD 25 CM	19
15350	SKIN HOMOGRAFT	476
15351	SKIN HOMOGRAFT ADD-ON	76
15400	SKIN HETEROGRAFT	436
15401	SKIN HETEROGRAFT ADD-ON	78
15570	FORM SKIN PEDICLE FLAP	860
15572	FORM SKIN PEDICLE FLAP	839
15574	FORM SKIN PEDICLE FLAP	905
15576	FORM SKIN PEDICLE FLAP	808

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
15600	SKIN GRAFT	248
15610	SKIN GRAFT	294
15620	SKIN GRAFT	355
15630	SKIN GRAFT	385
15650	TRANSFER SKIN PEDICLE FLAP	428
15732	MUSCLE-SKIN GRAFT HEAD/NECK	1,608
15734	MUSCLE-SKIN GRAFT TRUNK	1,634
15736	MUSCLE-SKIN GRAFT ARM	1,493
15738	MUSCLE-SKIN GRAFT LEG	1,611
15740	ISLAND PEDICLE FLAP GRAFT	957
15750	NEUROVASCULAR PEDICLE GRAFT	1,104
15756	FREE MYO/SKIN FLAP MICROVASC	3,001
15757	FREE SKIN FLAP, MICROVASC	3,070
15758	FREE FASCIAL FLAP, MICROVASC	3,072
15760	COMPOSITE SKIN GRAFT	842
15770	DERMA-FAT-FASCIA GRAFT	768
15775	HAIR TRANSPLANT PUNCH GRAFTS	288
15776	HAIR TRANSPLANT PUNCH GRAFTS	454
15780	ABRASION TREATMENT SKIN	756
15781	ABRASION TREATMENT SKIN	538
15782	ABRASION TREATMENT SKIN	452
15783	ABRASION TREATMENT SKIN	446
15786	ABRASION LESION, SINGLE	173
15787	ABRASION LESIONS, ADD-ON	26
15788	CHEMICAL PEEL FACE, EPIDERM	229
15789	CHEMICAL PEEL FACE, DERMAL	518
15792	CHEMICAL PEEL NONFACIAL	244
15793	CHEMICAL PEEL NONFACIAL	413
15810	SALABRASION	462
15811	SALABRASION	587
15819	PLASTIC SURGERY NECK	886
15820	REVISE LOWER EYELID	553
15821	REVISE LOWER EYELID	591
15822	REVISE UPPER EYELID	463
15823	REVISE UPPER EYELID	696
15824	REMOVE FOREHEAD WRINKLES	1,598
15825	REMOVE NECK WRINKLES	1,914
15826	REMOVE BROW WRINKLES	1,596
15828	REMOVE FACE WRINKLES	4,275

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
15829	REMOVE SKIN WRINKLES	4,689
15831	EXCISE EXCESSIVE SKIN TISSUE	1,117
15832	EXCISE EXCESSIVE SKIN TISSUE	1,081
15833	EXCISE EXCESSIVE SKIN TISSUE	1,024
15834	EXCISE EXCESSIVE SKIN TISSUE	1,007
15835	EXCISE EXCESSIVE SKIN TISSUE	1,040
15836	EXCISE EXCESSIVE SKIN TISSUE	873
15837	EXCISE EXCESSIVE SKIN TISSUE	829
15838	EXCISE EXCESSIVE SKIN TISSUE	706
15839	EXCISE EXCESSIVE SKIN TISSUE	839
15840	GRAFT FOR FACE NERVE PALSY	1,249
15841	GRAFT FOR FACE NERVE PALSY	2,089
15842	FLAP FOR FACE NERVE PALSY	3,306
15845	SKIN AND MUSCLE REPAIR FACE	1,159
15850	REMOVE SUTURES	124
15851	REMOVE SUTURES	63
15852	DRESSING CHANGE NOT FOR BURN	65
15860	TEST FOR BLOOD FLOW IN GRAFT	145
15876	SUCTION ASSISTED LIPECTOMY	898
15877	SUCTION ASSISTED LIPECTOMY	1,604
15878	SUCTION ASSISTED LIPECTOMY	898
15879	SUCTION ASSISTED LIPECTOMY	1,604
15920	REMOVE TAIL BONE ULCER	734
15922	REMOVE TAIL BONE ULCER	933
15931	REMOVE SACRUM PRESSURE SORE	812
15933	REMOVE SACRUM PRESSURE SORE	1,017
15934	REMOVE SACRUM PRESSURE SORE	1,130
15935	REMOVE SACRUM PRESSURE SORE	1,354
15936	REMOVE SACRUM PRESSURE SORE	1,124
15937	REMOVE SACRUM PRESSURE SORE	1,310
15940	REMOVE HIP PRESSURE SORE	844
15941	REMOVE HIP PRESSURE SORE	1,138
15944	REMOVE HIP PRESSURE SORE	1,091
15945	REMOVE HIP PRESSURE SORE	1,216
15946	REMOVE HIP PRESSURE SORE	1,952
15950	REMOVE THIGH PRESSURE SORE	705
15951	REMOVE THIGH PRESSURE SORE	1,011
15952	REMOVE THIGH PRESSURE SORE	1,041
15953	REMOVE THIGH PRESSURE SORE	1,178

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
15956	REMOVE THIGH PRESSURE SORE	1,429
15958	REMOVE THIGH PRESSURE SORE	1,443
15999	REMOVE PRESSURE SORE	477
16000	INITIAL TREATMENT BURN(S)	61
16010	TREATMENT BURN(S)	80
16015	TREATMENT BURN(S)	189
16020	TREATMENT BURN(S)	75
16025	TREATMENT BURN(S)	151
16030	TREATMENT BURN(S)	172
16035	INCISE BURN SCAB, INITIAL	282
16036	ESCHAROTOMY; ADD INCISION	112
17000	DESTROY BENIGN/PREMLG LESION	48
17003	DESTROY LESIONS, 2-14	12
17004	DESTROY LESIONS, 15 OR MORE	212
17106	DESTROY SKIN LESIONS	418
17107	DESTROY SKIN LESIONS	769
17108	DESTROY SKIN LESIONS	1,106
17110	DESTRUCT LESION, 1-14	60
17111	DESTRUCT LESION, 15 OR MORE	79
17250	CHEMICAL CAUTERY TISSUE	45
17260	DESTROY SKIN LESIONS	70
17261	DESTROY SKIN LESIONS	92
17262	DESTROY SKIN LESIONS	123
17263	DESTROY SKIN LESIONS	138
17264	DESTROY SKIN LESIONS	147
17266	DESTROY SKIN LESIONS	174
17270	DESTROY SKIN LESIONS	102
17271	DESTROY SKIN LESIONS	116
17272	DESTROY SKIN LESIONS	138
17273	DESTROY SKIN LESIONS	159
17274	DESTROY SKIN LESIONS	197
17276	DESTROY SKIN LESIONS	242
17280	DESTROY SKIN LESIONS	91
17281	DESTROY SKIN LESIONS	134
17282	DESTROY SKIN LESIONS	159
17283	DESTROY SKIN LESIONS	202
17284	DESTROY SKIN LESIONS	247
17286	DESTROY SKIN LESIONS	347
17304	1 STAGE MOHS, UP TO 5 SPEC	580

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
17305	2 STAGE MOHS, UP TO 5 SPEC	218
17306	3 STAGE MOHS, UP TO 5 SPEC	218
17307	MOHS ADD STAGE UP TO 5 SPEC	220
17310	MOHS ANY STAGE > 5 SPEC EACH	74
17340	CRYOTHERAPY SKIN	56
17360	SKIN PEEL THERAPY	113
17380	HAIR REMOVAL BY ELECTROLYSIS	61
17999	SKIN TISSUE PROCEDURE	255
19000	DRAIN BREAST LESION	107
19001	DRAIN BREAST LESION ADD-ON	65
19020	INCISE BREAST LESION	341
19030	INJECTION FOR BREAST X-RAY	106
19100	BX BREAST PERCUT W/O IMAGE	141
19101	BIOPSY BREAST, OPEN	426
19102	BX BREAST PERCUT W/IMAGE	279
19103	BX BREAST PERCUT W/DEVICE	564
19110	NIPPLE EXPLORATION	398
19112	EXCISE BREAST DUCT FISTULA	343
19120	REMOVE BREAST LESION	552
19125	EXCISE BREAST LESION	586
19126	EXCISE ADD BREAST LESION	214
19140	REMOVE BREAST TISSUE	463
19160	REMOVE BREAST TISSUE	511
19162	REMOVE BREAST TISSUE, NODES	1,079
19180	REMOVE BREAST	749
19182	REMOVE BREAST	679
19200	REMOVE BREAST	1,271
19220	REMOVE BREAST	1,299
19240	REMOVE BREAST	1,315
19260	REMOVE CHEST WALL LESION	1,449
19271	REVISE CHEST WALL	2,021
19272	EXTENSIVE CHEST WALL SURGERY	2,217
19290	PLACE NEEDLE WIRE BREAST	216
19291	PLACE NEEDLE WIRE BREAST	120
19295	PLACE BREAST CLIP, PERCUT	239
19316	SUSPEND BREAST	991
19318	REDUCE LARGE BREAST	1,455
19324	ENLARGE BREAST	583
19325	ENLARGE BREAST WITH IMPLANT	815

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
19328	REMOVE BREAST IMPLANT	582
19330	REMOVE IMPLANT MATERIAL	740
19340	IMMEDIATE BREAST PROSTHESIS	514
19342	DELAYED BREAST PROSTHESIS	1,093
19350	BREAST RECONSTRUCTION	868
19355	CORRECT INVERTED NIPPLE(S)	681
19357	BREAST RECONSTRUCTION	1,735
19361	BREAST RECONSTRUCTION	1,686
19364	BREAST RECONSTRUCTION	3,485
19366	BREAST RECONSTRUCTION	1,766
19367	BREAST RECONSTRUCTION	2,296
19368	BREAST RECONSTRUCTION	2,861
19369	BREAST RECONSTRUCTION	2,694
19370	SURGERY BREAST CAPSULE	812
19371	REMOVE BREAST CAPSULE	933
19380	REVISE BREAST RECONSTRUCTION	915
19396	DESIGN CUSTOM BREAST IMPLANT	172
19499	BREAST SURGERY PROCEDURE	255
20000	INCISE ABSCESS	199
20005	INCISE DEEP ABSCESS	299
20100	EXPLORE WOUND NECK	782
20101	EXPLORE WOUND CHEST	257
20102	EXPLORE WOUND ABDOMEN	308
20103	EXPLORE WOUND EXTREMITY	463
20150	EXCISE EPIPHYSEAL BAR	1,109
20200	MUSCLE BIOPSY	123
20205	DEEP MUSCLE BIOPSY	193
20206	NEEDLE BIOPSY MUSCLE	71
20220	BONE BIOPSY, TROCAR/NEEDLE	209
20225	BONE BIOPSY, TROCAR/NEEDLE	255
20240	BONE BIOPSY, EXCISIONAL	315
20245	BONE BIOPSY, EXCISIONAL	745
20250	OPEN BONE BIOPSY	516
20251	OPEN BONE BIOPSY	591
20500	INJECTION OF SINUS TRACT	273
20501	INJECT SINUS TRACT FOR X-RAY	53
20520	REMOVE FOREIGN BODY	197
20525	REMOVE FOREIGN BODY	335
20526	THER INJECTION, CARP TUNNEL	77

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
20550	INJ TENDON SHEATH/LIGAMENT	53
20551	INJ TENDON ORIGIN/INSERTION	58
20552	INJ TRIGGER POINT, 1/2 MUSCL	47
20553	INJECT TRIGGER POINTS, =/> 3	52
20600	DRAIN/INJECT JOINT/BURSA	55
20605	DRAIN/INJECT JOINT/BURSA	56
20610	DRAIN/INJECT JOINT/BURSA	65
20612	ASPIRATE/INJ GANGLION CYST	56
20615	TREAT BONE CYST	220
20650	INSERT AND REMOVE BONE PIN	228
20660	APPLY/REMOVE FIXATION DEVICE	240
20661	APPLY HEAD BRACE	553
20662	APPLY PELVIS BRACE	631
20663	APPLY THIGH BRACE	562
20664	HALO BRACE APPLICATION	851
20665	REMOVE FIXATION DEVICE	143
20670	REMOVE SUPPORT IMPLANT	307
20680	REMOVE SUPPORT IMPLANT	360
20690	APPLY BONE FIXATION DEVICE	330
20692	APPLY BONE FIXATION DEVICE	546
20693	ADJUST BONE FIXATION DEVICE	629
20694	REMOVE BONE FIXATION DEVICE	474
20802	REPLANT ARM, COMPLETE	3,475
20805	REPLANT FOREARM, COMPLETE	4,537
20808	REPLANT HAND, COMPLETE	5,692
20816	REPLANT DIGIT, COMPLETE	3,766
20822	REPLANT DIGIT, COMPLETE	3,333
20824	REPLANT THUMB, COMPLETE	3,736
20827	REPLANT THUMB, COMPLETE	3,490
20838	REPLANT FOOT, COMPLETE	3,559
20900	REMOVE BONE FOR GRAFT	624
20902	REMOVE BONE FOR GRAFT	793
20910	REMOVE CARTILAGE FOR GRAFT	579
20912	REMOVE CARTILAGE FOR GRAFT	666
20920	REMOVE FASCIA FOR GRAFT	522
20922	REMOVE FASCIA FOR GRAFT	642
20924	REMOVE TENDON FOR GRAFT	678
20926	REMOVE TISSUE FOR GRAFT	573
20930	SPINAL BONE ALLOGRAFT	489

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
20931	SPINAL BONE ALLOGRAFT	157
20936	SPINAL BONE AUTOGRAFT	671
20937	SPINAL BONE AUTOGRAFT	238
20938	SPINAL BONE AUTOGRAFT	260
20950	FLUID PRESSURE, MUSCLE	124
20955	FIBULA BONE GRAFT, MICROVASC	3,493
20956	ILIAC BONE GRAFT, MICROVASC	3,564
20957	MT BONE GRAFT, MICROVASC	3,323
20962	OTHER BONE GRAFT, MICROVASC	3,615
20969	BONE/SKIN GRAFT, MICROVASC	3,855
20970	BONE/SKIN GRAFT, ILIAC CREST	3,743
20972	BONE/SKIN GRAFT, METATARSAL	3,513
20973	BONE/SKIN GRAFT, GREAT TOE	3,846
20974	ELECTRICAL BONE STIMULATION	65
20975	ELECTRICAL BONE STIMULATION	243
20979	US BONE STIMULATION	51
20982	ABLATE BONE TUMOR(S) PERQ	548
21010	INCISE JAW JOINT	913
21015	RESECT FACIAL TUMOR	582
21025	EXCISE BONE LOWER JAW	974
21026	EXCISE FACIAL BONE(S)	554
21029	CONTOUR FACE BONE LESION	752
21030	EXCISE MAX/ZYGOMA B9 TUMOR	483
21031	REMOVE EXOSTOSIS MANDIBLE	342
21032	REMOVE EXOSTOSIS MAXILLA	347
21034	EXCISE MAX/ZYGOMA MLG TUMOR	1,471
21040	EXCISE MANDIBLE LESION	452
21044	REMOVE JAW BONE LESION	1,092
21045	EXTENSIVE JAW SURGERY	1,468
21046	REMOVE MANDIBLE CYST COMPLEX	1,369
21047	EXCISE LWR JAW CYST W/REPAIR	1,720
21048	REMOVE MAXILLA CYST COMPLEX	1,408
21049	EXCIS UPPR JAW CYST W/REPAIR	1,633
21050	REMOVE JAW JOINT	1,120
21060	REMOVE JAW JOINT CARTILAGE	1,087
21070	REMOVE CORONOID PROCESS	813
21076	PREPARE FACE/ORAL PROSTHESIS	1,274
21077	PREPARE FACE/ORAL PROSTHESIS	3,238
21079	PREPARE FACE/ORAL PROSTHESIS	2,115

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
21080	PREPARE FACE/ORAL PROSTHESIS	2,423
21081	PREPARE FACE/ORAL PROSTHESIS	2,173
21082	PREPARE FACE/ORAL PROSTHESIS	1,956
21083	PREPARE FACE/ORAL PROSTHESIS	1,838
21084	PREPARE FACE/ORAL PROSTHESIS	2,132
21085	PREPARE FACE/ORAL PROSTHESIS	844
21086	PREPARE FACE/ORAL PROSTHESIS	2,368
21087	PREPARE FACE/ORAL PROSTHESIS	2,377
21088	PREPARE FACE/ORAL PROSTHESIS	1,513
21089	PREPARE FACE/ORAL PROSTHESIS	1,674
21100	MAXILLOFACIAL FIXATION	463
21110	INTERDENTAL FIXATION	572
21116	INJECTION JAW JOINT X-RAY	61
21120	RECONSTRUCT CHIN	540
21121	RECONSTRUCT CHIN	760
21122	RECONSTRUCT CHIN	827
21123	RECONSTRUCT CHIN	1,051
21125	AUGMENT LOWER JAW BONE	1,001
21127	AUGMENT LOWER JAW BONE	1,072
21137	REDUCE FOREHEAD	908
21138	REDUCE FOREHEAD	1,174
21139	REDUCE FOREHEAD	1,294
21141	RECONSTRUCT MIDFACE, LEFORT	1,716
21142	RECONSTRUCT MIDFACE, LEFORT	1,683
21143	RECONSTRUCT MIDFACE, LEFORT	1,761
21145	RECONSTRUCT MIDFACE, LEFORT	1,846
21146	RECONSTRUCT MIDFACE, LEFORT	1,963
21147	RECONSTRUCT MIDFACE, LEFORT	1,966
21150	RECONSTRUCT MIDFACE, LEFORT	2,051
21151	RECONSTRUCT MIDFACE, LEFORT	2,452
21154	RECONSTRUCT MIDFACE, LEFORT	2,836
21155	RECONSTRUCT MIDFACE, LEFORT	3,175
21159	RECONSTRUCT MIDFACE, LEFORT	3,749
21160	RECONSTRUCT MIDFACE, LEFORT	3,819
21172	RECONSTRUCT ORBIT/FOREHEAD	2,219
21175	RECONSTRUCT ORBIT/FOREHEAD	2,883
21179	RECONSTRUCT ENTIRE FOREHEAD	2,018
21180	RECONSTRUCT ENTIRE FOREHEAD	2,209
21181	CONTOUR CRANIAL BONE LESION	955

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
21182	RECONSTRUCT CRANIAL BONE	2,765
21183	RECONSTRUCT CRANIAL BONE	3,021
21184	RECONSTRUCT CRANIAL BONE	3,302
21188	RECONSTRUCT MIDFACE	2,012
21193	RECONST LWR JAW W/O GRAFT	1,616
21194	RECONST LWR JAW W/GRAFT	1,799
21195	RECONST LWR JAW W/O FIXATION	1,618
21196	RECONST LWR JAW W/FIXATION	1,755
21198	RECONSTR LWR JAW SEGMENT	1,333
21199	RECONSTR LWR JAW W/ADVANCE	1,344
21206	RECONSTRUCT UPPER JAW BONE	1,323
21208	AUGMENT FACIAL BONES	1,046
21209	REDUCE FACIAL BONES	747
21210	FACE BONE GRAFT	1,051
21215	LOWER JAW BONE GRAFT	1,096
21230	RIB CARTILAGE GRAFT	1,037
21235	EAR CARTILAGE GRAFT	736
21240	RECONSTRUCT JAW JOINT	1,429
21242	RECONSTRUCT JAW JOINT	1,362
21243	RECONSTRUCT JAW JOINT	2,073
21244	RECONSTRUCT LOWER JAW	1,170
21245	RECONSTRUCT JAW	1,148
21246	RECONSTRUCT JAW	1,202
21247	RECONSTRUCT LOWER JAW BONE	2,186
21248	RECONSTRUCT JAW	1,114
21249	RECONSTRUCT JAW	1,610
21255	RECONSTRUCT LOWER JAW BONE	1,563
21256	RECONSTRUCT ORBIT	1,500
21260	REVISE EYE SOCKETS	1,357
21261	REVISE EYE SOCKETS	2,689
21263	REVISE EYE SOCKETS	2,199
21267	REVISE EYE SOCKETS	1,705
21268	REVISE EYE SOCKETS	2,061
21270	AUGMENT CHEEK BONE	973
21275	REVISE ORBITOFACIAL BONES	1,073
21280	REVISE EYELID	634
21282	REVISE EYELID	431
21295	REVISE JAW MUSCLE/BONE	232
21296	REVISE JAW MUSCLE/BONE	461

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
21299	CRANIO/MAXILLOFACIAL SURGERY	1,674
21300	TREAT SKULL FRACTURE	54
21310	TREAT NOSE FRACTURE	39
21315	TREAT NOSE FRACTURE	148
21320	TREAT NOSE FRACTURE	197
21325	TREAT NOSE FRACTURE	401
21330	TREAT NOSE FRACTURE	571
21335	TREAT NOSE FRACTURE	820
21336	TREAT NASAL SEPTAL FRACTURE	628
21337	TREAT NASAL SEPTAL FRACTURE	341
21338	TREAT NASOETHMOID FRACTURE	665
21339	TREAT NASOETHMOID FRACTURE	798
21340	TREAT NOSE FRACTURE	1,038
21343	TREAT SINUS FRACTURE	1,233
21344	TREAT SINUS FRACTURE	1,792
21345	TREAT NOSE/JAW FRACTURE	854
21346	TREAT NOSE/JAW FRACTURE	1,048
21347	TREAT NOSE/JAW FRACTURE	1,205
21348	TREAT NOSE/JAW FRACTURE	1,503
21355	TREAT CHEEK BONE FRACTURE	327
21356	TREAT CHEEK BONE FRACTURE	394
21360	TREAT CHEEK BONE FRACTURE	675
21365	TREAT CHEEK BONE FRACTURE	1,431
21366	TREAT CHEEK BONE FRACTURE	1,569
21385	TREAT EYE SOCKET FRACTURE	861
21386	TREAT EYE SOCKET FRACTURE	890
21387	TREAT EYE SOCKET FRACTURE	920
21390	TREAT EYE SOCKET FRACTURE	962
21395	TREAT EYE SOCKET FRACTURE	1,178
21400	TREAT EYE SOCKET FRACTURE	187
21401	TREAT EYE SOCKET FRACTURE	385
21406	TREAT EYE SOCKET FRACTURE	714
21407	TREAT EYE SOCKET FRACTURE	840
21408	TREAT EYE SOCKET FRACTURE	1,166
21421	TREAT MOUTH ROOF FRACTURE	603
21422	TREAT MOUTH ROOF FRACTURE	824
21423	TREAT MOUTH ROOF FRACTURE	1,014
21431	TREAT CRANIOFACIAL FRACTURE	742
21432	TREAT CRANIOFACIAL FRACTURE	782

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
21433	TREAT CRANIOFACIAL FRACTURE	2,274
21435	TREAT CRANIOFACIAL FRACTURE	1,627
21436	TREAT CRANIOFACIAL FRACTURE	2,484
21440	TREAT DENTAL RIDGE FRACTURE	364
21445	TREAT DENTAL RIDGE FRACTURE	628
21450	TREAT LOWER JAW FRACTURE	359
21451	TREAT LOWER JAW FRACTURE	567
21452	TREAT LOWER JAW FRACTURE	294
21453	TREAT LOWER JAW FRACTURE	662
21454	TREAT LOWER JAW FRACTURE	695
21461	TREAT LOWER JAW FRACTURE	879
21462	TREAT LOWER JAW FRACTURE	1,004
21465	TREAT LOWER JAW FRACTURE	1,165
21470	TREAT LOWER JAW FRACTURE	1,479
21480	RESET DISLOCATED JAW	43
21485	RESET DISLOCATED JAW	468
21490	REPAIR DISLOCATED JAW	1,180
21493	TREAT HYOID BONE FRACTURE	219
21494	TREAT HYOID BONE FRACTURE	636
21495	TREAT HYOID BONE FRACTURE	620
21497	INTERDENTAL WIRING	473
21499	HEAD SURGERY PROCEDURE	1,674
21501	DRAIN NECK/CHEST LESION	416
21502	DRAIN CHEST LESION	696
21510	DRAIN BONE LESION	623
21550	BIOPSY NECK/CHEST	201
21555	REMOVE LESION NECK/CHEST	404
21556	REMOVE LESION NECK/CHEST	520
21557	REMOVE TUMOR NECK/CHEST	772
21600	PARTIAL REMOVE RIB	691
21610	PARTIAL REMOVE RIB	1,299
21615	REMOVE RIB	908
21616	REMOVE RIB AND NERVES	1,091
21620	PARTIAL REMOVE STERNUM	698
21627	STERNAL DEBRIDEMENT	723
21630	EXTENSIVE STERNUM SURGERY	1,597
21632	EXTENSIVE STERNUM SURGERY	1,603
21685	HYOID MYOTOMY & SUSPENSION	1,244
21700	REVISE NECK MUSCLE	579

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
21705	REVISE NECK MUSCLE/RIB	821
21720	REVISE NECK MUSCLE	569
21725	REVISE NECK MUSCLE	686
21740	RECONSTRUCT STERNUM	1,379
21750	REPAIR STERNUM SEPARATION	929
21800	TREAT RIB FRACTURE	127
21805	TREAT RIB FRACTURE	329
21810	TREAT RIB FRACTURE(S)	637
21820	TREAT STERNUM FRACTURE	168
21825	TREAT STERNUM FRACTURE	765
21899	NECK/CHEST SURGERY PROCEDURE	721
21920	BIOPSY SOFT TISSUE BACK	187
21925	BIOPSY SOFT TISSUE BACK	423
21930	REMOVE LESION BACK OR FLANK	456
21935	REMOVE TUMOR BACK	1,527
22100	REMOVE PART NECK VERTEBRA	968
22101	REMOVE PART THORAX VERTEBRA	982
22102	REMOVE PART LUMBAR VERTEBRA	991
22103	REMOVE EXTRA SPINE SEGMENT	200
22110	REMOVE PART NECK VERTEBRA	1,238
22112	REMOVE PART THORAX VERTEBRA	1,232
22114	REMOVE PART LUMBAR VERTEBRA	1,232
22116	REMOVE EXTRA SPINE SEGMENT	198
22210	REVISE NECK SPINE	2,224
22212	REVISE THORAX SPINE	1,810
22214	REVISE LUMBAR SPINE	1,839
22216	REVISE EXTRA SPINE SEGMENT	517
22220	REVISE NECK SPINE	1,981
22222	REVISE THORAX SPINE	1,842
22224	REVISE LUMBAR SPINE	1,988
22226	REVISE EXTRA SPINE SEGMENT	517
22305	TREAT SPINE PROCESS FRACTURE	244
22310	TREAT SPINE FRACTURE	367
22315	TREAT SPINE FRACTURE	909
22318	TREAT ODONTOID FX W/O GRAFT	2,006
22319	TREAT ODONTOID FX W/GRAFT	2,229
22325	TREAT SPINE FRACTURE	1,687
22326	TREAT NECK SPINE FRACTURE	1,836
22327	TREAT THORAX SPINE FRACTURE	1,754

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
22328	TREAT EACH ADD SPINE FX	384
22505	MANIPULATE SPINE	157
22520	PERCUT VERTEBROPLASTY THOR	722
22521	PERCUT VERTEBROPLASTY LUMB	683
22522	PERCUT VERTEBROPLASTY ADD□L	320
22532	LAT THORAX SPINE FUSION	2,172
22533	LAT LUMBAR SPINE FUSION	2,026
22534	LAT THOR/LUMB, ADD SEG	509
22548	NECK SPINE FUSION	2,380
22554	NECK SPINE FUSION	1,760
22556	THORAX SPINE FUSION	2,138
22558	LUMBAR SPINE FUSION	1,972
22585	ADDITIONAL SPINAL FUSION	474
22590	SPINE & SKULL SPINAL FUSION	1,921
22595	NECK SPINAL FUSION	1,829
22600	NECK SPINE FUSION	1,542
22610	THORAX SPINE FUSION	1,533
22612	LUMBAR SPINE FUSION	1,959
22614	SPINE FUSION, EXTRA SEGMENT	551
22630	LUMBAR SPINE FUSION	1,950
22632	SPINE FUSION, EXTRA SEGMENT	448
22800	FUSION SPINE	1,716
22802	FUSION SPINE	2,793
22804	FUSION SPINE	3,267
22808	FUSION SPINE	2,391
22810	FUSION SPINE	2,703
22812	FUSION SPINE	2,921
22818	KYPHECTOMY, 1-2 SEGMENTS	2,838
22819	KYPHECTOMY, 3 OR MORE	3,138
22830	EXPLORE SPINAL FUSION	1,046
22840	INSERT SPINE FIXATION DEVICE	1,072
22842	INSERT SPINE FIXATION DEVICE	1,076
22843	INSERT SPINE FIXATION DEVICE	1,128
22844	INSERT SPINE FIXATION DEVICE	1,406
22845	INSERT SPINE FIXATION DEVICE	1,033
22846	INSERT SPINE FIXATION DEVICE	1,071
22847	INSERT SPINE FIXATION DEVICE	1,181
22848	INSERT PELV FIXATION DEVICE	513
22849	REINSERT SPINAL FIXATION	1,690

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
22850	REMOVE SPINE FIXATION DEVICE	922
22851	APPLY SPINE PROSTH DEVICE	569
22852	REMOVE SPINE FIXATION DEVICE	880
22855	REMOVE SPINE FIXATION DEVICE	1,409
22899	SPINE SURGERY PROCEDURE	228
22900	REMOVE ABDOMINAL WALL LESION	491
22999	ABDOMEN SURGERY PROCEDURE	1,742
23000	REMOVE CALCIUM DEPOSITS	462
23020	RELEASE SHOULDER JOINT	909
23030	DRAIN SHOULDER LESION	347
23031	DRAIN SHOULDER BURSA	296
23035	DRAIN SHOULDER BONE LESION	940
23040	EXPLORATORY SHOULDER SURGERY	939
23044	EXPLORATORY SHOULDER SURGERY	748
23065	BIOPSY SHOULDER TISSUES	201
23066	BIOPSY SHOULDER TISSUES	448
23075	REMOVE SHOULDER LESION	228
23076	REMOVE SHOULDER LESION	730
23077	REMOVE TUMOR SHOULDER	1,461
23100	BIOPSY SHOULDER JOINT	643
23101	SHOULDER JOINT SURGERY	603
23105	REMOVE SHOULDER JOINT LINING	847
23106	INCISE COLLARBONE JOINT	644
23107	EXPLORE TREAT SHOULDER JOINT	881
23120	PARTIAL REMOVE COLLAR BONE	747
23125	REMOVE COLLAR BONE	936
23130	REMOVE SHOULDER BONE, PART	806
23140	REMOVE BONE LESION	671
23145	REMOVE BONE LESION	917
23146	REMOVE BONE LESION	824
23150	REMOVE HUMERUS LESION	849
23155	REMOVE HUMERUS LESION	1,023
23156	REMOVE HUMERUS LESION	883
23170	REMOVE COLLAR BONE LESION	721
23172	REMOVE SHOULDER BLADE LESION	732
23174	REMOVE HUMERUS LESION	983
23180	REMOVE COLLAR BONE LESION	973
23182	REMOVE SHOULDER BLADE LESION	932
23184	REMOVE HUMERUS LESION	1,036

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
23190	PARTIAL REMOVE SCAPULA	740
23195	REMOVE HEAD HUMERUS	970
23200	REMOVE COLLAR BONE	1,151
23210	REMOVE SHOULDER BLADE	1,195
23220	PARTIAL REMOVE HUMERUS	1,404
23221	PARTIAL REMOVE HUMERUS	1,637
23222	PARTIAL REMOVE HUMERUS	2,200
23330	REMOVE SHOULDER FOREIGN BODY	203
23331	REMOVE SHOULDER FOREIGN BODY	779
23332	REMOVE SHOULDER FOREIGN BODY	1,154
23350	INJECTION FOR SHOULDER X-RAY	70
23395	MUSCLE TRANSFER SHOULDER/ARM	1,629
23397	MUSCLE TRANSFERS	1,520
23400	FIXATE SHOULDER BLADE	1,309
23405	INCISE TENDON & MUSCLE	845
23406	INCISE TENDON(S) & MUSCLE(S)	1,058
23410	REPAIR ROTATOR CUFF, ACUTE	1,205
23412	REPAIR ROTATOR CUFF, CHRONIC	1,281
23415	RELEASE SHOULDER LIGAMENT	989
23420	REPAIR SHOULDER	1,327
23430	REPAIR BICEPS TENDON	998
23440	REMOVE/TRANSPLANT TENDON	1,035
23450	REPAIR SHOULDER CAPSULE	1,284
23455	REPAIR SHOULDER CAPSULE	1,371
23460	REPAIR SHOULDER CAPSULE	1,478
23462	REPAIR SHOULDER CAPSULE	1,442
23465	REPAIR SHOULDER CAPSULE	1,467
23466	REPAIR SHOULDER CAPSULE	1,406
23470	RECONSTRUCT SHOULDER JOINT	1,617
23472	RECONSTRUCT SHOULDER JOINT	1,925
23480	REVISE COLLAR BONE	1,100
23485	REVISE COLLAR BONE	1,287
23490	REINFORCE CLAVICLE	1,112
23491	REINFORCE SHOULDER BONES	1,376
23500	TREAT CLAVICLE FRACTURE	253
23505	TREAT CLAVICLE FRACTURE	408
23515	TREAT CLAVICLE FRACTURE	767
23520	TREAT CLAVICLE DISLOCATION	264
23525	TREAT CLAVICLE DISLOCATION	407

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
23530	TREAT CLAVICLE DISLOCATION	726
23532	TREAT CLAVICLE DISLOCATION	823
23540	TREAT CLAVICLE DISLOCATION	254
23545	TREAT CLAVICLE DISLOCATION	361
23550	TREAT CLAVICLE DISLOCATION	746
23552	TREAT CLAVICLE DISLOCATION	865
23570	TREAT SHOULDER BLADE FX	278
23575	TREAT SHOULDER BLADE FX	454
23585	TREAT SCAPULA FRACTURE	912
23600	TREAT HUMERUS FRACTURE	368
23605	TREAT HUMERUS FRACTURE	539
23615	TREAT HUMERUS FRACTURE	993
23616	TREAT HUMERUS FRACTURE	1,958
23620	TREAT HUMERUS FRACTURE	307
23625	TREAT HUMERUS FRACTURE	464
23630	TREAT HUMERUS FRACTURE	767
23650	TREAT SHOULDER DISLOCATION	336
23655	TREAT SHOULDER DISLOCATION	474
23660	TREAT SHOULDER DISLOCATION	761
23665	TREAT DISLOCATION/FRACTURE	514
23670	TREAT DISLOCATION/FRACTURE	811
23675	TREAT DISLOCATION/FRACTURE	664
23680	TREAT DISLOCATION/FRACTURE	1,000
23700	FIXATE SHOULDER	265
23800	FUSION SHOULDER JOINT	1,359
23802	FUSION SHOULDER JOINT	1,487
23900	AMPUTATE ARM & GIRDLE	1,736
23920	AMPUTATE SHOULDER JOINT	1,359
23921	AMPUTATION FOLLOW-UP SURGERY	586
23929	SHOULDER SURGERY PROCEDURE	228
23930	DRAIN ARM LESION	287
23931	DRAIN ARM BURSA	216
23935	DRAIN ARM/ELBOW BONE LESION	671
24000	EXPLORATORY ELBOW SURGERY	613
24006	RELEASE ELBOW JOINT	935
24065	BIOPSY ARM/ELBOW SOFT TISSUE	205
24066	BIOPSY ARM/ELBOW SOFT TISSUE	516
24075	REMOVE ARM/ELBOW LESION	411
24076	REMOVE ARM/ELBOW LESION	618

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
24077	REMOVE TUMOR ARM/ELBOW	1,109
24100	BIOPSY ELBOW JOINT LINING	515
24101	EXPLORE/TREAT ELBOW JOINT	658
24102	REMOVE ELBOW JOINT LINING	817
24105	REMOVE ELBOW BURSA	435
24110	REMOVE HUMERUS LESION	773
24115	REMOVE/GRAFT BONE LESION	927
24116	REMOVE/GRAFT BONE LESION	1,155
24120	REMOVE ELBOW LESION	687
24125	REMOVE/GRAFT BONE LESION	764
24126	REMOVE/GRAFT BONE LESION	828
24130	REMOVE HEAD F RADIUS	671
24134	REMOVE ARM BONE LESION	1,037
24136	REMOVE RADIUS BONE LESION	833
24138	REMOVE ELBOW BONE LESION	864
24140	PARTIAL REMOVE ARM BONE	1,022
24145	PARTIAL REMOVE RADIUS	861
24147	PARTIAL REMOVE ELBOW	886
24149	RADICAL RESECT ELBOW	1,407
24150	EXTENSIVE HUMERUS SURGERY	1,287
24151	EXTENSIVE HUMERUS SURGERY	1,505
24152	EXTENSIVE RADIUS SURGERY	976
24153	EXTENSIVE RADIUS SURGERY	912
24155	REMOVE ELBOW JOINT	1,100
24160	REMOVE ELBOW JOINT IMPLANT	803
24164	REMOVE RADIUS HEAD IMPLANT	652
24200	REMOVE ARM FOREIGN BODY	184
24201	REMOVE ARM FOREIGN BODY	485
24220	INJECTION FOR ELBOW X-RAY	92
24300	MANIPULATE ELBOW W/ANESTH	502
24301	MUSCLE/TENDON TRANSFER	1,007
24305	ARM TENDON LENGTHENING	774
24310	REVISE ARM TENDON	638
24320	REPAIR ARM TENDON	985
24330	REVISE ARM MUSCLES	956
24331	REVISE ARM MUSCLES	1,057
24332	TENOLYSIS TRICEPS	758
24340	REPAIR BICEPS TENDON	814
24341	REPAIR ARM TENDON/MUSCLE	859

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
24342	REPAIR RUPTURED TENDON	1,052
24343	REPR ELBOW LAT LIGMNT W/TISS	908
24344	RECONSTRUCT ELBOW LAT LIGMNT	1,389
24345	REPR ELBW MED LIGMNT W/TISSU	903
24346	RECONSTRUCT ELBOW MED LIGMNT	1,381
24350	REPAIR TENNIS ELBOW	590
24351	REPAIR TENNIS ELBOW	646
24352	REPAIR TENNIS ELBOW	690
24354	REPAIR TENNIS ELBOW	689
24356	REVISE TENNIS ELBOW	710
24360	RECONSTRUCT ELBOW JOINT	1,195
24361	RECONSTRUCT ELBOW JOINT	1,353
24362	RECONSTRUCT ELBOW JOINT	1,371
24363	REPLACE ELBOW JOINT	1,765
24365	RECONSTRUCT HEAD RADIUS	850
24366	RECONSTRUCT HEAD RADIUS	913
24400	REVISE HUMERUS	1,100
24410	REVISE HUMERUS	1,386
24420	REVISE HUMERUS	1,326
24430	REPAIR HUMERUS	1,245
24435	REPAIR HUMERUS WITH GRAFT	1,323
24470	REVISE ELBOW JOINT	901
24495	DECOMPRESS FOREARM	930
24498	REINFORCE HUMERUS	1,169
24500	TREAT HUMERUS FRACTURE	372
24505	TREAT HUMERUS FRACTURE	574
24515	TREAT HUMERUS FRACTURE	1,158
24516	TREAT HUMERUS FRACTURE	1,145
24530	TREAT HUMERUS FRACTURE	407
24535	TREAT HUMERUS FRACTURE	730
24538	TREAT HUMERUS FRACTURE	994
24545	TREAT HUMERUS FRACTURE	1,041
24546	TREAT HUMERUS FRACTURE	1,491
24560	TREAT HUMERUS FRACTURE	327
24565	TREAT HUMERUS FRACTURE	600
24566	TREAT HUMERUS FRACTURE	874
24575	TREAT HUMERUS FRACTURE	1,043
24576	TREAT HUMERUS FRACTURE	352
24577	TREAT HUMERUS FRACTURE	631

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
24579	TREAT HUMERUS FRACTURE	1,127
24582	TREAT HUMERUS FRACTURE	964
24586	TREAT ELBOW FRACTURE	1,453
24587	TREAT ELBOW FRACTURE	1,441
24600	TREAT ELBOW DISLOCATION	421
24605	TREAT ELBOW DISLOCATION	585
24615	TREAT ELBOW DISLOCATION	945
24620	TREAT ELBOW FRACTURE	717
24635	TREAT ELBOW FRACTURE	1,503
24640	TREAT ELBOW DISLOCATION	111
24650	TREAT RADIUS FRACTURE	267
24655	TREAT RADIUS FRACTURE	497
24665	TREAT RADIUS FRACTURE	859
24666	TREAT RADIUS FRACTURE	966
24670	TREAT ULNAR FRACTURE	303
24675	TREAT ULNAR FRACTURE	523
24685	TREAT ULNAR FRACTURE	899
24800	FUSION ELBOW JOINT	1,090
24802	FUSION/GRAFT OF ELBOW JOINT	1,324
24900	AMPUTATE UPPER ARM	927
24920	AMPUTATE UPPER ARM	935
24925	AMPUTATION FOLLOW-UP SURGERY	733
24930	AMPUTATION FOLLOW-UP SURGERY	970
24931	AMPUTATE UPPER ARM & IMPLANT	1,035
24935	REVISE AMPUTATION	1,299
24940	REVISE UPPER ARM	1,908
24999	UPPER ARM/ELBOW SURGERY	302
25000	INCISE TENDON SHEATH	560
25001	INCISE FLEXOR CARPI RADIALIS	408
25020	DECOMPRESS FOREARM 1 SPACE	861
25023	DECOMPRESS FOREARM 1 SPACE	1,541
25024	DECOMPRESS FOREARM 2 SPACES	934
25025	DECOMPRESS FOREARM 2 SPACES	1,463
25028	DRAIN FOREARM LESION	742
25031	DRAIN FOREARM BURSA	669
25035	TREAT FOREARM BONE LESION	1,161
25040	EXPLORE/TREAT WRIST JOINT	795
25065	BIOPSY FOREARM SOFT TISSUES	253
25066	BIOPSY FOREARM SOFT TISSUES	614

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
25075	REMOVEL FOREARM LESION SUBCU	531
25076	REMOVEL FOREARM LESION DEEP	804
25077	REMOVE TUMOR FOREARM/WRIST	1,214
25085	INCISE WRIST CAPSULE	697
25100	BIOPSY WRIST JOINT	506
25101	EXPLORE/TREAT WRIST JOINT	580
25105	REMOVE WRIST JOINT LINING	727
25107	REMOVE WRIST JOINT CARTILAGE	808
25110	REMOVE WRIST TENDON LESION	604
25111	REMOVE WRIST TENDON LESION	446
25112	REREMOVE WRIST TENDON LESION	540
25115	REMOVE WRIST/FOREARM LESION	1,262
25116	REMOVE WRIST/FOREARM LESION	1,118
25118	EXCISE WRIST TENDON SHEATH	557
25119	PARTIAL REMOVE ULNA	753
25120	REMOVE FOREARM LESION	1,005
25125	REMOVE/GRAFT FOREARM LESION	1,125
25126	REMOVE/GRAFT FOREARM LESION	1,133
25130	REMOVE WRIST LESION	640
25135	REMOVE & GRAFT WRIST LESION	787
25136	REMOVE & GRAFT WRIST LESION	680
25145	REMOVE FOREARM BONE LESION	1,020
25150	PARTIAL REMOVE ULNA	848
25151	PARTIAL REMOVE RADIUS	1,109
25170	EXTENSIVE FOREARM SURGERY	1,449
25210	REMOVE WRIST BONE	699
25215	REMOVE WRIST BONES	916
25230	PARTIAL REMOVE RADIUS	624
25240	PARTIAL REMOVE ULNA	668
25246	INJECTION FOR WRIST X-RAY	101
25248	REMOVE FOREARM FOREIGN BODY	747
25250	REMOVE WRIST PROSTHESIS	689
25251	REMOVE WRIST PROSTHESIS	949
25259	MANIPULATE WRIST W/ANESTHES	502
25260	REPAIR FOREARM TENDON/MUSCLE	1,175
25263	REPAIR FOREARM TENDON/MUSCLE	1,169
25265	REPAIR FOREARM TENDON/MUSCLE	1,332
25270	REPAIR FOREARM TENDON/MUSCLE	1,006
25272	REPAIR FOREARM TENDON/MUSCLE	1,101

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
25274	REPAIR FOREARM TENDON/MUSCLE	1,237
25275	REPAIR FOREARM TENDON SHEATH	876
25280	REVISE WRIST/FOREARM TENDON	1,097
25290	INCISE WRIST/FOREARM TENDON	1,121
25295	RELEASE WRIST/FOREARM TENDON	1,038
25300	FUSION TENDONS AT WRIST	944
25301	FUSION TENDONS AT WRIST	905
25310	TRANSPLANT FOREARM TENDON	1,170
25312	TRANSPLANT FOREARM TENDON	1,298
25315	REVISE PALSY HAND TENDON(S)	1,361
25316	REVISE PALSY HAND TENDON(S)	1,586
25320	REPAIR/REVISE WRIST JOINT	1,197
25332	REVISE WRIST JOINT	1,121
25335	REALIGN HAND	1,346
25337	RECONSTRUCT ULNA/RADIOULNAR	1,159
25350	REVISE RADIUS	1,254
25355	REVISE RADIUS	1,370
25360	REVISE ULNA	1,231
25365	REVISE RADIUS & ULNA	1,547
25370	REVISE RADIUS OR ULNA	1,625
25375	REVISE RADIUS & ULNA	1,629
25390	SHORTEN RADIUS OR ULNA	1,378
25391	LENGTHEN RADIUS OR ULNA	1,662
25392	SHORTEN RADIUS & ULNA	1,643
25393	LENGTHEN RADIUS & ULNA	1,832
25394	REPAIR CARPAL BONE, SHORTEN	1,024
25400	REPAIR RADIUS OR ULNA	1,441
25405	REPAIR/GRAFT RADIUS OR ULNA	1,747
25415	REPAIR RADIUS & ULNA	1,651
25420	REPAIR/GRAFT RADIUS & ULNA	1,909
25425	REPAIR/GRAFT RADIUS OR ULNA	1,910
25426	REPAIR/GRAFT RADIUS & ULNA	1,818
25430	VASC GRAFT INTO CARPAL BONE	900
25431	REPAIR NONUNION CARPAL BONE	981
25440	REPAIR/GRAFT WRIST BONE	1,090
25441	RECONSTRUCT WRIST JOINT	1,259
25442	RECONSTRUCT WRIST JOINT	1,067
25443	RECONSTRUCT WRIST JOINT	1,041
25444	RECONSTRUCT WRIST JOINT	1,107

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
25445	RECONSTRUCT WRIST JOINT	963
25446	WRIST REPLACEMENT	1,561
25447	REPAIR WRIST JOINT(S)	1,036
25449	REMOVE WRIST JOINT IMPLANT	1,370
25450	REVISE WRIST JOINT	988
25455	REVISE WRIST JOINT	1,127
25490	REINFORCE RADIUS	1,280
25491	REINFORCE ULNA	1,352
25492	REINFORCE RADIUS AND ULNA	1,522
25500	TREAT FRACTURE RADIUS	280
25505	TREAT FRACTURE RADIUS	572
25515	TREAT FRACTURE RADIUS	915
25520	TREAT FRACTURE RADIUS	666
25525	TREAT FRACTURE RADIUS	1,221
25526	TREAT FRACTURE RADIUS	1,458
25530	TREAT FRACTURE ULNA	267
25535	TREAT FRACTURE ULNA	564
25545	TREAT FRACTURE ULNA	911
25560	TREAT FRACTURE RADIUS & ULNA	275
25565	TREAT FRACTURE RADIUS & ULNA	601
25574	TREAT FRACTURE RADIUS & ULNA	776
25575	TREAT FRACTURE RADIUS/ULNA	1,092
25600	TREAT FRACTURE RADIUS/ULNA	304
25605	TREAT FRACTURE RADIUS/ULNA	649
25611	TREAT FRACTURE RADIUS/ULNA	910
25620	TREAT FRACTURE RADIUS/ULNA	871
25622	TREAT WRIST BONE FRACTURE	312
25624	TREAT WRIST BONE FRACTURE	516
25628	TREAT WRIST BONE FRACTURE	891
25630	TREAT WRIST BONE FRACTURE	318
25635	TREAT WRIST BONE FRACTURE	444
25645	TREAT WRIST BONE FRACTURE	768
25650	TREAT WRIST BONE FRACTURE	342
25651	PIN ULNAR STYLOID FRACTURE	589
25652	TREAT FRACTURE ULNAR STYLOID	793
25660	TREAT WRIST DISLOCATION	513
25670	TREAT WRIST DISLOCATION	824
25671	PIN RADIOULNAR DISLOCATION	657
25675	TREAT WRIST DISLOCATION	505

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
25676	TREAT WRIST DISLOCATION	844
25680	TREAT WRIST FRACTURE	580
25685	TREAT WRIST FRACTURE	967
25690	TREAT WRIST DISLOCATION	599
25695	TREAT WRIST DISLOCATION	850
25800	FUSION WRIST JOINT	1,034
25805	FUSION/GRAFT WRIST JOINT	1,180
25810	FUSION/GRAFT WRIST JOINT	1,119
25820	FUSION HAND BONES	837
25825	FUSION HAND BONES W/GRAFT	1,011
25830	FUSION RADIOULNAR JNT/ULNA	1,344
25900	AMPUTATE FOREARM	1,187
25905	AMPUTATE FOREARM	1,188
25907	AMPUTATION FOLLOW-UP SURGERY	1,087
25909	AMPUTATION FOLLOW-UP SURGERY	1,177
25915	AMPUTATE FOREARM	2,007
25920	AMPUTATE HAND AT WRIST	910
25922	AMPUTATE HAND AT WRIST	801
25924	AMPUTATION FOLLOW-UP SURGERY	911
25927	AMPUTATE HAND	1,134
25929	AMPUTATION FOLLOW-UP SURGERY	743
25931	AMPUTATION FOLLOW-UP SURGERY	1,073
25999	FOREARM OR WRIST SURGERY	156
26010	DRAIN FINGER ABSCESS	172
26011	DRAIN FINGER ABSCESS	244
26020	DRAIN HAND TENDON SHEATH	557
26025	DRAIN PALM BURSA	554
26030	DRAIN PALM BURSA(S)	650
26034	TREAT HAND BONE LESION	682
26035	DECOMPRESS FINGERS/HAND	959
26037	DECOMPRESS FINGERS/HAND	754
26040	RELEASE PALM CONTRACTURE	400
26045	RELEASE PALM CONTRACTURE	609
26055	INCISE FINGER TENDON SHEATH	356
26060	INCISE FINGER TENDON	341
26070	EXPLORE/TREAT HAND JOINT	379
26075	EXPLORE/TREAT FINGER JOINT	408
26080	EXPLORE/TREAT FINGER JOINT	491
26100	BIOPSY HAND JOINT LINING	422

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
26105	BIOPSY FINGER JOINT LINING	428
26110	BIOPSY FINGER JOINT LINING	409
26115	REMOVE HAND LESION SUBCUT	464
26116	REMOVE HAND LESION, DEEP	624
26117	REMOVE TUMOR HAND/FINGER	849
26121	RELEASE PALM CONTRACTURE	788
26123	RELEASE PALM CONTRACTURE	985
26125	RELEASE PALM CONTRACTURE	388
26130	REMOVE WRIST JOINT LINING	583
26135	REVISE FINGER JOINT, EACH	729
26140	REVISE FINGER JOINT, EACH	662
26145	TENDON EXCISE PALM/FINGER	670
26160	REMOVE TENDON SHEATH LESION	391
26170	REMOVE PALM TENDON, EACH	526
26180	REMOVE FINGER TENDON	574
26185	REMOVE FINGER BONE	609
26200	REMOVE HAND BONE LESION	591
26205	REMOVE/GRAFT BONE LESION	794
26210	REMOVE FINGER LESION	573
26215	REMOVE/GRAFT FINGER LESION	724
26230	PARTIAL REMOVE HAND BONE	667
26235	PARTIAL REMOVE FINGER BONE	652
26236	PARTIAL REMOVE FINGER BONE	578
26250	EXTENSIVE HAND SURGERY	760
26255	EXTENSIVE HAND SURGERY	1,165
26260	EXTENSIVE FINGER SURGERY	717
26261	EXTENSIVE FINGER SURGERY	824
26262	PARTIAL REMOVE FINGER	598
26320	REMOVE IMPLANT FROM HAND	448
26340	MANIPULATE FINGER W/ANESTH	391
26350	REPAIR FINGER/HAND TENDON	1,157
26352	REPAIR/GRAFT HAND TENDON	1,283
26356	REPAIR FINGER/HAND TENDON	1,456
26357	REPAIR FINGER/HAND TENDON	1,356
26358	REPAIR/GRAFT HAND TENDON	1,434
26370	REPAIR FINGER/HAND TENDON	1,246
26372	REPAIR/GRAFT HAND TENDON	1,409
26373	REPAIR FINGER/HAND TENDON	1,351
26390	REVISE HAND/FINGER TENDON	1,251

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
26392	REPAIR/GRAFT HAND TENDON	1,511
26410	REPAIR HAND TENDON	928
26412	REPAIR/GRAFT HAND TENDON	1,093
26415	EXCISE HAND/FINGER TENDON	1,105
26416	GRAFT HAND OR FINGER TENDON	1,334
26418	REPAIR FINGER TENDON	924
26420	REPAIR/GRAFT FINGER TENDON	1,136
26426	REPAIR FINGER/HAND TENDON	1,077
26428	REPAIR/GRAFT FINGER TENDON	1,175
26432	REPAIR FINGER TENDON	792
26433	REPAIR FINGER TENDON	859
26434	REPAIR/GRAFT FINGER TENDON	979
26437	REALIGN TENDONS	963
26440	RELEASE PALM/FINGER TENDON	1,034
26442	RELEASE PALM & FINGER TENDON	1,335
26445	RELEASE HAND/FINGER TENDON	981
26449	RELEASE FOREARM/HAND TENDON	1,261
26450	INCISE PALM TENDON	608
26455	INCISE FINGER TENDON	603
26460	INCISE HAND/FINGER TENDON	583
26471	FUSION FINGER TENDONS	940
26474	FUSION FINGER TENDONS	928
26476	TENDON LENGTHENING	893
26477	TENDON SHORTENING	899
26478	LENGTHEN HAND TENDON	977
26479	SHORTEN HAND TENDON	966
26480	TRANSPLANT HAND TENDON	1,208
26483	TRANSPLANT/GRAFT HAND TENDON	1,320
26485	TRANSPLANT PALM TENDON	1,280
26489	TRANSPLANT/GRAFT PALM TENDON	1,189
26490	REVISE THUMB TENDON	1,170
26492	TENDON TRANSFER WITH GRAFT	1,280
26494	HAND TENDON/MUSCLE TRANSFER	1,201
26496	REVISE THUMB TENDON	1,259
26497	FINGER TENDON TRANSFER	1,276
26498	FINGER TENDON TRANSFER	1,662
26499	REVISE FINGER	1,210
26500	HAND TENDON RECONSTRUCTION	973
26502	HAND TENDON RECONSTRUCTION	1,067

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
26504	HAND TENDON RECONSTRUCTION	1,104
26508	RELEASE THUMB CONTRACTURE	980
26510	THUMB TENDON TRANSFER	932
26516	FUSION KNUCKLE JOINT	1,073
26517	FUSION KNUCKLE JOINTS	1,229
26518	FUSION KNUCKLE JOINTS	1,237
26520	RELEASE KNUCKLE CONTRACTURE	1,073
26525	RELEASE FINGER CONTRACTURE	1,081
26530	REVISE KNUCKLE JOINT	696
26531	REVISE KNUCKLE WITH IMPLANT	815
26535	REVISE FINGER JOINT	490
26536	REVISE/IMPLANT FINGER JOINT	874
26540	REPAIR HAND JOINT	1,017
26541	REPAIR HAND JOINT WITH GRAFT	1,220
26542	REPAIR HAND JOINT WITH GRAFT	1,039
26545	RECONSTRUCT FINGER JOINT	1,063
26546	REPAIR NONUNION HAND	1,308
26548	RECONSTRUCT FINGER JOINT	1,160
26550	CONSTRUCT THUMB REPLACEMENT	2,107
26551	GREAT TOE-HAND TRANSFER	4,437
26553	SINGLE TRANSFER TOE-HAND	3,618
26554	DOUBLE TRANSFER TOE-HAND	5,143
26555	POSITIONAL CHANGE FINGER	1,926
26556	TOE JOINT TRANSFER	4,518
26560	REPAIR WEB FINGER	843
26561	REPAIR WEB FINGER	1,262
26562	REPAIR WEB FINGER	1,726
26565	CORRECT METACARPAL FLAW	1,039
26567	CORRECT FINGER DEFORMITY	1,039
26568	LENGTHEN METACARPAL/FINGER	1,362
26580	REPAIR HAND DEFORMITY	1,716
26587	RECONSTRUCT EXTRA FINGER	1,233
26590	REPAIR FINGER DEFORMITY	1,720
26591	REPAIR MUSCLES HAND	735
26593	RELEASE MUSCLES HAND	907
26596	EXCISE CONSTRICTING TISSUE	966
26600	TREAT METACARPAL FRACTURE	250
26605	TREAT METACARPAL FRACTURE	351
26607	TREAT METACARPAL FRACTURE	639

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
26608	TREAT METACARPAL FRACTURE	640
26615	TREAT METACARPAL FRACTURE	594
26641	TREAT THUMB DISLOCATION	407
26645	TREAT THUMB FRACTURE	468
26650	TREAT THUMB FRACTURE	682
26665	TREAT THUMB FRACTURE	788
26670	TREAT HAND DISLOCATION	362
26675	TREAT HAND DISLOCATION	493
26676	PIN HAND DISLOCATION	674
26685	TREAT HAND DISLOCATION	728
26686	TREAT HAND DISLOCATION	821
26700	TREAT KNUCKLE DISLOCATION	357
26705	TREAT KNUCKLE DISLOCATION	458
26706	PIN KNUCKLE DISLOCATION	557
26715	TREAT KNUCKLE DISLOCATION	626
26720	TREAT FINGER FRACTURE, EACH	231
26725	TREAT FINGER FRACTURE, EACH	402
26727	TREAT FINGER FRACTURE, EACH	634
26735	TREAT FINGER FRACTURE, EACH	647
26740	TREAT FINGER FRACTURE, EACH	252
26742	TREAT FINGER FRACTURE, EACH	420
26746	TREAT FINGER FRACTURE, EACH	640
26750	TREAT FINGER FRACTURE, EACH	205
26755	TREAT FINGER FRACTURE, EACH	335
26756	PIN FINGER FRACTURE, EACH	567
26765	TREAT FINGER FRACTURE, EACH	487
26770	TREAT FINGER DISLOCATION	299
26775	TREAT FINGER DISLOCATION	409
26776	PIN FINGER DISLOCATION	600
26785	TREAT FINGER DISLOCATION	492
26820	THUMB FUSION WITH GRAFT	1,191
26841	FUSION THUMB	1,122
26842	THUMB FUSION WITH GRAFT	1,194
26843	FUSION HAND JOINT	1,102
26844	FUSION/GRAFT HAND JOINT	1,217
26850	FUSION KNUCKLE	1,058
26852	FUSION KNUCKLE WITH GRAFT	1,177
26860	FUSION FINGER JOINT	877
26861	FUSION FINGER JNT, ADD-ON	147

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
26862	FUSION/GRAFT FINGER JOINT	1,090
26863	FUSE/GRAFT ADDED JOINT	332
26910	AMPUTATE METACARPAL BONE	1,045
26951	AMPUTATE FINGER/THUMB	821
26952	AMPUTATE FINGER/THUMB	1,000
26989	HAND/FINGER SURGERY	223
26990	DRAIN PELVIS LESION	823
26991	DRAIN PELVIS BURSA	690
26992	DRAIN BONE LESION	1,312
27000	INCISE HIP TENDON	599
27001	INCISE HIP TENDON	720
27003	INCISE HIP TENDON	759
27005	INCISE HIP TENDON	966
27006	INCISE HIP TENDONS	973
27025	INCISE HIP/THIGH FASCIA	1,080
27030	DRAIN HIP JOINT	1,251
27033	EXPLORE HIP JOINT	1,288
27035	DENERVATION HIP JOINT	1,568
27036	EXCISE HIP JOINT/MUSCLE	1,264
27040	BIOPSY SOFT TISSUES	262
27041	BIOPSY SOFT TISSUES	899
27047	REMOVE HIP/PELVIS LESION	674
27048	REMOVE HIP/PELVIS LESION	615
27049	REMOVE TUMOR HIP/PELVIS	1,227
27050	BIOPSY SACROILIAC JOINT	481
27052	BIOPSY HIP JOINT	666
27054	REMOVE HIP JOINT LINING	875
27060	REMOVE ISCHIAL BURSA	557
27062	REMOVE FEMUR LESION/BURSA	581
27065	REMOVE HIP BONE LESION	626
27066	REMOVE HIP BONE LESION	1,037
27067	REMOVE/GRAFT HIP BONE LESION	1,353
27070	PARTIAL REMOVE HIP BONE	1,120
27071	PARTIAL REMOVE HIP BONE	1,216
27075	EXTENSIVE HIP SURGERY	2,888
27076	EXTENSIVE HIP SURGERY	2,029
27077	EXTENSIVE HIP SURGERY	3,368
27078	EXTENSIVE HIP SURGERY	1,305
27079	EXTENSIVE HIP SURGERY	1,313

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27080	REMOVE TAIL BONE	627
27086	REMOVE HIP FOREIGN BODY	201
27087	REMOVE HIP FOREIGN BODY	835
27090	REMOVE HIP PROSTHESIS	1,092
27091	REMOVE HIP PROSTHESIS	1,994
27093	INJECTION FOR HIP X-RAY	94
27095	INJECTION FOR HIP X-RAY	107
27096	INJECT SACROILIAC JOINT	91
27097	REVISE HIP TENDON	843
27098	TRANSFER TENDON TO PELVIS	879
27100	TRANSFER ABDOMINAL MUSCLE	1,093
27105	TRANSFER SPINAL MUSCLE	1,157
27110	TRANSFER ILIOPSOAS MUSCLE	1,223
27111	TRANSFER ILIOPSOAS MUSCLE	1,166
27120	RECONSTRUCT HIP SOCKET	1,642
27122	RECONSTRUCT HIP SOCKET	1,429
27125	PARTIAL HIP REPLACEMENT	1,391
27130	TOTAL HIP ARTHROPLASTY	1,844
27132	TOTAL HIP ARTHROPLASTY	2,145
27134	REVISE HIP JOINT REPLACEMENT	2,558
27137	REVISE HIP JOINT REPLACEMENT	1,936
27138	REVISE HIP JOINT REPLACEMENT	2,017
27140	TRANSPLANT FEMUR RIDGE	1,192
27146	INCISE HIP BONE	1,632
27147	REVISE HIP BONE	1,862
27151	INCISE HIP BONES	1,712
27156	REVISE HIP BONES	2,255
27158	REVISE PELVIS	1,709
27161	INCISE NECK FEMUR	1,590
27165	INCISE/FIXATE FEMUR	1,699
27170	REPAIR/GRAFT FEMUR HEAD/NECK	1,510
27175	TREAT SLIPPED EPIPHYSIS	830
27176	TREAT SLIPPED EPIPHYSIS	1,161
27177	TREAT SLIPPED EPIPHYSIS	1,431
27178	TREAT SLIPPED EPIPHYSIS	1,127
27179	REVISE HEAD/NECK FEMUR	1,265
27181	TREAT SLIPPED EPIPHYSIS	1,356
27185	REVISE FEMUR EPIPHYSIS	924
27187	REINFORCE HIP BONES	1,317

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27193	TREAT PELVIC RING FRACTURE	620
27194	TREAT PELVIC RING FRACTURE	945
27200	TREAT TAIL BONE FRACTURE	218
27202	TREAT TAIL BONE FRACTURE	1,322
27215	TREAT PELVIC FRACTURE(S)	949
27216	TREAT PELVIC RING FRACTURE	1,380
27217	TREAT PELVIC RING FRACTURE	1,339
27218	TREAT PELVIC RING FRACTURE	1,756
27220	TREAT HIP SOCKET FRACTURE	643
27222	TREAT HIP SOCKET FRACTURE	1,245
27226	TREAT HIP WALL FRACTURE	1,266
27227	TREAT HIP FRACTURE(S)	2,144
27228	TREAT HIP FRACTURE(S)	2,473
27230	TREAT THIGH FRACTURE	578
27232	TREAT THIGH FRACTURE	985
27235	TREAT THIGH FRACTURE	1,189
27236	TREAT THIGH FRACTURE	1,466
27238	TREAT THIGH FRACTURE	583
27240	TREAT THIGH FRACTURE	1,204
27244	TREAT THIGH FRACTURE	1,503
27245	TREAT THIGH FRACTURE	1,881
27246	TREAT THIGH FRACTURE	502
27248	TREAT THIGH FRACTURE	1,027
27250	TREAT HIP DISLOCATION	632
27252	TREAT HIP DISLOCATION	977
27253	TREAT HIP DISLOCATION	1,250
27254	TREAT HIP DISLOCATION	1,673
27256	TREAT HIP DISLOCATION	340
27257	TREAT HIP DISLOCATION	440
27258	TREAT HIP DISLOCATION	1,450
27259	TREAT HIP DISLOCATION	1,974
27265	TREAT HIP DISLOCATION	536
27266	TREAT HIP DISLOCATION	758
27275	MANIPULATE HIP JOINT	242
27280	FUSION SACROILIAC JOINT	1,313
27282	FUSION PUBIC BONES	1,056
27284	FUSION HIP JOINT	2,069
27286	FUSION HIP JOINT	2,122
27290	AMPUTATE LEG AT HIP	2,057

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27295	AMPUTATE LEG AT HIP	1,657
27299	PELVIS/HIP JOINT SURGERY	223
27301	DRAIN THIGH/KNEE LESION	675
27303	DRAIN BONE LESION	854
27305	INCISE THIGH TENDON & FASCIA	618
27306	INCISE THIGH TENDON	516
27307	INCISE THIGH TENDONS	621
27310	EXPLORE KNEE JOINT	927
27315	PARTIAL REMOVE THIGH NERVE	642
27320	PARTIAL REMOVE THIGH NERVE	624
27323	BIOPSY, THIGH SOFT TISSUES	224
27324	BIOPSY, THIGH SOFT TISSUES	504
27327	REMOVE THIGH LESION	454
27328	REMOVE THIGH LESION	553
27329	REMOVE TUMOR THIGH/KNEE	1,292
27330	BIOPSY KNEE JOINT LINING	525
27331	EXPLORE/TREAT KNEE JOINT	626
27332	REMOVE KNEE CARTILAGE	845
27333	REMOVE KNEE CARTILAGE	765
27334	REMOVE KNEE JOINT LINING	886
27335	REMOVE KNEE JOINT LINING	1,003
27340	REMOVE KNEECAP BURSA	478
27345	REMOVE KNEE CYST	633
27347	REMOVE KNEE CYST	614
27350	REMOVE KNEECAP	846
27355	REMOVE FEMUR LESION	796
27356	REMOVE FEMUR LESION/GRAFT	955
27357	REMOVE FEMUR LESION/GRAFT	1,060
27358	REMOVE FEMUR LESION/FIXATION	404
27360	PARTIAL REMOVE LEG BONE(S)	1,122
27365	EXTENSIVE LEG SURGERY	1,543
27370	INJECTION FOR KNEE X-RAY	67
27372	REMOVE FOREIGN BODY	532
27380	REPAIR KNEECAP TENDON	792
27381	REPAIR/GRAFT KNEECAP TENDON	1,067
27385	REPAIR THIGH MUSCLE	844
27386	REPAIR/GRAFT THIGH MUSCLE	1,103
27390	INCISE THIGH TENDON	579
27391	INCISE THIGH TENDONS	760

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27392	INCISE THIGH TENDONS	929
27393	LENGTHEN THIGH TENDON	674
27394	LENGTHEN THIGH TENDONS	868
27395	LENGTHEN THIGH TENDONS	1,164
27396	TRANSPLANT THIGH TENDON	822
27397	TRANSPLANTS THIGH TENDONS	1,120
27400	REVISE THIGH MUSCLES/TENDONS	898
27403	REPAIR KNEE CARTILAGE	852
27405	REPAIR KNEE LIGAMENT	887
27407	REPAIR KNEE LIGAMENT	1,021
27409	REPAIR KNEE LIGAMENTS	1,256
27418	REPAIR DEGENERATED KNEECAP	1,085
27420	REVISE UNSTABLE KNEECAP	986
27422	REVISE UNSTABLE KNEECAP	984
27424	REVISION/REMOVE KNEECAP	984
27425	LAT RETINACULAR RELEASE OPEN	588
27427	RECONSTRUCT KNEE	942
27428	RECONSTRUCT KNEE	1,384
27429	RECONSTRUCT KNEE	1,537
27430	REVISE THIGH MUSCLES	972
27435	INCISE KNEE JOINT	983
27437	REVISE KNEECAP	858
27438	REVISE KNEECAP WITH IMPLANT	1,084
27440	REVISE KNEE JOINT	907
27441	REVISE KNEE JOINT	966
27442	REVISE KNEE JOINT	1,143
27443	REVISE KNEE JOINT	1,076
27445	REVISE KNEE JOINT	1,654
27446	REVISE KNEE JOINT	1,492
27447	TOTAL KNEE ARTHROPLASTY	1,987
27448	INCISE THIGH	1,085
27450	INCISE THIGH	1,356
27454	REALIGN THIGH BONE	1,661
27455	REALIGN KNEE	1,251
27457	REALIGN KNEE	1,290
27465	SHORTEN THIGH BONE	1,332
27466	LENGTHEN THIGH BONE	1,538
27468	SHORTEN/LENGTHEN THIGHS	1,739
27470	REPAIR THIGH	1,540

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27472	REPAIR/GRAFT THIGH	1,682
27475	SURGERY TO STOP LEG GROWTH	870
27477	SURGERY TO STOP LEG GROWTH	966
27479	SURGERY TO STOP LEG GROWTH	1,251
27485	SURGERY TO STOP LEG GROWTH	894
27486	REVISE/REPLACE KNEE JOINT	1,803
27487	REVISE/REPLACE KNEE JOINT	2,306
27488	REMOVE KNEE PROSTHESIS	1,507
27495	REINFORCE THIGH	1,492
27496	DECOMPRESS THIGH/KNEE	646
27497	DECOMPRESS THIGH/KNEE	699
27498	DECOMPRESS THIGH/KNEE	770
27499	DECOMPRESS THIGH/KNEE	878
27500	TREAT THIGH FRACTURE	599
27501	TREAT THIGH FRACTURE	637
27502	TREAT THIGH FRACTURE	1,031
27503	TREAT THIGH FRACTURE	1,040
27506	TREAT THIGH FRACTURE	1,659
27507	TREAT THIGH FRACTURE	1,318
27508	TREAT THIGH FRACTURE	612
27509	TREAT THIGH FRACTURE	857
27510	TREAT THIGH FRACTURE	898
27511	TREAT THIGH FRACTURE	1,369
27513	TREAT THIGH FRACTURE	1,752
27514	TREAT THIGH FRACTURE	1,687
27516	TREAT THIGH FX GROWTH PLATE	590
27517	TREAT THIGH FX GROWTH PLATE	888
27519	TREAT THIGH FX GROWTH PLATE	1,469
27520	TREAT KNEECAP FRACTURE	343
27524	TREAT KNEECAP FRACTURE	1,000
27530	TREAT KNEE FRACTURE	440
27532	TREAT KNEE FRACTURE	747
27535	TREAT KNEE FRACTURE	1,189
27536	TREAT KNEE FRACTURE	1,498
27538	TREAT KNEE FRACTURE(S)	546
27540	TREAT KNEE FRACTURE	1,244
27550	TREAT KNEE DISLOCATION	581
27552	TREAT KNEE DISLOCATION	813
27556	TREAT KNEE DISLOCATION	1,437

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27557	TREAT KNEE DISLOCATION	1,650
27558	TREAT KNEE DISLOCATION	1,702
27560	TREAT KNEECAP DISLOCATION	384
27562	TREAT KNEECAP DISLOCATION	577
27566	TREAT KNEECAP DISLOCATION	1,187
27570	FIXATE KNEE JOINT	195
27580	FUSION KNEE	1,883
27590	AMPUTATE LEG AT THIGH	1,042
27591	AMPUTATE LEG AT THIGH	1,183
27592	AMPUTATE LEG AT THIGH	906
27594	AMPUTATION FOLLOW-UP SURGERY	674
27596	AMPUTATION FOLLOW-UP SURGERY	972
27598	AMPUTATE LOWER LEG AT KNEE	974
27599	LEG SURGERY PROCEDURE	296
27600	DECOMPRESS LOWER LEG	567
27601	DECOMPRESS LOWER LEG	582
27602	DECOMPRESS LOWER LEG	691
27603	DRAIN LOWER LEG LESION	531
27604	DRAIN LOWER LEG BURSA	490
27605	INCISE ACHILLES TENDON	286
27606	INCISE ACHILLES TENDON	415
27607	TREAT LOWER LEG BONE LESION	800
27610	EXPLORE/TREAT ANKLE JOINT	848
27612	EXPLORE ANKLE JOINT	740
27613	BIOPSY LOWER LEG SOFT TISSUE	209
27614	BIOPSY LOWER LEG SOFT TISSUE	558
27615	REMOVE TUMOR LOWER LEG	1,254
27618	REMOVE LOWER LEG LESION	503
27619	REMOVE LOWER LEG LESION	796
27620	EXPLORE/TREAT ANKLE JOINT	631
27625	REMOVE ANKLE JOINT LINING	819
27626	REMOVE ANKLE JOINT LINING	877
27630	REMOVE TENDON LESION	505
27635	REMOVE LOWER LEG BONE LESION	804
27637	REMOVE/GRAFT LEG BONE LESION	1,003
27638	REMOVE/GRAFT LEG BONE LESION	1,045
27640	PARTIAL REMOVE TIBIA	1,217
27641	PARTIAL REMOVE FIBULA	990
27645	EXTENSIVE LOWER LEG SURGERY	1,460

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27646	EXTENSIVE LOWER LEG SURGERY	1,309
27647	EXTENSIVE ANKLE/HEEL SURGERY	1,108
27648	INJECTION FOR ANKLE X-RAY	68
27650	REPAIR ACHILLES TENDON	949
27652	REPAIR/GRAFT ACHILLES TENDON	1,012
27654	REPAIR ACHILLES TENDON	953
27656	REPAIR LEG FASCIA DEFECT	464
27658	REPAIR LEG TENDON, EACH	535
27659	REPAIR LEG TENDON, EACH	695
27664	REPAIR LEG TENDON, EACH	512
27665	REPAIR LEG TENDON, EACH	581
27675	REPAIR LOWER LEG TENDONS	716
27676	REPAIR LOWER LEG TENDONS	836
27680	RELEASE LOWER LEG TENDON	601
27681	RELEASE LOWER LEG TENDONS	702
27685	REVISE LOWER LEG TENDON	662
27686	REVISE LOWER LEG TENDONS	774
27687	REVISE CALF TENDON	642
27690	REVISE LOWER LEG TENDON	837
27691	REVISE LOWER LEG TENDON	981
27692	REVISE ADDITIONAL LEG TENDON	155
27695	REPAIR ANKLE LIGAMENT	684
27696	REPAIR ANKLE LIGAMENTS	815
27698	REPAIR ANKLE LIGAMENT	902
27700	REVISE ANKLE JOINT	823
27702	RECONSTRUCT ANKLE JOINT	1,325
27703	RECONSTRUCT ANKLE JOINT	1,491
27704	REMOVE ANKLE IMPLANT	701
27705	INCISE TIBIA	1,026
27707	INCISE FIBULA	513
27709	INCISE TIBIA & FIBULA	999
27712	REALIGN LOWER LEG	1,379
27715	REVISE LOWER LEG	1,392
27720	REPAIR TIBIA	1,172
27722	REPAIR/GRAFT TIBIA	1,160
27724	REPAIR/GRAFT TIBIA	1,670
27725	REPAIR LOWER LEG	1,517
27727	REPAIR LOWER LEG	1,342
27730	REPAIR TIBIA EPIPHYSIS	748

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27732	REPAIR FIBULA EPIPHYSIS	561
27734	REPAIR LOWER LEG EPIPHYSES	805
27740	REPAIR LEG EPIPHYSES	950
27742	REPAIR LEG EPIPHYSES	976
27745	REINFORCE TIBIA	1,006
27750	TREAT TIBIA FRACTURE	381
27752	TREAT TIBIA FRACTURE	623
27756	TREAT TIBIA FRACTURE	731
27758	TREAT TIBIA FRACTURE	1,144
27759	TREAT TIBIA FRACTURE	1,330
27760	TREAT ANKLE FRACTURE	357
27762	TREAT ANKLE FRACTURE	571
27766	TREAT ANKLE FRACTURE	855
27780	TREAT FIBULA FRACTURE	319
27781	TREAT FIBULA FRACTURE	486
27784	TREAT FIBULA FRACTURE	745
27786	TREAT ANKLE FRACTURE	337
27788	TREAT ANKLE FRACTURE	491
27792	TREAT ANKLE FRACTURE	801
27808	TREAT ANKLE FRACTURE	351
27810	TREAT ANKLE FRACTURE	556
27814	TREAT ANKLE FRACTURE	1,061
27816	TREAT ANKLE FRACTURE	343
27818	TREAT ANKLE FRACTURE	578
27822	TREAT ANKLE FRACTURE	1,176
27823	TREAT ANKLE FRACTURE	1,339
27824	TREAT LOWER LEG FRACTURE	362
27825	TREAT LOWER LEG FRACTURE	662
27826	TREAT LOWER LEG FRACTURE	956
27827	TREAT LOWER LEG FRACTURE	1,473
27828	TREAT LOWER LEG FRACTURE	1,657
27829	TREAT LOWER LEG JOINT	671
27830	TREAT LOWER LEG DISLOCATION	414
27831	TREAT LOWER LEG DISLOCATION	493
27832	TREAT LOWER LEG DISLOCATION	696
27840	TREAT ANKLE DISLOCATION	457
27842	TREAT ANKLE DISLOCATION	617
27846	TREAT ANKLE DISLOCATION	976
27848	TREAT ANKLE DISLOCATION	1,151

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
27860	FIXATE ANKLE JOINT	239
27870	FUSION ANKLE JOINT, OPEN	1,347
27871	FUSION TIBIOFIBULAR JOINT	926
27880	AMPUTATE LOWER LEG	1,054
27881	AMPUTATE LOWER LEG	1,172
27882	AMPUTATE LOWER LEG	864
27884	AMPUTATION FOLLOW-UP SURGERY	780
27886	AMPUTATION FOLLOW-UP SURGERY	882
27888	AMPUTATE FOOT AT ANKLE	948
27889	AMPUTATE FOOT AT ANKLE	914
27892	DECOMPRESS LEG	721
27893	DECOMPRESS LEG	715
27894	DECOMPRESS LEG	1,005
27899	LEG/ANKLE SURGERY PROCEDURE	302
28001	DRAIN BURSA FOOT	338
28002	TREAT FOOT INFECTION	504
28003	TREAT FOOT INFECTION	790
28005	TREAT FOOT BONE LESION	826
28008	INCISE FOOT FASCIA	438
28010	INCISE TOE TENDON	316
28011	INCISE TOE TENDONS	460
28020	EXPLORE FOOT JOINT	504
28022	EXPLORE FOOT JOINT	472
28024	EXPLORE TOE JOINT	454
28030	REMOVE FOOT NERVE	539
28035	DECOMPRESS TIBIA NERVE	503
28043	EXCISE FOOT LESION	372
28045	EXCISE FOOT LESION	463
28046	RESECT TUMOR FOOT	952
28050	BIOPSY FOOT JOINT LINING	433
28052	BIOPSY FOOT JOINT LINING	411
28054	BIOPSY TOE JOINT LINING	372
28060	PARTIAL REMOVE FOOT FASCIA	509
28062	REMOVE FOOT FASCIA	589
28070	REMOVE FOOT JOINT LINING	494
28072	REMOVE FOOT JOINT LINING	489
28080	REMOVE FOOT LESION	399
28086	EXCISE FOOT TENDON SHEATH	520
28088	EXCISE FOOT TENDON SHEATH	430

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
28090	REMOVE FOOT LESION	436
28092	REMOVE TOE LESIONS	395
28100	REMOVE ANKLE/HEEL LESION	575
28102	REMOVE/GRAFT FOOT LESION	754
28103	REMOVE/GRAFT FOOT LESION	621
28104	REMOVE FOOT LESION	504
28106	REMOVE/GRAFT FOOT LESION	651
28107	REMOVE/GRAFT FOOT LESION	543
28108	REMOVE TOE LESIONS	411
28110	PART REMOVE METATARSAL	423
28111	PART REMOVE METATARSAL	503
28112	PART REMOVE METATARSAL	469
28113	PART REMOVE METATARSAL	517
28114	REMOVE METATARSAL HEADS	1,008
28116	REVISE FOOT	714
28118	REMOVE HEEL BONE	576
28119	REMOVE HEEL SPUR	511
28120	PART REMOVE ANKLE/HEEL	572
28122	PARTIAL REMOVE FOOT BONE	713
28124	PARTIAL REMOVE TOE	487
28126	PARTIAL REMOVE TOE	386
28130	REMOVE ANKLE BONE	815
28140	REMOVE METATARSAL	651
28150	REMOVE TOE	430
28153	PARTIAL REMOVE TOE	370
28160	PARTIAL REMOVE TOE	415
28171	EXTENSIVE FOOT SURGERY	836
28173	EXTENSIVE FOOT SURGERY	789
28175	EXTENSIVE FOOT SURGERY	556
28190	REMOVE FOOT FOREIGN BODY	290
28192	REMOVE FOOT FOREIGN BODY	454
28193	REMOVE FOOT FOREIGN BODY	534
28200	REPAIR FOOT TENDON	455
28202	REPAIR/GRAFT FOOT TENDON	629
28208	REPAIR FOOT TENDON	430
28210	REPAIR/GRAFT FOOT TENDON	577
28220	RELEASE FOOT TENDON	446
28222	RELEASE FOOT TENDONS	543
28225	RELEASE FOOT TENDON	370

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
28226	RELEASE FOOT TENDONS	461
28230	INCISE FOOT TENDON(S)	443
28232	INCISE TOE TENDON	375
28234	INCISE FOOT TENDON	375
28238	REVISE FOOT TENDON	708
28240	RELEASE BIG TOE	440
28250	REVISE FOOT FASCIA	561
28260	RELEASE MIDFOOT JOINT	723
28261	REVISE FOOT TENDON	1,056
28262	REVISE FOOT AND ANKLE	1,507
28264	RELEASE MIDFOOT JOINT	1,003
28270	RELEASE FOOT CONTRACTURE	493
28272	RELEASE TOE JOINT, EACH	376
28280	FUSION TOES	534
28285	REPAIR HAMMERTOE	465
28286	REPAIR HAMMERTOE	454
28288	PARTIAL REMOVE FOOT BONE	550
28289	REPAIR HALLUX RIGIDUS	728
28290	CORRECT BUNION	601
28292	CORRECT BUNION	705
28293	CORRECT BUNION	839
28294	CORRECT BUNION	754
28296	CORRECT BUNION	829
28297	CORRECT BUNION	881
28298	CORRECT BUNION	738
28299	CORRECT BUNION	928
28300	INCISE HEEL BONE	916
28302	INCISE ANKLE BONE	902
28304	INCISE MIDFOOT BONES	813
28305	INCISE/GRAFT MIDFOOT BONES	907
28306	INCISE METATARSAL	558
28307	INCISE METATARSAL	633
28308	INCISE METATARSAL	500
28309	INCISE METATARSALS	1,145
28310	REVISE BIG TOE	519
28312	REVISE TOE	476
28313	REPAIR DEFORMITY TOE	573
28315	REMOVE SESAMOID BONE	470
28320	REPAIR FOOT BONES	880

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
28322	REPAIR METATARSALS	810
28340	RESECT ENLARGED TOE TISSUE	631
28341	RESECT ENLARGED TOE	740
28344	REPAIR EXTRA TOE(S)	438
28345	REPAIR WEBBED TOE(S)	591
28360	RECONSTRUCT CLEFT FOOT	1,316
28400	TREAT HEEL FRACTURE	280
28405	TREAT HEEL FRACTURE	499
28406	TREAT HEEL FRACTURE	719
28415	TREAT HEEL FRACTURE	1,610
28420	TREAT/GRAFT HEEL FRACTURE	1,632
28430	TREAT ANKLE FRACTURE	256
28435	TREAT ANKLE FRACTURE	385
28436	TREAT ANKLE FRACTURE	581
28445	TREAT ANKLE FRACTURE	1,424
28450	TREAT MIDFOOT FRACTURE, EACH	241
28455	TREAT MIDFOOT FRACTURE, EACH	357
28456	TREAT MIDFOOT FRACTURE	375
28465	TREAT MIDFOOT FRACTURE, EACH	730
28470	TREAT METATARSAL FRACTURE	244
28475	TREAT METATARSAL FRACTURE	338
28476	TREAT METATARSAL FRACTURE	456
28485	TREAT METATARSAL FRACTURE	619
28490	TREAT BIG TOE FRACTURE	153
28495	TREAT BIG TOE FRACTURE	198
28496	TREAT BIG TOE FRACTURE	325
28505	TREAT BIG TOE FRACTURE	464
28510	TREAT TOE FRACTURE	151
28515	TREAT TOE FRACTURE	187
28525	TREAT TOE FRACTURE	413
28530	TREAT SESAMOID BONE FRACTURE	137
28531	TREAT SESAMOID BONE FRACTURE	267
28540	TREAT FOOT DISLOCATION	255
28545	TREAT FOOT DISLOCATION	291
28546	TREAT FOOT DISLOCATION	440
28555	REPAIR FOOT DISLOCATION	705
28570	TREAT FOOT DISLOCATION	216
28575	TREAT FOOT DISLOCATION	401
28576	TREAT FOOT DISLOCATION	528

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
28585	REPAIR FOOT DISLOCATION	801
28600	TREAT FOOT DISLOCATION	247
28605	TREAT FOOT DISLOCATION	344
28606	TREAT FOOT DISLOCATION	597
28615	REPAIR FOOT DISLOCATION	865
28630	TREAT TOE DISLOCATION	153
28635	TREAT TOE DISLOCATION	186
28636	TREAT TOE DISLOCATION	321
28645	REPAIR TOE DISLOCATION	425
28660	TREAT TOE DISLOCATION	128
28665	TREAT TOE DISLOCATION	194
28666	TREAT TOE DISLOCATION	271
28675	REPAIR TOE DISLOCATION	366
28705	FUSION FOOT BONES	1,700
28715	FUSION FOOT BONES	1,261
28725	FUSION FOOT BONES	1,100
28730	FUSION FOOT BONES	1,061
28735	FUSION FOOT BONES	1,033
28737	REVISE FOOT BONES	913
28740	FUSION FOOT BONES	797
28750	FUSION BIG TOE JOINT	765
28755	FUSION BIG TOE JOINT	474
28760	FUSION BIG TOE JOINT	738
28800	AMPUTATE MIDFOOT	778
28805	AMPUTATE THRU METATARSAL	779
28810	AMPUTATE TOE & METATARSAL	596
28820	AMPUTATE TOE	462
28825	PARTIAL AMPUTATE TOE	401
28899	FOOT/TOES SURGERY PROCEDURE	228
29000	APPLY BODY CAST	218
29010	APPLY BODY CAST	208
29015	APPLY BODY CAST	214
29020	APPLY BODY CAST	187
29025	APPLY BODY CAST	229
29035	APPLY BODY CAST	182
29040	APPLY BODY CAST	208
29044	APPLY BODY CAST	218
29046	APPLY BODY CAST	244
29049	APPLY FIGURE EIGHT	79

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
29055	APPLY SHOULDER CAST	177
29058	APPLY SHOULDER CAST	111
29065	APPLY LONG ARM CAST	88
29075	APPLY FOREARM CAST	79
29085	APPLY HAND/WRIST CAST	82
29086	APPLY FINGER CAST	61
29105	APPLY LONG ARM SPLINT	76
29125	APPLY FOREARM SPLINT	53
29126	APPLY FOREARM SPLINT	66
29130	APPLY FINGER SPLINT	36
29131	APPLY FINGER SPLINT	42
29200	STRAP CHEST	53
29220	STRAP LOW BACK	56
29240	STRAP SHOULDER	57
29260	STRAP ELBOW OR WRIST	47
29280	STRAP HAND OR FINGER	45
29305	APPLY HIP CAST	207
29325	APPLY HIP CASTS	231
29345	APPLY LONG LEG CAST	135
29355	APPLY LONG LEG CAST	145
29358	APPLY LONG LEG CAST BRACE	138
29365	APPLY LONG LEG CAST	117
29405	APPLY SHORT LEG CAST	86
29425	APPLY SHORT LEG CAST	96
29435	APPLY SHORT LEG CAST	116
29440	ADD WALKER TO CAST	47
29445	APPLY RIGID LEG CAST	152
29450	APPLY LEG CAST	168
29505	APPLY LONG LEG SPLINT	62
29515	APPLY LOWER LEG SPLINT	65
29520	STRAP HIP	51
29530	STRAP KNEE	49
29540	STRAP ANKLE AND/OR FT	44
29550	STRAP TOES	41
29580	APPLY PASTE BOOT	50
29590	APPLY FOOT SPLINT	57
29700	REMOVE/REVISE CAST	47
29705	REMOVE/REVISE CAST	63
29710	REMOVE/REVISE CAST	113

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
29715	REMOVE/REVISE CAST	72
29720	REPAIR BODY CAST	59
29730	WINDOW CAST	61
29740	WEDGE CAST	89
29750	WEDGE CLUBFOOT CAST	101
29799	CAST/STRAP PROCEDURE	152
29800	JAW ARTHROSCOPY/SURGERY	740
29804	JAW ARTHROSCOPY/SURGERY	883
29805	SHOULDER ARTHROSCOPY, DX	635
29806	SHOULDER ARTHROSCOPY/SURGERY	1,396
29807	SHOULDER ARTHROSCOPY/SURGERY	1,361
29819	SHOULDER ARTHROSCOPY/SURGERY	787
29820	SHOULDER ARTHROSCOPY/SURGERY	726
29821	SHOULDER ARTHROSCOPY/SURGERY	793
29822	SHOULDER ARTHROSCOPY/SURGERY	770
29823	SHOULDER ARTHROSCOPY/SURGERY	841
29824	SHOULDER ARTHROSCOPY/SURGERY	858
29825	SHOULDER ARTHROSCOPY/SURGERY	785
29826	SHOULDER ARTHROSCOPY/SURGERY	904
29827	ARTHROSCOP ROTATOR CUFF REPR	1,458
29830	ELBOW ARTHROSCOPY	605
29834	ELBOW ARTHROSCOPY/SURGERY	659
29835	ELBOW ARTHROSCOPY/SURGERY	673
29836	ELBOW ARTHROSCOPY/SURGERY	783
29837	ELBOW ARTHROSCOPY/SURGERY	710
29838	ELBOW ARTHROSCOPY/SURGERY	796
29840	WRIST ARTHROSCOPY	588
29843	WRIST ARTHROSCOPY/SURGERY	634
29844	WRIST ARTHROSCOPY/SURGERY	663
29845	WRIST ARTHROSCOPY/SURGERY	754
29846	WRIST ARTHROSCOPY/SURGERY	696
29847	WRIST ARTHROSCOPY/SURGERY	722
29848	WRIST ENDOSCOPY/SURGERY	598
29850	KNEE ARTHROSCOPY/SURGERY	711
29851	KNEE ARTHROSCOPY/SURGERY	1,255
29855	TIBIAL ARTHROSCOPY/SURGERY	1,060
29856	TIBIAL ARTHROSCOPY/SURGERY	1,362
29860	HIP ARTHROSCOPY, DX	820
29861	HIP ARTHROSCOPY/SURGERY	904

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
29862	HIP ARTHROSCOPY/SURGERY	1,008
29863	HIP ARTHROSCOPY/SURGERY	1,006
29870	KNEE ARTHROSCOPY, DX	541
29871	KNEE ARTHROSCOPY/DRAINAGE	676
29873	KNEE ARTHROSCOPY/SURGERY	673
29874	KNEE ARTHROSCOPY/SURGERY	711
29875	KNEE ARTHROSCOPY/SURGERY	663
29876	KNEE ARTHROSCOPY/SURGERY	815
29877	KNEE ARTHROSCOPY/SURGERY	767
29879	KNEE ARTHROSCOPY/SURGERY	827
29880	KNEE ARTHROSCOPY/SURGERY	866
29881	KNEE ARTHROSCOPY/SURGERY	803
29882	KNEE ARTHROSCOPY/SURGERY	862
29883	KNEE ARTHROSCOPY/SURGERY	1,088
29884	KNEE ARTHROSCOPY/SURGERY	764
29885	KNEE ARTHROSCOPY/SURGERY	931
29886	KNEE ARTHROSCOPY/SURGERY	784
29887	KNEE ARTHROSCOPY/SURGERY	927
29888	KNEE ARTHROSCOPY/SURGERY	1,325
29889	KNEE ARTHROSCOPY/SURGERY	1,551
29891	ANKLE ARTHROSCOPY/SURGERY	867
29892	ANKLE ARTHROSCOPY/SURGERY	914
29893	SCOPE, PLANTAR FASCIOTOMY	505
29894	ANKLE ARTHROSCOPY/SURGERY	696
29895	ANKLE ARTHROSCOPY/SURGERY	683
29897	ANKLE ARTHROSCOPY/SURGERY	715
29898	ANKLE ARTHROSCOPY/SURGERY	795
29899	ANKLE ARTHROSCOPY/SURGERY	1,312
29900	MCP JOINT ARTHROSCOPY, DX	609
29901	MCP JOINT ARTHROSCOPY, SURG	671
29902	MCP JOINT ARTHROSCOPY, SURG	718
30000	DRAIN NOSE LESION	151
30020	DRAIN NOSE LESION	154
30100	INTRANASAL BIOPSY	93
30110	REMOVE NOSE POLYP(S)	171
30115	REMOVE NOSE POLYP(S)	444
30117	REMOVE INTRANASAL LESION	342
30118	REMOVE INTRANASAL LESION	899
30120	REVISE NOSE	572

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
30124	REMOVE NOSE LESION	325
30125	REMOVE NOSE LESION	696
30130	REMOVE TURBINATE BONES	365
30140	REMOVE TURBINATE BONES	393
30150	PARTIAL REMOVE NOSE	898
30160	REMOVE NOSE	920
30200	INJECTION TREAT NOSE	83
30210	NASAL SINUS THERAPY	128
30220	INSERT NASAL SEPTAL BUTTON	164
30300	REMOVE NASAL FOREIGN BODY	159
30310	REMOVE NASAL FOREIGN BODY	274
30320	REMOVE NASAL FOREIGN BODY	480
30400	RECONSTRUCT NOSE	1,014
30410	RECONSTRUCT NOSE	1,278
30420	RECONSTRUCT NOSE	1,509
30430	REVISE NOSE	819
30435	REVISE NOSE	1,200
30450	REVISE NOSE	1,750
30460	REVISE NOSE	948
30462	REVISE NOSE	1,793
30465	REPAIR NASAL STENOSIS	1,033
30520	REPAIR NASAL SEPTUM	576
30540	REPAIR NASAL DEFECT	709
30545	REPAIR NASAL DEFECT	1,062
30560	RELEASE NASAL ADHESIONS	182
30580	REPAIR UPPER JAW FISTULA	681
30600	REPAIR MOUTH/NOSE FISTULA	627
30620	INTRANASAL RECONSTRUCTION	625
30630	REPAIR NASAL SEPTUM DEFECT	707
30801	CAUTERIZE INNER NOSE	168
30802	CAUTERIZE INNER NOSE	245
30901	CONTROL NOSEBLEED	82
30903	CONTROL NOSEBLEED	109
30905	CONTROL NOSEBLEED	146
30906	REPEAT CONTROL NOSEBLEED	194
30915	LIGATE NASAL SINUS ARTERY	690
30920	LIGATE UPPER JAW ARTERY	919
30930	THERAPY FRACTURE NOSE	155
30999	NASAL SURGERY PROCEDURE	234

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
31000	IRRIGATE MAXILLARY SINUS	136
31002	IRRIGATE SPHENOID SINUS	277
31020	EXPLORE MAXILLARY SINUS	342
31030	EXPLORE MAXILLARY SINUS	570
31032	EXPLORE SINUS, REMOVE POLYPS	646
31040	EXPLORE BEHIND UPPER JAW	835
31050	EXPLORE SPHENOID SINUS	520
31051	SPHENOID SINUS SURGERY	691
31070	EXPLORE FRONTAL SINUS	450
31075	EXPLORE FRONTAL SINUS	869
31080	REMOVE FRONTAL SINUS	1,052
31081	REMOVE FRONTAL SINUS	1,229
31084	REMOVE FRONTAL SINUS	1,250
31085	REMOVE FRONTAL SINUS	1,316
31086	REMOVE FRONTAL SINUS	1,206
31087	REMOVE FRONTAL SINUS	1,227
31090	EXPLORE SINUSES	961
31200	REMOVE ETHMOID SINUS	525
31201	REMOVE ETHMOID SINUS	806
31205	REMOVE ETHMOID SINUS	941
31225	REMOVE UPPER JAW	1,751
31230	REMOVE UPPER JAW	1,968
31231	NASAL ENDOSCOPY, DX	108
31233	NASAL/SINUS ENDOSCOPY, DX	196
31235	NASAL/SINUS ENDOSCOPY, DX	233
31237	NASAL/SINUS ENDOSCOPY, SURG	260
31238	NASAL/SINUS ENDOSCOPY, SURG	286
31239	NASAL/SINUS ENDOSCOPY, SURG	893
31240	NASAL/SINUS ENDOSCOPY, SURG	232
31254	REVISE ETHMOID SINUS	400
31255	REMOVE ETHMOID SINUS	589
31256	EXPLORATION MAXILLARY SINUS	288
31267	ENDOSCOPY MAXILLARY SINUS	467
31276	SINUS ENDOSCOPY, SURGICAL	744
31287	NASAL/SINUS ENDOSCOPY, SURG	340
31288	NASAL/SINUS ENDOSCOPY, SURG	394
31290	NASAL/SINUS ENDOSCOPY, SURG	1,559
31291	NASAL/SINUS ENDOSCOPY, SURG	1,655
31292	NASAL/SINUS ENDOSCOPY, SURG	1,349

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
31293	NASAL/SINUS ENDOSCOPY, SURG	1,462
31294	NASAL/SINUS ENDOSCOPY, SURG	1,685
31299	SINUS SURGERY PROCEDURE	721
31300	REMOVE LARYNX LESION	1,396
31320	DIAGNOSTIC INCISION LARYNX	665
31360	REMOVE LARYNX	1,647
31365	REMOVE LARYNX	2,218
31367	PARTIAL REMOVE LARYNX	2,086
31368	PARTIAL REMOVE LARYNX	2,552
31370	PARTIAL REMOVE LARYNX	2,040
31375	PARTIAL REMOVE LARYNX	1,887
31380	PARTIAL REMOVE LARYNX	1,884
31382	PARTIAL REMOVE LARYNX	1,968
31390	REMOVE LARYNX & PHARYNX	2,589
31395	RECONSTRUCT LARYNX & PHARYNX	2,988
31400	REVISE LARYNX	1,078
31420	REMOVE EPIGLOTTIS	1,062
31500	INSERT EMERGENCY AIRWAY	152
31502	CHANGE WINDPIPE AIRWAY	48
31505	DIAGNOSTIC LARYNGOSCOPY	66
31510	LARYNGOSCOPY WITH BIOPSY	171
31511	REMOVE FOREIGN BODY LARYNX	174
31512	REMOVE LARYNX LESION	184
31513	INJECTION INTO VOCAL CORD	191
31515	LARYNGOSCOPY FOR ASPIRATION	153
31520	DIAGNOSTIC LARYNGOSCOPY	221
31525	DIAGNOSTIC LARYNGOSCOPY	230
31526	DIAGNOSTIC LARYNGOSCOPY	230
31527	LARYNGOSCOPY FOR TREATMENT	273
31528	LARYNGOSCOPY AND DILATION	202
31529	LARYNGOSCOPY AND DILATION	233
31530	OPERATIVE LARYNGOSCOPY	285
31531	OPERATIVE LARYNGOSCOPY	313
31535	OPERATIVE LARYNGOSCOPY	275
31536	OPERATIVE LARYNGOSCOPY	310
31540	OPERATIVE LARYNGOSCOPY	356
31541	OPERATIVE LARYNGOSCOPY	390
31560	OPERATIVE LARYNGOSCOPY	458
31561	OPERATIVE LARYNGOSCOPY	498

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
31570	LARYNGOSCOPY WITH INJECTION	332
31571	LARYNGOSCOPY WITH INJECTION	366
31575	DIAGNOSTIC LARYNGOSCOPY	107
31576	LARYNGOSCOPY WITH BIOPSY	174
31577	REMOVE FOREIGN BODY LARYNX	215
31578	REMOVE LARYNX LESION	234
31579	DIAGNOSTIC LARYNGOSCOPY	201
31580	REVISE LARYNX	1,247
31582	REVISE LARYNX	2,072
31584	TREAT LARYNX FRACTURE	1,818
31585	TREAT LARYNX FRACTURE	541
31586	TREAT LARYNX FRACTURE	870
31587	REVISE LARYNX	1,171
31588	REVISE LARYNX	1,391
31590	REINNERVATE LARYNX	838
31595	LARYNX NERVE SURGERY	851
31599	LARYNX SURGERY PROCEDURE	1,674
31600	INCISE WINDPIPE	542
31601	INCISE WINDPIPE	368
31603	INCISE WINDPIPE	314
31605	INCISE WINDPIPE	257
31610	INCISE WINDPIPE	864
31611	SURGERY/SPEECH PROSTHESIS	615
31612	PUNCTURE/CLEAR WINDPIPE	67
31613	REPAIR WINDPIPE OPENING	534
31614	REPAIR WINDPIPE OPENING	793
31615	VISUALIZE WINDPIPE	174
31622	DX BRONCHOSCOPE/WASH	192
31623	DX BRONCHOSCOPE/BRUSH	197
31624	DX BRONCHOSCOPE/LAVAGE	197
31625	BRONCHOSCOPY W/BIOPSY(S)	241
31628	BRONCHOSCOPY/LUNG BX, EACH	266
31629	BRONCHOSCOPY/NEEDLE BX, EACH	238
31630	BRONCHOSCOPY DILATE/FX REPR	310
31631	BRONCHOSCOPY, DILATE W/STENT	339
31632	BRONCHOSCOPY/LUNG BX, ADD□L	75
31633	BRONCHOSCOPY/NEEDLE BX ADD□L	94
31635	BRONCHOSCOPY W/FB REMOVAL	281
31640	BRONCHOSCOPY W/TUMOR EXCISE	388

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
31641	BRONCHOSCOPY, TREAT BLOCKAGE	376
31643	DIAG BRONCHOSCOPE/CATHETER	250
31645	BRONCHOSCOPY, CLEAR AIRWAYS	227
31646	BRONCHOSCOPY, RECLEAR AIRWAY	198
31656	BRONCHOSCOPY, INJ FOR X-RAY	162
31700	INSERT AIRWAY CATHETER	106
31708	INSTILL AIRWAY CONTRAST DYE	103
31710	INSERT AIRWAY CATHETER	105
31715	INJECTION FOR BRONCHUS X-RAY	89
31717	BRONCHIAL BRUSH BIOPSY	156
31720	CLEAR AIRWAYS	73
31725	CLEAR AIRWAYS	133
31730	INTRO WINDPIPE WIRE/TUBE	206
31750	REPAIR WINDPIPE	1,311
31755	REPAIR WINDPIPE	1,601
31760	REPAIR WINDPIPE	1,755
31766	RECONSTRUCT WINDPIPE	2,399
31770	REPAIR/GRAFT BRONCHUS	1,780
31775	RECONSTRUCT BRONCHUS	1,947
31780	RECONSTRUCT WINDPIPE	1,547
31781	RECONSTRUCT WINDPIPE	1,917
31785	REMOVE WINDPIPE LESION	1,466
31786	REMOVE WINDPIPE LESION	2,000
31800	REPAIR WINDPIPE INJURY	661
31805	REPAIR WINDPIPE INJURY	1,112
31820	CLOSURE WINDPIPE LESION	502
31825	REPAIR WINDPIPE DEFECT	737
31830	REVISE WINDPIPE SCAR	522
31899	AIRWAYS SURGICAL PROCEDURE	1,122
32000	DRAIN CHEST	105
32002	TREAT COLLAPSED LUNG	158
32005	TREAT LUNG LINING CHEMICALLY	155
32020	INSERT CHEST TUBE	292
32035	EXPLORE CHEST	796
32036	EXPLORE CHEST	886
32095	BIOPSY THROUGH CHEST WALL	753
32100	EXPLORATION/BIOPSY CHEST	1,247
32110	EXPLORE/REPAIR CHEST	1,795
32120	RE-EXPLORE CHEST	1,023

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
32124	EXPLORE CHEST FREE ADHESIONS	1,094
32140	REMOVE LUNG LESION(S)	1,188
32141	REMOVE/TREAT LUNG LESIONS	1,186
32150	REMOVE LUNG LESION(S)	1,191
32151	REMOVE LUNG FOREIGN BODY	1,209
32160	OPEN CHEST HEART MASSAGE	795
32200	DRAIN, OPEN, LUNG LESION	1,291
32201	DRAIN, PERCUT, LUNG LESION	276
32215	TREAT CHEST LINING	1,000
32220	RELEASE LUNG	2,001
32225	PARTIAL RELEASE LUNG	1,189
32310	REMOVE CHEST LINING	1,147
32320	FREE/REMOVE CHEST LINING	1,965
32400	NEEDLE BIOPSY CHEST LINING	120
32402	OPEN BIOPSY CHEST LINING	696
32405	BIOPSY LUNG OR MEDIASTINUM	134
32420	PUNCTURE/CLEAR LUNG	157
32440	REMOVE LUNG	2,057
32442	SLEEVE PNEUMONECTOMY	2,247
32445	REMOVE LUNG	2,153
32480	PARTIAL REMOVE LUNG	1,933
32482	BILOBECTOMY	2,046
32484	SEGMENTECTOMY	1,763
32486	SLEEVE LOBECTOMY	2,045
32488	COMPLETION PNEUMONECTOMY	2,172
32491	LUNG VOLUME REDUCTION	1,863
32500	PARTIAL REMOVE LUNG	1,837
32501	REPAIR BRONCHUS ADD-ON	343
32520	REMOVE LUNG & REVISE CHEST	1,817
32522	REMOVE LUNG & REVISE CHEST	1,991
32525	REMOVE LUNG & REVISE CHEST	2,162
32540	REMOVE LUNG LESION	1,334
32601	THORACOSCOPY, DIAGNOSTIC	431
32602	THORACOSCOPY, DIAGNOSTIC	468
32603	THORACOSCOPY, DIAGNOSTIC	590
32604	THORACOSCOPY, DIAGNOSTIC	672
32605	THORACOSCOPY, DIAGNOSTIC	545
32606	THORACOSCOPY, DIAGNOSTIC	647
32650	THORACOSCOPY, SURGICAL	958

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
32651	THORACOSCOPY, SURGICAL	1,102
32652	THORACOSCOPY, SURGICAL	1,583
32653	THORACOSCOPY, SURGICAL	1,089
32654	THORACOSCOPY, SURGICAL	1,096
32655	THORACOSCOPY, SURGICAL	1,114
32656	THORACOSCOPY, SURGICAL	1,145
32657	THORACOSCOPY, SURGICAL	1,170
32658	THORACOSCOPY, SURGICAL	1,043
32659	THORACOSCOPY, SURGICAL	1,043
32660	THORACOSCOPY, SURGICAL	1,476
32661	THORACOSCOPY, SURGICAL	1,157
32662	THORACOSCOPY, SURGICAL	1,388
32663	THORACOSCOPY, SURGICAL	1,606
32664	THORACOSCOPY, SURGICAL	1,198
32665	THORACOSCOPY, SURGICAL	1,295
32800	REPAIR LUNG HERNIA	1,153
32810	CLOSE CHEST AFTER DRAINAGE	1,129
32815	CLOSE BRONCHIAL FISTULA	1,879
32820	RECONSTRUCT INJURED CHEST	1,835
32850	DONOR PNEUMONECTOMY	2,281
32851	LUNG TRANSPLANT, SINGLE	3,651
32852	LUNG TRANSPLANT WITH BYPASS	4,108
32853	LUNG TRANSPLANT, DOUBLE	4,381
32854	LUNG TRANSPLANT WITH BYPASS	4,712
32900	REMOVE RIB(S)	1,657
32905	REVISE & REPAIR CHEST WALL	1,699
32906	REVISE & REPAIR CHEST WALL	2,140
32940	REVISE LUNG	1,596
32960	THERAPEUTIC PNEUMOTHORAX	127
32997	TOTAL LUNG LAVAGE	426
32999	CHEST SURGERY PROCEDURE	506
33010	DRAIN HEART SAC	169
33011	REPEAT DRAIN HEART SAC	171
33015	INCISE HEART SAC	634
33020	INCISE HEART SAC	1,065
33025	INCISE HEART SAC	1,015
33030	PARTIAL REMOVE HEART SAC	1,559
33031	PARTIAL REMOVE HEART SAC	1,759
33050	REMOVE HEART SAC LESION	1,220

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33120	REMOVE HEART LESION	1,994
33130	REMOVE HEART LESION	1,729
33140	HEART REVASCULARIZE (TMR)	1,688
33141	HEART TMR W/OTHER PROCEDURE	352
33200	INSERT HEART PACEMAKER	1,048
33201	INSERT HEART PACEMAKER	924
33206	INSERT HEART PACEMAKER	598
33207	INSERT HEART PACEMAKER	680
33208	INSERT HEART PACEMAKER	688
33210	INSERT HEART ELECTRODE	238
33211	INSERT HEART ELECTRODE	247
33212	INSERT PULSE GENERATOR	477
33213	INSERT PULSE GENERATOR	539
33214	UPGRADE PACEMAKER SYSTEM	675
33215	REPOSITION PACING-DEFIB LEAD	422
33216	INSERT LEAD PACE-DEFIB, ONE	532
33217	INSERT LEAD PACE-DEFIB, DUAL	532
33218	REPAIR LEAD PACE-DEFIB, ONE	521
33220	REPAIR LEAD PACE-DEFIB, DUAL	523
33222	REVISE POCKET, PACEMAKER	497
33223	REVISE POCKET, PACING-DEFIB	588
33224	INSERT PACING LEAD & CONNECT	678
33225	L VENTRIC PACING LEAD ADD-ON	601
33226	REPOSITION L VENTRIC LEAD	653
33233	REMOVE PACEMAKER SYSTEM	350
33234	REMOVE PACEMAKER SYSTEM	678
33235	REMOVE PACEMAKER ELECTRODE	864
33236	REMOVE ELECTRODE/THORACOTOMY	1,098
33237	REMOVE ELECTRODE/THORACOTOMY	1,176
33238	REMOVE ELECTRODE/THORACOTOMY	1,272
33240	INSERT PULSE GENERATOR	650
33241	REMOVE PULSE GENERATOR	330
33243	REMOVE ELTRD/THORACOTOMY	1,862
33244	REMOVE ELTRD, TRANSVEN	1,210
33245	INSERT EPIC ELTRD PACE-DEFIB	1,199
33246	INSERT EPIC ELTRD/GENERATOR	1,692
33249	ELTRD/INSERT PACE-DEFIB	1,194
33250	ABLATE HEART DYSRHYTHM FOCUS	1,721
33251	ABLATE HEART DYSRHYTHM FOCUS	1,978

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33253	RECONSTRUCT ATRIA	2,466
33261	ABLATE HEART DYSRHYTHM FOCUS	2,006
33282	IMPLANT PAT-ACTIVE HT RECORD	444
33284	REMOVE PAT-ACTIVE HT RECORD	326
33300	REPAIR HEART WOUND	1,479
33305	REPAIR HEART WOUND	1,768
33310	EXPLORATORY HEART SURGERY	1,545
33315	EXPLORATORY HEART SURGERY	1,839
33320	REPAIR MAJOR BLOOD VESSEL(S)	1,356
33321	REPAIR MAJOR VESSEL	1,664
33322	REPAIR MAJOR BLOOD VESSEL(S)	1,705
33330	INSERT MAJOR VESSEL GRAFT	1,739
33332	INSERT MAJOR VESSEL GRAFT	1,873
33335	INSERT MAJOR VESSEL GRAFT	2,394
33400	REPAIR AORTIC VALVE	2,405
33401	VALVULOPLASTY, OPEN	2,044
33403	VALVULOPLASTY, W/CP BYPASS	2,122
33404	PREPARE HEART-AORTA CONDUIT	2,358
33405	REPLACE AORTIC VALVE	2,906
33406	REPLACE AORTIC VALVE	3,085
33410	REPLACE AORTIC VALVE	2,704
33411	REPLACE AORTIC VALVE	3,009
33412	REPLACE AORTIC VALVE	3,407
33413	REPLACE AORTIC VALVE	3,481
33414	REPAIR AORTIC VALVE	2,453
33415	REVISE SUBVALVULAR TISSUE	2,155
33416	REVISE VENTRICLE MUSCLE	2,423
33417	REPAIR AORTIC VALVE	2,326
33420	REVISE MITRAL VALVE	1,711
33422	REVISE MITRAL VALVE	2,183
33425	REPAIR MITRAL VALVE	2,186
33426	REPAIR MITRAL VALVE	2,747
33427	REPAIR MITRAL VALVE	3,233
33430	REPLACE MITRAL VALVE	2,784
33460	REVISE TRICUSPID VALVE	1,928
33463	VALVULOPLASTY, TRICUSPID	2,122
33464	VALVULOPLASTY, TRICUSPID	2,255
33465	REPLACE TRICUSPID VALVE	2,305
33468	REVISE TRICUSPID VALVE	2,428

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33470	REVISE PULMONARY VALVE	1,748
33471	VALVOTOMY, PULMONARY VALVE	1,778
33472	REVISE PULMONARY VALVE	1,888
33474	REVISE PULMONARY VALVE	1,869
33475	REPLACE PULMONARY VALVE	2,589
33476	REVISE HEART CHAMBER	2,036
33478	REVISE HEART CHAMBER	2,205
33496	REPAIR PROSTH VALVE CLOT	2,208
33500	REPAIR HEART VESSEL FISTULA	2,021
33501	REPAIR HEART VESSEL FISTULA	1,428
33502	CORONARY ARTERY CORRECTION	1,763
33503	CORONARY ARTERY GRAFT	1,671
33504	CORONARY ARTERY GRAFT	2,010
33505	REPAIR ARTERY W/TUNNEL	2,095
33506	REPAIR ARTERY, TRANSLOCATION	2,698
33508	ENDOSCOPIC VEIN HARVEST	22
33510	CABG, VEIN, SINGLE	2,468
33511	CABG, VEIN, TWO	2,568
33512	CABG, VEIN, THREE	2,703
33513	CABG, VEIN, FOUR	2,738
33514	CABG, VEIN, FIVE	2,811
33516	CABG, VEIN, SIX OR MORE	2,974
33517	CABG, ARTERY-VEIN, SINGLE	189
33518	CABG, ARTERY-VEIN, TWO	356
33519	CABG, ARTERY-VEIN, THREE	522
33521	CABG, ARTERY-VEIN, FOUR	690
33522	CABG, ARTERY-VEIN, FIVE	857
33523	CABG, ART-VEIN, SIX OR MORE	1,024
33530	CORONARY ARTERY, BYPASS/REOP	429
33533	CABG, ARTERIAL, SINGLE	2,530
33534	CABG, ARTERIAL, TWO	2,725
33535	CABG, ARTERIAL, THREE	2,880
33536	CABG, ARTERIAL, FOUR OR MORE	2,999
33542	REMOVE HEART LESION	2,309
33545	REPAIR HEART DAMAGE	2,883
33572	OPEN CORONARY ENDARTERECTOMY	326
33600	CLOSE VALVE	2,247
33602	CLOSE VALVE	2,227
33606	ANASTOMOSIS/ARTERY-AORTA	2,437

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33608	REPAIR ANOMALY W/CONDUIT	2,508
33610	REPAIR BY ENLARGEMENT	2,477
33611	REPAIR DOUBLE VENTRICLE	2,606
33612	REPAIR DOUBLE VENTRICLE	2,772
33615	REPAIR MODIFIED FONTAN	2,647
33617	REPAIR SINGLE VENTRICLE	2,897
33619	REPAIR SINGLE VENTRICLE	3,581
33641	REPAIR HEART SEPTUM DEFECT	1,709
33645	REVISE HEART VEINS	2,026
33647	REPAIR HEART SEPTUM DEFECTS	2,332
33660	REPAIR HEART DEFECTS	2,350
33665	REPAIR HEART DEFECTS	2,352
33670	REPAIR HEART CHAMBERS	2,552
33681	REPAIR HEART SEPTUM DEFECT	2,481
33684	REPAIR HEART SEPTUM DEFECT	2,391
33688	REPAIR HEART SEPTUM DEFECT	2,278
33690	REINFORCE PULMONARY ARTERY	1,648
33692	REPAIR HEART DEFECTS	2,461
33694	REPAIR HEART DEFECTS	2,664
33697	REPAIR HEART DEFECTS	2,811
33702	REPAIR HEART DEFECTS	2,164
33710	REPAIR HEART DEFECTS	2,418
33720	REPAIR HEART DEFECT	2,137
33722	REPAIR HEART DEFECT	2,343
33730	REPAIR HEART-VEIN DEFECT(S)	2,595
33732	REPAIR HEART-VEIN DEFECT	2,253
33735	REVISE HEART CHAMBER	1,649
33736	REVISE HEART CHAMBER	1,938
33737	REVISE HEART CHAMBER	1,814
33750	MAJOR VESSEL SHUNT	1,695
33755	MAJOR VESSEL SHUNT	1,701
33762	MAJOR VESSEL SHUNT	1,702
33764	MAJOR VESSEL SHUNT & GRAFT	1,724
33766	MAJOR VESSEL SHUNT	1,907
33767	MAJOR VESSEL SHUNT	2,002
33770	REPAIR GREAT VESSELS DEFECT	2,847
33771	REPAIR GREAT VESSELS DEFECT	2,620
33774	REPAIR GREAT VESSELS DEFECT	2,505
33775	REPAIR GREAT VESSELS DEFECT	2,577

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33776	REPAIR GREAT VESSELS DEFECT	2,765
33777	REPAIR GREAT VESSELS DEFECT	2,684
33778	REPAIR GREAT VESSELS DEFECT	3,131
33779	REPAIR GREAT VESSELS DEFECT	2,734
33780	REPAIR GREAT VESSELS DEFECT	3,352
33781	REPAIR GREAT VESSELS DEFECT	2,779
33786	REPAIR ARTERIAL TRUNK	3,064
33788	REVISE PULMONARY ARTERY	2,128
33800	AORTIC SUSPENSION	1,296
33802	REPAIR VESSEL DEFECT	1,447
33803	REPAIR VESSEL DEFECT	1,629
33813	REPAIR SEPTAL DEFECT	1,750
33814	REPAIR SEPTAL DEFECT	2,080
33820	REVISE MAJOR VESSEL	1,361
33822	REVISE MAJOR VESSEL	1,457
33824	REVISE MAJOR VESSEL	1,636
33840	REMOVE AORTA CONSTRICTION	1,693
33845	REMOVE AORTA CONSTRICTION	1,852
33851	REMOVE AORTA CONSTRICTION	1,774
33852	REPAIR SEPTAL DEFECT	1,947
33853	REPAIR SEPTAL DEFECT	2,581
33860	ASCENDING AORTIC GRAFT	2,981
33861	ASCENDING AORTIC GRAFT	3,242
33863	ASCENDING AORTIC GRAFT	3,461
33870	TRANSVERSE AORTIC ARCH GRAFT	3,422
33875	THORACIC AORTIC GRAFT	2,600
33877	THORACOABDOMINAL GRAFT	3,242
33910	REMOVE LUNG ARTERY EMBOLI	1,987
33915	REMOVE LUNG ARTERY EMBOLI	1,614
33916	SURGERY GREAT VESSEL	2,042
33917	REPAIR PULMONARY ARTERY	2,028
33918	REPAIR PULMONARY ATRESIA	2,133
33919	REPAIR PULMONARY ATRESIA	3,092
33920	REPAIR PULMONARY ATRESIA	2,506
33922	TRANSECT PULMONARY ARTERY	1,864
33924	REMOVE PULMONARY SHUNT	409
33930	REMOVE DONOR HEART/LUNG	3,654
33935	TRANSPLANT HEART/LUNG	4,983
33940	REMOVE DONOR HEART	3,198

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
33945	TRANSPLANT HEART	3,515
33960	EXTERNAL CIRCULATION ASSIST	1,330
33961	EXTERNAL CIRCULATION ASSIST	810
33967	INSERT IA PERCUT DEVICE	352
33968	REMOVE AORTIC ASSIST DEVICE	47
33970	AORTIC CIRCULATION ASSIST	491
33971	AORTIC CIRCULATION ASSIST	852
33973	INSERT BALLOON DEVICE	711
33974	REMOVE INTRA-AORTIC BALLOON	1,212
33975	IMPLANT VENTRICULAR DEVICE	1,461
33976	IMPLANT VENTRICULAR DEVICE	1,687
33977	REMOVE VENTRICULAR DEVICE	1,672
33978	REMOVE VENTRICULAR DEVICE	1,840
33979	INSERT INTRACORPOREAL DEVICE	3,273
33980	REMOVE INTRACORPOREAL DEVICE	4,372
33999	CARDIAC SURGERY PROCEDURE	495
34001	REMOVE ARTERY CLOT	1,073
34051	REMOVE ARTERY CLOT	1,266
34101	REMOVE ARTERY CLOT	838
34111	REMOVE ARM ARTERY CLOT	824
34151	REMOVE ARTERY CLOT	1,885
34201	REMOVE ARTERY CLOT	838
34203	REMOVE LEG ARTERY CLOT	1,316
34401	REMOVE VEIN CLOT	1,865
34421	REMOVE VEIN CLOT	978
34451	REMOVE VEIN CLOT	2,025
34471	REMOVE VEIN CLOT	834
34490	REMOVE VEIN CLOT	815
34501	REPAIR VALVE, FEMORAL VEIN	1,316
34502	RECONSTRUCT VENA CAVA	2,143
34510	TRANSPOSITION VEIN VALVE	1,522
34520	CROSS-OVER VEIN GRAFT	1,423
34530	LEG VEIN FUSION	1,389
34800	ENDOVASC ABDO REPAIR W/TUBE	1,591
34802	ENDOVASC ABDO REPR W/DEVICE	1,743
34804	ENDOVASC ABDO REPR W/DEVICE	1,744
34805	ENDOVASC ABDO REPAIR W/PROS	1,668
34808	ENDOVASC ABDO OCCLUD DEVICE	292
34812	EXPOSE FOR ENDOPROSTH, FEM	478

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
34813	FEMORAL ENDOVAS GRAFT ADD-ON	338
34820	EXPOSE FOR ENDOPROSTH, ILIAC	690
34825	ENDOVASC EXTEND PROSTH, INIT	965
34826	ENDOVASC EXTEN PROSTH, ADD	292
34830	OPEN AORTIC TUBE PROSTH REPR	2,461
34831	OPEN AORTOILIAC PROSTH REPR	2,503
34832	OPEN AORTOFEMOR PROSTH REPR	2,656
34833	EXPOSE FOR ENDOPROSTH, ILIAC	868
34834	EXPOSE, ENDOPROSTH, BRACHIAL	408
34900	ENDOVASC ILIAC REPR W/GRAFT	1,302
35001	REPAIR DEFECT ARTERY	1,607
35002	REPAIR ARTERY RUPTURE, NECK	1,649
35005	REPAIR DEFECT ARTERY	1,437
35011	REPAIR DEFECT ARTERY	1,382
35013	REPAIR ARTERY RUPTURE, ARM	1,703
35021	REPAIR DEFECT ARTERY	1,576
35022	REPAIR ARTERY RUPTURE, CHEST	1,785
35045	REPAIR DEFECT ARM ARTERY	1,335
35081	REPAIR DEFECT ARTERY	2,162
35082	REPAIR ARTERY RUPTURE, AORTA	2,929
35091	REPAIR DEFECT ARTERY	2,687
35092	REPAIR ARTERY RUPTURE, AORTA	3,387
35102	REPAIR DEFECT ARTERY	2,358
35103	REPAIR ARTERY RUPTURE, GROIN	3,043
35111	REPAIR DEFECT ARTERY	1,886
35112	REPAIR ARTERY RUPTURE,SPLEEN	2,220
35121	REPAIR DEFECT ARTERY	2,294
35122	REPAIR ARTERY RUPTURE, BELLY	2,650
35131	REPAIR DEFECT ARTERY	1,917
35132	REPAIR ARTERY RUPTURE, GROIN	2,270
35141	REPAIR DEFECT ARTERY	1,549
35142	REPAIR ARTERY RUPTURE, THIGH	1,794
35151	REPAIR DEFECT ARTERY	1,752
35152	REPAIR ARTERY RUPTURE, KNEE	1,972
35161	REPAIR DEFECT ARTERY	1,531
35162	REPAIR ARTERY RUPTURE	1,603
35180	REPAIR BLOOD VESSEL LESION	1,119
35182	REPAIR BLOOD VESSEL LESION	2,261
35184	REPAIR BLOOD VESSEL LESION	1,401

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
35188	REPAIR BLOOD VESSEL LESION	1,193
35189	REPAIR BLOOD VESSEL LESION	2,130
35190	REPAIR BLOOD VESSEL LESION	1,044
35201	REPAIR BLOOD VESSEL LESION	1,284
35206	REPAIR BLOOD VESSEL LESION	1,059
35207	REPAIR BLOOD VESSEL LESION	960
35211	REPAIR BLOOD VESSEL LESION	1,810
35216	REPAIR BLOOD VESSEL LESION	1,520
35221	REPAIR BLOOD VESSEL LESION	1,827
35226	REPAIR BLOOD VESSEL LESION	1,158
35231	REPAIR BLOOD VESSEL LESION	1,577
35236	REPAIR BLOOD VESSEL LESION	1,329
35241	REPAIR BLOOD VESSEL LESION	1,889
35246	REPAIR BLOOD VESSEL LESION	2,033
35251	REPAIR BLOOD VESSEL LESION	2,216
35256	REPAIR BLOOD VESSEL LESION	1,422
35261	REPAIR BLOOD VESSEL LESION	1,376
35266	REPAIR BLOOD VESSEL LESION	1,172
35271	REPAIR BLOOD VESSEL LESION	1,801
35276	REPAIR BLOOD VESSEL LESION	1,920
35281	REPAIR BLOOD VESSEL LESION	2,101
35286	REPAIR BLOOD VESSEL LESION	1,300
35301	RECHANNELING ARTERY	1,492
35311	RECHANNELING ARTERY	2,103
35321	RECHANNELING ARTERY	1,255
35331	RECHANNELING ARTERY	2,035
35341	RECHANNELING ARTERY	1,970
35351	RECHANNELING ARTERY	1,768
35355	RECHANNELING ARTERY	1,439
35361	RECHANNELING ARTERY	2,156
35363	RECHANNELING ARTERY	2,306
35371	RECHANNELING ARTERY	1,167
35372	RECHANNELING ARTERY	1,398
35381	RECHANNELING ARTERY	1,292
35390	REOPERATION, CAROTID ADD-ON	235
35400	ANGIOSCOPY	226
35450	REPAIR ARTERIAL BLOCKAGE	755
35452	REPAIR ARTERIAL BLOCKAGE	550
35454	REPAIR ARTERIAL BLOCKAGE	484

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
35456	REPAIR ARTERIAL BLOCKAGE	581
35458	REPAIR ARTERIAL BLOCKAGE	739
35459	REPAIR ARTERIAL BLOCKAGE	670
35460	REPAIR VENOUS BLOCKAGE	475
35470	REPAIR ARTERIAL BLOCKAGE	656
35471	REPAIR ARTERIAL BLOCKAGE	759
35472	REPAIR ARTERIAL BLOCKAGE	533
35473	REPAIR ARTERIAL BLOCKAGE	471
35474	REPAIR ARTERIAL BLOCKAGE	537
35475	REPAIR ARTERIAL BLOCKAGE	708
35476	REPAIR VENOUS BLOCKAGE	463
35480	ATHERECTOMY, OPEN	845
35481	ATHERECTOMY, OPEN	605
35482	ATHERECTOMY, OPEN	532
35483	ATHERECTOMY, OPEN	631
35484	ATHERECTOMY, OPEN	799
35485	ATHERECTOMY, OPEN	740
35490	ATHERECTOMY, PERCUTANEOUS	825
35491	ATHERECTOMY, PERCUTANEOUS	576
35492	ATHERECTOMY, PERCUTANEOUS	520
35493	ATHERECTOMY, PERCUTANEOUS	627
35494	ATHERECTOMY, PERCUTANEOUS	773
35495	ATHERECTOMY, PERCUTANEOUS	728
35500	HARVEST VEIN FOR BYPASS	459
35501	ARTERY BYPASS GRAFT	1,522
35506	ARTERY BYPASS GRAFT	1,599
35507	ARTERY BYPASS GRAFT	1,593
35508	ARTERY BYPASS GRAFT	1,547
35509	ARTERY BYPASS GRAFT	1,471
35510	ARTERY BYPASS GRAFT	1,766
35511	ARTERY BYPASS GRAFT	1,636
35512	ARTERY BYPASS GRAFT	1,733
35515	ARTERY BYPASS GRAFT	1,535
35516	ARTERY BYPASS GRAFT	1,268
35518	ARTERY BYPASS GRAFT	1,619
35521	ARTERY BYPASS GRAFT	1,715
35522	ARTERY BYPASS GRAFT	1,682
35525	ARTERY BYPASS GRAFT	1,606
35526	ARTERY BYPASS GRAFT	2,259

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
35531	ARTERY BYPASS GRAFT	2,711
35533	ARTERY BYPASS GRAFT	2,130
35536	ARTERY BYPASS GRAFT	2,392
35541	ARTERY BYPASS GRAFT	2,015
35546	ARTERY BYPASS GRAFT	1,990
35548	ARTERY BYPASS GRAFT	1,696
35549	ARTERY BYPASS GRAFT	1,852
35551	ARTERY BYPASS GRAFT	2,099
35556	ARTERY BYPASS GRAFT	1,724
35558	ARTERY BYPASS GRAFT	1,638
35560	ARTERY BYPASS GRAFT	2,432
35563	ARTERY BYPASS GRAFT	1,843
35565	ARTERY BYPASS GRAFT	1,774
35566	ARTERY BYPASS GRAFT	2,096
35571	ARTERY BYPASS GRAFT	1,879
35572	HARVEST FEMOROPOPLITEAL VEIN	494
35582	VEIN BYPASS GRAFT	2,120
35583	VEIN BYPASS GRAFT	1,780
35585	VEIN BYPASS GRAFT	2,225
35587	VEIN BYPASS GRAFT	1,948
35600	HARVEST ARTERY FOR CABG	362
35601	ARTERY BYPASS GRAFT	1,433
35606	ARTERY BYPASS GRAFT	1,519
35612	ARTERY BYPASS GRAFT	1,289
35616	ARTERY BYPASS GRAFT	1,304
35621	ARTERY BYPASS GRAFT	1,538
35623	BYPASS GRAFT, NOT VEIN	1,844
35626	ARTERY BYPASS GRAFT	2,161
35631	ARTERY BYPASS GRAFT	2,563
35636	ARTERY BYPASS GRAFT	2,236
35641	ARTERY BYPASS GRAFT	1,952
35642	ARTERY BYPASS GRAFT	1,447
35645	ARTERY BYPASS GRAFT	1,404
35646	ARTERY BYPASS GRAFT	2,420
35647	ARTERY BYPASS GRAFT	2,183
35650	ARTERY BYPASS GRAFT	1,470
35651	ARTERY BYPASS GRAFT	1,947
35654	ARTERY BYPASS GRAFT	1,912
35656	ARTERY BYPASS GRAFT	1,539

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
35661	ARTERY BYPASS GRAFT	1,492
35663	ARTERY BYPASS GRAFT	1,699
35665	ARTERY BYPASS GRAFT	1,632
35666	ARTERY BYPASS GRAFT	1,780
35671	ARTERY BYPASS GRAFT	1,543
35681	COMPOSITE BYPASS GRAFT	117
35682	COMPOSITE BYPASS GRAFT	527
35683	COMPOSITE BYPASS GRAFT	621
35685	BYPASS GRAFT PATENCY/PATCH	284
35686	BYPASS GRAFT/AV FIST PATENCY	236
35691	ARTERIAL TRANSPOSITION	1,448
35693	ARTERIAL TRANSPOSITION	1,265
35694	ARTERIAL TRANSPOSITION	1,517
35695	ARTERIAL TRANSPOSITION	1,518
35697	REIMPLANT ARTERY EACH	221
35700	REOPERATE BYPASS GRAFT	226
35701	EXPLORE CAROTID ARTERY	728
35721	EXPLORE FEMORAL ARTERY	623
35741	EXPLORE POPLITEAL ARTERY	676
35761	EXPLORE ARTERY/VEIN	513
35800	EXPLORE NECK VESSELS	637
35820	EXPLORE CHEST VESSELS	1,103
35840	EXPLORE ABDOMINAL VESSELS	820
35860	EXPLORE LIMB VESSELS	523
35870	REPAIR VESSEL GRAFT DEFECT	1,745
35875	REMOVE CLOT IN GRAFT	829
35876	REMOVE CLOT IN GRAFT	1,341
35879	REVISE GRAFT W/VEIN	1,272
35881	REVISE GRAFT W/VEIN	1,428
35901	EXCISE GRAFT, NECK	737
35903	EXCISE GRAFT, EXTREMITY	837
35905	EXCISE GRAFT, THORAX	2,358
35907	EXCISE GRAFT, ABDOMEN	2,589
36000	PLACE NEEDLE IN VEIN	33
36002	PSEUDOANEURYSM INJECTION TRT	155
36005	INJECTION EXT VENOGRAPHY	66
36010	PLACE CATHETER IN VEIN	170
36011	PLACE CATHETER IN VEIN	219
36012	PLACE CATHETER IN VEIN	243

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
36013	PLACE CATHETER IN ARTERY	169
36014	PLACE CATHETER IN ARTERY	209
36015	PLACE CATHETER IN ARTERY	243
36100	ESTABLISH ACCESS TO ARTERY	217
36120	ESTABLISH ACCESS TO ARTERY	139
36140	ESTABLISH ACCESS TO ARTERY	139
36145	ARTERY TO VEIN SHUNT	140
36160	ESTABLISH ACCESS TO AORTA	180
36200	PLACE CATHETER IN AORTA	211
36215	PLACE CATHETER IN ARTERY	326
36216	PLACE CATHETER IN ARTERY	366
36217	PLACE CATHETER IN ARTERY	441
36218	PLACE CATHETER IN ARTERY	71
36245	PLACE CATHETER IN ARTERY	330
36246	PLACE CATHETER IN ARTERY	369
36247	PLACE CATHETER IN ARTERY	439
36248	PLACE CATHETER IN ARTERY	72
36260	INSERT INFUSION PUMP	792
36261	REVISE INFUSION PUMP	489
36262	REMOVE INFUSION PUMP	368
36299	VESSEL INJECTION PROCEDURE	10,932
36400	BLOOD DRAW <3 YRS FEM/JUG	24
36405	BLOOD DRAW <3 YRS SCALP VEIN	20
36406	BLOOD DRAW <3 YRS OTH VEIN	12
36410	NON-ROUTINE BL DRAW > 3 YRS	12
36415	ROUTINE VENIPUNCTURE	15
36416	CAPILLARY BLOOD DRAW	14
36420	VEIN ACCESS CUTDOWN < 1 YR	70
36425	VEIN ACCESS CUTDOWN > 1 YR	75
36430	BLOOD TRANSFUSION SERVICE	56
36440	BLOOD PUSH TRANSF, 2 YR OR <	71
36450	BLOOD EXCH/TRANSFUSE, NB	156
36455	BLOOD EXCH/TRANSFUSE NON-NB	179
36460	TRANSFUSION SERVICE, FETAL	474
36468	INJECTION(S), SPIDER VEINS	224
36469	INJECTION(S), SPIDER VEINS	91
36470	INJECTION THERAPY VEIN	82
36471	INJECTION THERAPY VEINS	117
36481	INSERT CATHETER, VEIN	511

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
36500	INSERT CATHETER, VEIN	253
36510	INSERT CATHETER, VEIN	89
36511	APHERESIS WBC	127
36512	APHERESIS RBC	127
36513	APHERESIS PLATELETS	127
36514	APHERESIS PLASMA	127
36515	APHERESIS, ADSORP/REINFUSE	128
36516	APHERESIS, SELECTIVE	90
36522	PHOTOPHERESIS	146
36540	COLLECT BLOOD VENOUS DEVICE	50
36550	DECLOT VASCULAR DEVICE	37
36555	INSERT NON-TUNNEL CV CATH	185
36556	INSERT NON-TUNNEL CV CATH	167
36557	INSERT TUNNELED CV CATH	414
36558	INSERT TUNNELED CV CATH	394
36560	INSERT TUNNELED CV CATH	491
36561	INSERT TUNNELED CV CATH	474
36563	INSERT TUNNELED CV CATH	494
36565	INSERT TUNNELED CV CATH	474
36566	INSERT TUNNELED CV CATH	508
36568	INSERT TUNNELED CV CATH	135
36569	INSERT TUNNELED CV CATH	127
36570	INSERT TUNNELED CV CATH	428
36571	INSERT TUNNELED CV CATH	427
36575	REPAIR TUNNELED CV CATH	73
36576	REPAIR TUNNELED CV CATH	277
36578	REPLACE TUNNELED CV CATH	315
36580	REPLACE TUNNELED CV CATH	93
36581	REPLACE TUNNELED CV CATH	293
36582	REPLACE TUNNELED CV CATH	429
36583	REPLACE TUNNELED CV CATH	432
36584	REPLACE TUNNELED CV CATH	95
36585	REPLACE TUNNELED CV CATH	402
36589	REMOVE TUNNELED CV CATH	198
36590	REMOVE TUNNELED CV CATH	268
36595	MECH REMOV TUNNELED CV CATH	267
36596	MECH REMOV TUNNELED CV CATH	65
36597	REPOSITION VENOUS CATHETER	86
36600	WITHDRAW ARTERIAL BLOOD	21

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
36620	INSERT CATHETER ARTERY	73
36625	INSERT CATHETER ARTERY	140
36640	INSERT CATHETER ARTERY	169
36660	INSERT CATHETER ARTERY	97
36680	INSERT NEEDLE BONE CAVITY	90
36800	INSERT CANNULA	225
36810	INSERT CANNULA	306
36815	INSERT CANNULA	205
36819	AV FUSION/UPPR ARM VEIN	1,113
36820	AV FUSION/FOREARM VEIN	1,113
36821	AV FUSION DIRECT ANY SITE	742
36822	INSERT CANNULA(S)	539
36823	INSERT CANNULA(S)	1,655
36825	ARTERY-VEIN AUTOGRAFT	816
36830	ARTERY-VEIN NONAUTOGRAFT	943
36831	OPEN THROMBECT AV FISTULA	647
36832	AV FISTULA REVISION, OPEN	832
36833	AV FISTULA REVISION	937
36834	REPAIR A-V ANEURYSM	802
36835	ARTERY TO VEIN SHUNT	628
36838	DIST REVAS LIGATION, HEMO	1,646
36860	EXTERNAL CANNULA DECLOTTING	176
36861	CANNULA DECLOTTING	210
36870	PERCUT THROMBECT AV FISTULA	433
37140	REVISE CIRCULATION	1,784
37145	REVISE CIRCULATION	1,925
37160	REVISE CIRCULATION	1,674
37180	REVISE CIRCULATION	1,902
37181	SPLICE SPLEEN/KIDNEY VEINS	2,044
37182	INSERT HEPATIC SHUNT (TIPS)	1,250
37183	REMOVE HEPATIC SHUNT (TIPS)	581
37195	THROMBOLYTIC THERAPY, STROKE	450
37200	TRANSCATHETER BIOPSY	314
37201	TRANSCATHETER THERAPY INFUSE	393
37202	TRANSCATHETER THERAPY INFUSE	461
37203	TRANSCATHETER RETRIEVAL	394
37204	TRANSCATHETER OCCLUSION	1,257
37205	TRANSCATHETER STENT	630
37206	TRANSCATHETER STENT ADD-ON	292

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
37207	TRANSCATHETER STENT	624
37208	TRANSCATHETER STENT ADD-ON	301
37209	EXCHANGE ARTERIAL CATHETER	158
37250	IV US FIRST VESSEL ADD-ON	153
37251	IV US EACH ADD VESSEL ADD-ON	116
37500	ENDOSCOPY LIGATE PERF VEINS	941
37565	LIGATE NECK VEIN	860
37600	LIGATE NECK ARTERY	929
37605	LIGATE NECK ARTERY	1,056
37606	LIGATE NECK ARTERY	595
37607	LIGATE A-V FISTULA	530
37609	TEMPORAL ARTERY PROCEDURE	264
37615	LIGATE NECK ARTERY	532
37616	LIGATE CHEST ARTERY	1,349
37617	LIGATE ABDOMEN ARTERY	1,667
37618	LIGATE EXTREMITY ARTERY	458
37620	REVISE MAJOR VEIN	864
37650	REVISE MAJOR VEIN	665
37660	REVISE MAJOR VEIN	1,580
37700	REVISE LEG VEIN	354
37720	REMOVE LEG VEIN	510
37730	REMOVE LEG VEINS	630
37735	REMOVE LEG VEINS/LESION	875
37760	LIGATE LEG VEINS, OPEN	861
37765	PHLEB VEINS - EXTREM - TO 20	625
37766	PHLEB VEINS - EXTREM 20+	759
37780	REVISE LEG VEIN	364
37785	LIGATE/DIVIDE/EXCISE VEIN	351
37788	REVASCULARIZE PENIS	1,650
37790	PENILE VENOUS OCCLUSION	685
37799	VASCULAR SURGERY PROCEDURE	907
38100	REMOVE SPLEEN, TOTAL	1,115
38101	REMOVE SPLEEN, PARTIAL	1,177
38102	REMOVE SPLEEN, TOTAL	350
38115	REPAIR RUPTURED SPLEEN	1,210
38120	LAPAROSCOPY, SPLENECTOMY	1,325
38129	LAPAROSCOPE PROC, SPLEEN	3,534
38200	INJECTION FOR SPLEEN X-RAY	184
38205	HARVEST ALLOGENIC STEM CELLS	112

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
38206	HARVEST AUTO STEM CELLS	112
38220	BONE MARROW ASPIRATION	83
38221	BONE MARROW BIOPSY	104
38230	BONE MARROW COLLECTION	400
38240	BONE MARROW/STEM TRANSPLANT	170
38241	BONE MARROW/STEM TRANSPLANT	170
38242	LYMPHOCYTE INFUSE TRANSPLANT	128
38300	DRAIN LYMPH NODE LESION	216
38305	DRAIN LYMPH NODE LESION	547
38308	INCISE LYMPH CHANNELS	544
38380	THORACIC DUCT PROCEDURE	707
38381	THORACIC DUCT PROCEDURE	1,088
38382	THORACIC DUCT PROCEDURE	864
38500	BIOPSY/REMOVE LYMPH NODES	311
38505	NEEDLE BIOPSY LYMPH NODES	103
38510	BIOPSY/REMOVE LYMPH NODES	524
38520	BIOPSY/REMOVE LYMPH NODES	575
38525	BIOPSY/REMOVE LYMPH NODES	503
38530	BIOPSY/REMOVE LYMPH NODES	664
38542	EXPLORE DEEP NODE(S), NECK	557
38550	REMOVE NECK/ARMPIT LESION	590
38555	REMOVE NECK/ARMPIT LESION	1,233
38562	REMOVE PELVIC LYMPH NODES	878
38564	REMOVE ABDOMEN LYMPH NODES	872
38570	LAPAROSCOPY, LYMPH NODE BIOP	713
38571	LAPAROSCOPY, LYMPHADENECTOMY	1,063
38572	LAPAROSCOPY, LYMPHADENECTOMY	1,262
38589	LAPAROSCOPE PROC, LYMPHATIC	3,454
38700	REMOVE LYMPH NODES, NECK	868
38720	REMOVE LYMPH NODES, NECK	1,314
38724	REMOVE LYMPH NODES, NECK	1,390
38740	REMOVE ARMPIT LYMPH NODES	797
38745	REMOVE ARMPIT LYMPH NODES	1,022
38746	REMOVE THORACIC LYMPH NODES	356
38747	REMOVE ABDOMINAL LYMPH NODES	357
38760	REMOVE GROIN LYMPH NODES	1,014
38765	REMOVE GROIN LYMPH NODES	1,538
38770	REMOVE PELVIS LYMPH NODES	1,013
38780	REMOVE ABDOMEN LYMPH NODES	1,342

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
38790	INJECT FOR LYMPHATIC X-RAY	110
38792	IDENTIFY SENTINEL NODE	51
38794	ACCESS THORACIC LYMPH DUCT	409
38999	BLOOD/LYMPH SYSTEM PROCEDURE	857
39000	EXPLORE CHEST	589
39010	EXPLORE CHEST	1,013
39200	REMOVE CHEST LESION	1,122
39220	REMOVE CHEST LESION	1,424
39400	VISUALIZE CHEST	572
39499	CHEST PROCEDURE	1,122
39501	REPAIR DIAPHRAGM LACERATION	1,070
39502	REPAIR PARAESOPHAGEAL HERNIA	1,277
39503	REPAIR DIAPHRAGM HERNIA	6,649
39520	REPAIR DIAPHRAGM HERNIA	1,322
39530	REPAIR DIAPHRAGM HERNIA	1,230
39531	REPAIR DIAPHRAGM HERNIA	1,303
39540	REPAIR DIAPHRAGM HERNIA	1,064
39541	REPAIR DIAPHRAGM HERNIA	1,144
39545	REVISE DIAPHRAGM	1,146
39560	RESECT DIAPHRAGM, SIMPLE	1,001
39561	RESECT DIAPHRAGM, COMPLEX	1,467
40490	BIOPSY LIP	96
40500	PARTIAL EXCISE LIP	487
40510	PARTIAL EXCISE LIP	506
40520	PARTIAL EXCISE LIP	520
40525	RECONSTRUCT LIP WITH FLAP	775
40527	RECONSTRUCT LIP WITH FLAP	911
40530	PARTIAL REMOVE LIP	567
40650	REPAIR LIP	397
40652	REPAIR LIP	508
40654	REPAIR LIP	604
40700	REPAIR CLEFT LIP/NASAL	1,185
40701	REPAIR CLEFT LIP/NASAL	1,480
40702	REPAIR CLEFT LIP/NASAL	1,146
40720	REPAIR CLEFT LIP/NASAL	1,295
40761	REPAIR CLEFT LIP/NASAL	1,375
40799	LIP SURGERY PROCEDURE	1,674
40800	DRAIN MOUTH LESION	123
40801	DRAIN MOUTH LESION	242

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
40804	REMOVE FOREIGN BODY, MOUTH	126
40805	REMOVE FOREIGN BODY, MOUTH	247
40806	INCISE LIP FOLD	67
40808	BIOPSY MOUTH LESION	108
40810	EXCISE MOUTH LESION	134
40812	EXCISE/REPAIR MOUTH LESION	218
40814	EXCISE/REPAIR MOUTH LESION	357
40816	EXCISE MOUTH LESION	375
40818	EXCISE ORAL MUCOSA FOR GRAFT	314
40819	EXCISE LIP OR CHEEK FOLD	283
40820	TREAT MOUTH LESION	192
40830	REPAIR MOUTH LACERATION	228
40831	REPAIR MOUTH LACERATION	296
40840	RECONSTRUCT MOUTH	863
40842	RECONSTRUCT MOUTH	842
40843	RECONSTRUCT MOUTH	1,098
40844	RECONSTRUCT MOUTH	1,501
40845	RECONSTRUCT MOUTH	1,713
40899	MOUTH SURGERY PROCEDURE	721
41000	DRAIN MOUTH LESION	143
41005	DRAIN MOUTH LESION	153
41006	DRAIN MOUTH LESION	356
41007	DRAIN MOUTH LESION	341
41008	DRAIN MOUTH LESION	364
41009	DRAIN MOUTH LESION	394
41010	INCISE TONGUE FOLD	239
41015	DRAIN MOUTH LESION	426
41016	DRAIN MOUTH LESION	432
41017	DRAIN MOUTH LESION	438
41018	DRAIN MOUTH LESION	496
41100	BIOPSY TONGUE	162
41105	BIOPSY TONGUE	145
41108	BIOPSY FLOOR MOUTH	116
41110	EXCISE TONGUE LESION	151
41112	EXCISE TONGUE LESION	289
41113	EXCISE TONGUE LESION	328
41114	EXCISE TONGUE LESION	787
41115	EXCISE TONGUE FOLD	230
41116	EXCISE MOUTH LESION	277

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
41120	PARTIAL REMOVE TONGUE	921
41130	PARTIAL REMOVE TONGUE	1,037
41135	TONGUE AND NECK SURGERY	2,014
41140	REMOVE TONGUE	2,208
41145	TONGUE REMOVE NECK SURGERY	2,612
41150	TONGUE, MOUTH, JAW SURGERY	2,047
41153	TONGUE, MOUTH, NECK SURGERY	2,110
41155	TONGUE, JAW, & NECK SURGERY	2,429
41250	REPAIR TONGUE LACERATION	188
41251	REPAIR TONGUE LACERATION	224
41252	REPAIR TONGUE LACERATION	280
41500	FIXATE TONGUE	389
41510	TONGUE TO LIP SURGERY	346
41520	RECONSTRUCT TONGUE FOLD	316
41599	TONGUE AND MOUTH SURGERY	234
41800	DRAIN GUM LESION	139
41805	REMOVE FOREIGN BODY, GUM	190
41806	REMOVE FOREIGN BODY,JAWBONE	312
41820	EXCISE GUM, EACH QUADRANT	476
41821	EXCISE GUM FLAP	100
41822	EXCISE GUM LESION	197
41823	EXCISE GUM LESION	396
41825	EXCISE GUM LESION	195
41826	EXCISE GUM LESION	277
41827	EXCISE GUM LESION	386
41828	EXCISE GUM LESION	342
41830	REMOVE GUM TISSUE	367
41850	TREAT GUM LESION	269
41870	GUM GRAFT	554
41872	REPAIR GUM	325
41874	REPAIR TOOTH SOCKET	340
41899	DENTAL SURGERY PROCEDURE	1,674
42000	DRAINAGE MOUTH ROOF LESION	132
42100	BIOPSY ROOF MOUTH	142
42104	EXCISE LESION MOUTH ROOF	169
42106	EXCISE LESION MOUTH ROOF	261
42107	EXCISE LESION MOUTH ROOF	458
42120	REMOVE PALATE/LESION	623
42140	EXCISE UVULA	212

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
42145	REPAIR PALATE, PHARYNX/UVULA	778
42160	TREATMENT MOUTH ROOF LESION	237
42180	REPAIR PALATE	246
42182	REPAIR PALATE	366
42200	RECONSTRUCT CLEFT PALATE	1,122
42205	RECONSTRUCT CLEFT PALATE	1,195
42210	RECONSTRUCT CLEFT PALATE	1,340
42215	RECONSTRUCT CLEFT PALATE	887
42220	RECONSTRUCT CLEFT PALATE	667
42225	RECONSTRUCT CLEFT PALATE	917
42226	LENGTHEN PALATE	950
42227	LENGTHEN PALATE	896
42235	REPAIR PALATE	698
42260	REPAIR NOSE TO LIP FISTULA	924
42280	PREPARE PALATE MOLD	129
42281	INSERT PALATE PROSTHESIS	203
42299	PALATE/UVULA SURGERY	234
42300	DRAIN SALIVARY GLAND	200
42305	DRAIN SALIVARY GLAND	586
42310	DRAIN SALIVARY GLAND	165
42320	DRAIN SALIVARY GLAND	237
42325	CREATE SALIVARY CYST DRAIN	263
42326	CREATE SALIVARY CYST DRAIN	369
42330	REMOVE SALIVARY STONE	216
42335	REMOVE SALIVARY STONE	354
42340	REMOVE SALIVARY STONE	471
42400	BIOPSY SALIVARY GLAND	80
42405	BIOPSY SALIVARY GLAND	307
42408	EXCISE SALIVARY CYST	457
42409	DRAIN SALIVARY CYST	313
42410	EXCISE PAROTID GLAND/LESION	854
42415	EXCISE PAROTID GLAND/LESION	1,497
42420	EXCISE PAROTID GLAND/LESION	1,721
42425	EXCISE PAROTID GLAND/LESION	1,175
42426	EXCISE PAROTID GLAND/LESION	1,845
42440	EXCISE SUBMAXILLARY GLAND	640
42450	EXCISE SUBLINGUAL GLAND	471
42500	REPAIR SALIVARY DUCT	450
42505	REPAIR SALIVARY DUCT	613

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
42507	PAROTID DUCT DIVERSION	613
42508	PAROTID DUCT DIVERSION	856
42509	PAROTID DUCT DIVERSION	1,082
42510	PAROTID DUCT DIVERSION	757
42550	INJECTION FOR SALIVARY X-RAY	87
42600	CLOSE SALIVARY FISTULA	496
42650	DILATE SALIVARY DUCT	79
42660	DILATE SALIVARY DUCT	104
42665	LIGATE SALIVARY DUCT	291
42699	SALIVARY SURGERY PROCEDURE	1,674
42700	DRAIN TONSIL ABSCESS	178
42720	DRAIN THROAT ABSCESS	491
42725	DRAIN THROAT ABSCESS	995
42800	BIOPSY THROAT	148
42802	BIOPSY THROAT	185
42804	BIOPSY UPPER NOSE/THROAT	161
42806	BIOPSY UPPER NOSE/THROAT	186
42808	EXCISE PHARYNX LESION	225
42809	REMOVE PHARYNX FOREIGN BODY	169
42810	EXCISE NECK CYST	353
42815	EXCISE NECK CYST	665
42820	REMOVE TONSILS AND ADENOIDS	392
42821	REMOVE TONSILS AND ADENOIDS	423
42825	REMOVE TONSILS	357
42826	REMOVE TONSILS	349
42830	REMOVE ADENOIDS	276
42831	REMOVE ADENOIDS	296
42835	REMOVE ADENOIDS	262
42836	REMOVE ADENOIDS	336
42842	EXTENSIVE SURGERY THROAT	823
42844	EXTENSIVE SURGERY THROAT	1,293
42845	EXTENSIVE SURGERY THROAT	2,146
42860	EXCISE TONSIL TAGS	255
42870	EXCISE LINGUAL TONSIL	541
42890	PARTIAL REMOVE PHARYNX	1,182
42892	REVISE PHARYNGEAL WALLS	1,419
42894	REVISE PHARYNGEAL WALLS	2,016
42900	REPAIR THROAT WOUND	476
42950	RECONSTRUCT THROAT	781

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
42953	REPAIR THROAT, ESOPHAGUS	881
42955	SURGICAL OPENING THROAT	694
42960	CONTROL THROAT BLEEDING	231
42961	CONTROL THROAT BLEEDING	554
42962	CONTROL THROAT BLEEDING	684
42970	CONTROL NOSE/THROAT BLEEDING	479
42971	CONTROL NOSE/THROAT BLEEDING	594
42972	CONTROL NOSE/THROAT BLEEDING	674
42999	THROAT SURGERY PROCEDURE	721
43020	INCISE ESOPHAGUS	739
43030	THROAT MUSCLE SURGERY	720
43045	INCISE ESOPHAGUS	1,678
43100	EXCISE ESOPHAGUS LESION	828
43101	EXCISE ESOPHAGUS LESION	1,319
43107	REMOVE ESOPHAGUS	3,057
43108	REMOVE ESOPHAGUS	2,646
43112	REMOVE ESOPHAGUS	3,308
43113	REMOVE ESOPHAGUS	2,777
43116	PARTIAL REMOVE ESOPHAGUS	2,571
43117	PARTIAL REMOVE ESOPHAGUS	3,028
43118	PARTIAL REMOVE ESOPHAGUS	2,562
43121	PARTIAL REMOVE ESOPHAGUS	2,299
43122	PARTIAL REMOVE ESOPHAGUS	3,021
43123	PARTIAL REMOVE ESOPHAGUS	2,601
43124	REMOVE ESOPHAGUS	2,203
43130	REMOVE ESOPHAGUS POUCH	1,040
43135	REMOVE ESOPHAGUS POUCH	1,326
43200	ESOPHAGUS ENDOSCOPY	143
43201	ESOPH SCOPE W/SUBMUCOUS INJ	177
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	150
43204	ESOPH SCOPE W/SCLEROSIS INJ	277
43205	ESOPHAGUS ENDOSCOPY/LIGATION	278
43215	ESOPHAGUS ENDOSCOPY	202
43216	ESOPHAGUS ENDOSCOPY/LESION	189
43217	ESOPHAGUS ENDOSCOPY	217
43219	ESOPHAGUS ENDOSCOPY	219
43220	ESOPH ENDOSCOPY, DILATION	162
43226	ESOPH ENDOSCOPY, DILATION	178
43227	ESOPH ENDOSCOPY, REPAIR	265

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
43228	ESOPH ENDOSCOPY, ABLATION	283
43231	ESOPH ENDOSCOPY W/US EXAM	239
43232	ESOPH ENDOSCOPY W/US FN BX	332
43234	UPPER GI ENDOSCOPY, EXAM	154
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	182
43236	UPPR GI SCOPE W/SUBMUC INJ	218
43237	ENDOSCOPIC US EXAM, ESOPH	294
43238	UPPR GI ENDOSCOPY W/US FN BX	364
43239	UPPER GI ENDOSCOPY, BIOPSY	214
43240	ESOPH ENDOSCOPE W/DRAIN CYST	498
43241	UPPER GI ENDOSCOPY WITH TUBE	196
43242	UPPR GI ENDOSCOPY W/US FN BX	523
43243	UPPER GI ENDOSCOPY & INJECT	334
43244	UPPER GI ENDOSCOPY/LIGATION	366
43245	UPPR GI SCOPE DILATE STRICTR	238
43246	PLACE GASTROSTOMY TUBE	318
43247	OPERATIVE UPPER GI ENDOSCOPY	251
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	235
43249	ESOPH ENDOSCOPY, DILATION	217
43250	UPPER GI ENDOSCOPY/TUMOR	239
43251	OPERATIVE UPPER GI ENDOSCOPY	273
43255	OPERATIVE UPPER GI ENDOSCOPY	350
43256	UPPR GI ENDOSCOPY W STENT	320
43258	OPERATIVE UPPER GI ENDOSCOPY	334
43259	ENDOSCOPIC ULTRASOUND EXAM	376
43260	ENDO CHOLANGIOPANCREATOGRAPH	431
43261	ENDO CHOLANGIOPANCREATOGRAPH	453
43262	ENDO CHOLANGIOPANCREATOGRAPH	531
43263	ENDO CHOLANGIOPANCREATOGRAPH	522
43264	ENDO CHOLANGIOPANCREATOGRAPH	638
43265	ENDO CHOLANGIOPANCREATOGRAPH	714
43267	ENDO CHOLANGIOPANCREATOGRAPH	531
43268	ENDO CHOLANGIOPANCREATOGRAPH	536
43269	ENDO CHOLANGIOPANCREATOGRAPH	584
43271	ENDO CHOLANGIOPANCREATOGRAPH	531
43272	ENDO CHOLANGIOPANCREATOGRAPH	531
43280	LAPAROSCOPY, FUNDOPLASTY	1,333
43289	LAPAROSCOPE PROC, ESOPH	3,534
43300	REPAIR ESOPHAGUS	842

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
43305	REPAIR ESOPHAGUS AND FISTULA	1,502
43310	REPAIR ESOPHAGUS	2,013
43312	REPAIR ESOPHAGUS AND FISTULA	2,218
43313	ESOPHAGOPLASTY CONGENITAL	3,591
43314	TRACHEO-ESOPHAGOPLASTY CONG	3,943
43320	FUSE ESOPHAGUS & STOMACH	1,559
43324	REVISE ESOPHAGUS & STOMACH	1,573
43325	REVISE ESOPHAGUS & STOMACH	1,546
43326	REVISE ESOPHAGUS & STOMACH	1,567
43330	REPAIR ESOPHAGUS	1,511
43331	REPAIR ESOPHAGUS	1,617
43340	FUSE ESOPHAGUS & INTESTINE	1,527
43341	FUSE ESOPHAGUS & INTESTINE	1,676
43350	SURGICAL OPENING ESOPHAGUS	1,291
43351	SURGICAL OPENING ESOPHAGUS	1,508
43352	SURGICAL OPENING ESOPHAGUS	1,269
43360	GASTROINTESTINAL REPAIR	2,724
43361	GASTROINTESTINAL REPAIR	3,085
43400	LIGATE ESOPHAGUS VEINS	1,598
43401	ESOPHAGUS SURGERY FOR VEINS	1,689
43405	LIGATE/STAPLE ESOPHAGUS	1,584
43410	REPAIR ESOPHAGUS WOUND	1,134
43415	REPAIR ESOPHAGUS WOUND	1,961
43420	REPAIR ESOPHAGUS OPENING	1,150
43425	REPAIR ESOPHAGUS OPENING	1,677
43450	DILATE ESOPHAGUS	110
43453	DILATE ESOPHAGUS	120
43456	DILATE ESOPHAGUS	195
43458	DILATE ESOPHAGUS	231
43460	PRESSURE TREATMENT ESOPHAGUS	277
43496	FREE JEJUNUM FLAP, MICROVASC	5,928
43499	ESOPHAGUS SURGERY PROCEDURE	661
43500	SURGICAL OPENING STOMACH	854
43501	SURGICAL REPAIR STOMACH	1,514
43502	SURGICAL REPAIR STOMACH	1,743
43510	SURGICAL OPENING STOMACH	1,043
43520	INCISE PYLORIC MUSCLE	819
43600	BIOPSY STOMACH	155
43605	BIOPSY STOMACH	922

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
43610	EXCISE STOMACH LESION	1,109
43611	EXCISE STOMACH LESION	1,356
43620	REMOVE STOMACH	2,232
43621	REMOVE STOMACH	2,280
43622	REMOVE STOMACH	2,407
43631	REMOVE STOMACH, PARTIAL	1,708
43632	REMOVE STOMACH, PARTIAL	1,709
43633	REMOVE STOMACH, PARTIAL	1,745
43634	REMOVE STOMACH, PARTIAL	1,892
43635	REMOVE STOMACH, PARTIAL	150
43638	REMOVE STOMACH, PARTIAL	2,182
43639	REMOVE STOMACH, PARTIAL	2,208
43640	VAGOTOMY & PYLORUS REPAIR	1,307
43641	VAGOTOMY & PYLORUS REPAIR	1,326
43651	LAPAROSCOPY, VAGUS NERVE	810
43652	LAPAROSCOPY, VAGUS NERVE	952
43653	LAPAROSCOPY, GASTROSTOMY	647
43750	PLACE GASTROSTOMY TUBE	383
43752	NASAL/OROGASTRIC W/STENT	48
43760	CHANGE GASTROSTOMY TUBE	82
43761	REPOSITION GASTROSTOMY TUBE	146
43800	RECONSTRUCT PYLORUS	1,047
43810	FUSION STOMACH AND BOWEL	1,112
43820	FUSION STOMACH AND BOWEL	1,163
43825	FUSION STOMACH AND BOWEL	1,455
43830	PLACE GASTROSTOMY TUBE	766
43831	PLACE GASTROSTOMY TUBE	671
43832	PLACE GASTROSTOMY TUBE	1,195
43840	REPAIR STOMACH LESION	1,193
43842	GASTROPLASTY FOR OBESITY	1,423
43843	GASTROPLASTY FOR OBESITY	1,432
43846	GASTRIC BYPASS FOR OBESITY	1,840
43847	GASTRIC BYPASS FOR OBESITY	2,042
43848	REVISION GASTROPLASTY	2,226
43850	REVISE STOMACH-BOWEL FUSION	1,847
43855	REVISE STOMACH-BOWEL FUSION	1,947
43860	REVISE STOMACH-BOWEL FUSION	1,873
43865	REVISE STOMACH-BOWEL FUSION	1,982
43870	REPAIR STOMACH OPENING	757

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
43880	REPAIR STOMACH-BOWEL FISTULA	1,847
43999	STOMACH SURGERY PROCEDURE	328
44005	FREE BOWEL ADHESION	1,234
44010	INCISE SMALL BOWEL	965
44015	INSERT NEEDLE CATH BOWEL	190
44020	EXPLORE SMALL INTESTINE	1,071
44021	DECOMPRESS SMALL BOWEL	1,076
44025	INCISE LARGE BOWEL	1,091
44050	REDUCE BOWEL OBSTRUCTION	1,071
44055	CORRECT MALROTATION BOWEL	1,620
44100	BIOPSY BOWEL	164
44110	EXCISE INTESTINE LESION(S)	915
44111	EXCISE BOWEL LESION(S)	1,097
44120	REMOVE SMALL INTESTINE	1,293
44121	REMOVE SMALL INTESTINE	325
44125	REMOVE SMALL INTESTINE	1,332
44126	ENTERECTOMY W/O TAPER, CONG	2,519
44127	ENTERECTOMY W/TAPER, CONG	2,879
44128	ENTERECTOMY CONG, ADD-ON	325
44130	BOWEL TO BOWEL FUSION	1,112
44139	MOBILIZE COLON	161
44140	PARTIAL REMOVE COLON	1,610
44141	PARTIAL REMOVE COLON	1,604
44143	PARTIAL REMOVE COLON	1,814
44144	PARTIAL REMOVE COLON	1,676
44145	PARTIAL REMOVE COLON	1,997
44146	PARTIAL REMOVE COLON	2,163
44147	PARTIAL REMOVE COLON	1,577
44150	REMOVE COLON	1,935
44151	REMOVE COLON/ILEOSTOMY	2,149
44152	REMOVE COLON/ILEOSTOMY	2,118
44153	REMOVE COLON/ILEOSTOMY	2,404
44155	REMOVE COLON/ILEOSTOMY	2,207
44156	REMOVE COLON/ILEOSTOMY	2,441
44160	REMOVE COLON	1,431
44200	LAPAROSCOPY, ENTEROLYSIS	1,120
44201	LAPAROSCOPY, JEJUNOSTOMY	784
44202	LAP RESECT S/INTESTINE SING	1,678
44203	LAP RESECT S/INTESTINE, ADD	323

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
44204	LAPARO PARTIAL COLECTOMY	1,903
44205	LAP COLECTOMY PART W/ILEUM	1,686
44206	LAP PART COLECTOMY W/STOMA	2,042
44207	L COLECTOMY/COLOPROCTOSTOMY	2,212
44208	L COLECTOMY/COLOPROCTOSTOMY	2,398
44210	LAPARO TOTAL PROCTOCOLECTOMY	2,128
44211	LAPARO TOTAL PROCTOCOLECTOMY	2,631
44212	LAPARO TOTAL PROCTOCOLECTOMY	2,459
44300	OPEN BOWEL TO SKIN	937
44310	ILEOSTOMY/JEJUNOSTOMY	1,204
44312	REVISE ILEOSTOMY	638
44314	REVISE ILEOSTOMY	1,145
44316	DEVISE BOWEL POUCH	1,571
44320	COLOSTOMY	1,346
44322	COLOSTOMY WITH BIOPSIES	1,115
44340	REVISE COLOSTOMY	639
44345	REVISE COLOSTOMY	1,188
44346	REVISE COLOSTOMY	1,295
44360	SMALL BOWEL ENDOSCOPY	195
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	214
44363	SMALL BOWEL ENDOSCOPY	257
44364	SMALL BOWEL ENDOSCOPY	276
44365	SMALL BOWEL ENDOSCOPY	246
44366	SMALL BOWEL ENDOSCOPY	322
44369	SMALL BOWEL ENDOSCOPY	328
44370	SMALL BOWEL ENDOSCOPY/STENT	353
44372	SMALL BOWEL ENDOSCOPY	325
44373	SMALL BOWEL ENDOSCOPY	259
44376	SMALL BOWEL ENDOSCOPY	383
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	402
44378	SMALL BOWEL ENDOSCOPY	515
44379	S BOWEL ENDOSCOPE W/STENT	544
44380	SMALL BOWEL ENDOSCOPY	86
44382	SMALL BOWEL ENDOSCOPY	102
44383	ILEOSCOPY W/STENT	220
44385	ENDOSCOPY BOWEL POUCH	147
44386	ENDOSCOPY, BOWEL POUCH/BIOP	172
44388	COLONOSCOPY	210
44389	COLONOSCOPY WITH BIOPSY	232

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
44390	COLONOSCOPY FOR FOREIGN BODY	281
44391	COLONOSCOPY FOR BLEEDING	316
44392	COLONOSCOPY & POLYPECTOMY	281
44393	COLONOSCOPY W/LESION REMOVE	353
44394	COLONOSCOPY W/SNARE	325
44397	COLONOSCOPY W/STENT	356
44500	INTRO GASTROINTESTINAL TUBE	44
44602	SUTURE SMALL INTESTINE	1,188
44603	SUTURE SMALL INTESTINE	1,382
44604	SUTURE LARGE INTESTINE	1,210
44605	REPAIR BOWEL LESION	1,494
44615	INTESTINAL STRICTUROPLASTY	1,216
44620	REPAIR BOWEL OPENING	942
44625	REPAIR BOWEL OPENING	1,148
44626	REPAIR BOWEL OPENING	1,909
44640	REPAIR BOWEL-SKIN FISTULA	1,602
44650	REPAIR BOWEL FISTULA	1,666
44660	REPAIR BOWEL-BLADDER FISTULA	1,559
44661	REPAIR BOWEL-BLADDER FISTULA	1,814
44680	SURGICAL REVISION, INTESTINE	1,176
44700	SUSPEND BOWEL W/PROSTHESIS	1,214
44701	INTRAOP COLON LAVAGE ADD-ON	220
44800	EXCISE BOWEL POUCH	901
44820	EXCISE MESENTERY LESION	944
44850	REPAIR MESENTERY	849
44900	DRAIN APP ABSCESS, OPEN	796
44901	DRAIN APP ABSCESS, PERCUT	235
44950	APPENDECTOMY	771
44955	APPENDECTOMY ADD-ON	112
44960	APPENDECTOMY	952
44970	LAPAROSCOPY, APPENDECTOMY	700
44979	LAPAROSCOPE PROC, APP	3,534
45000	DRAIN PELVIC ABSCESS	401
45005	DRAIN RECTAL ABSCESS	198
45020	DRAIN RECTAL ABSCESS	430
45100	BIOPSY RECTUM	326
45108	REMOVE ANORECTAL LESION	413
45110	REMOVE RECTUM	2,164
45111	PARTIAL REMOVE RECTUM	1,281

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
45112	REMOVE RECTUM	2,257
45113	PARTIAL PROCTECTOMY	2,294
45114	PARTIAL REMOVE RECTUM	2,052
45116	PARTIAL REMOVE RECTUM	1,853
45119	REMOVE RECTUM W/RESERVOIR	2,299
45120	REMOVE RECTUM	1,875
45121	REMOVE RECTUM AND COLON	2,068
45123	PARTIAL PROCTECTOMY	1,245
45126	PELVIC EXENTERATION	3,426
45130	EXCISE RECTAL PROLAPSE	1,231
45135	EXCISE RECTAL PROLAPSE	1,481
45136	EXCISE ILEOANAL RESERVIOR	2,155
45150	EXCISE RECTAL STRICTURE	462
45160	EXCISE RECTAL LESION	1,167
45170	EXCISE RECTAL LESION	893
45190	DESTROY RECTAL TUMOR	769
45300	PROCTOSIGMOIDOSCOPY DX	38
45303	PROCTOSIGMOIDOSCOPY DILATE	43
45305	PROCTOSIGMOIDOSCOPY W/BX	82
45307	PROCTOSIGMOIDOSCOPY FB	81
45308	PROCTOSIGMOIDOSCOPY REMOVE	72
45309	PROCTOSIGMOIDOSCOPY REMOVE	154
45315	PROCTOSIGMOIDOSCOPY REMOVE	114
45317	PROCTOSIGMOIDOSCOPY BLEED	121
45320	PROCTOSIGMOIDOSCOPY ABLATE	127
45321	PROCTOSIGMOIDOSCOPY VOLVUL	98
45327	PROCTOSIGMOIDOSCOPY W/STENT	124
45330	DIAGNOSTIC SIGMOIDOSCOPY	78
45331	SIGMOIDOSCOPY AND BIOPSY	94
45332	SIGMOIDOSCOPY W/FB REMOVE	139
45333	SIGMOIDOSCOPY & POLYPECTOMY	140
45334	SIGMOIDOSCOPY FOR BLEEDING	206
45335	SIGMOIDOSCOPY W/SUBMUC INJ	112
45337	SIGMOIDOSCOPY & DECOMPRESS	180
45338	SIGMOIDOSCOPY W/TUMR REMOVE	179
45339	SIGMOIDOSCOPY W/ABLATE TUMR	234
45340	SIG W/BALLOON DILATION	141
45341	SIGMOIDOSCOPY W/ULTRASOUND	198
45342	SIGMOIDOSCOPY W/US GUIDE BX	297

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
45345	SIGMOIDOSCOPY W/STENT	216
45355	SURGICAL COLONOSCOPY	261
45378	DIAGNOSTIC COLONOSCOPY	277
45379	COLONOSCOPY W/FB REMOVE	343
45380	COLONOSCOPY AND BIOPSY	324
45381	COLONOSCOPY, SUBMUCOUS INJ	307
45382	COLONOSCOPY/CONTROL BLEEDING	413
45383	LESION REMOVE COLONOSCOPY	427
45384	LESION REMOVE COLONOSCOPY	343
45385	LESION REMOVE COLONOSCOPY	387
45386	COLONOSCOPY DILATE STRICTURE	334
45387	COLONOSCOPY W/STENT	434
45500	REPAIR RECTUM	580
45505	REPAIR RECTUM	606
45520	TREAT RECTAL PROLAPSE	39
45540	CORRECT RECTAL PROLAPSE	1,228
45541	CORRECT RECTAL PROLAPSE	1,026
45550	REPAIR RECTUM/REMOVE SIGMOID	1,711
45560	REPAIR RECTOCELE	832
45562	EXPLORATION/REPAIR RECTUM	1,194
45563	EXPLORATION/REPAIR RECTUM	1,818
45800	REPAIR RECT/BLADDER FISTULA	1,334
45805	REPAIR FISTULA W/COLOSTOMY	1,612
45820	REPAIR RECTOURETHRAL FISTULA	1,381
45825	REPAIR FISTULA W/COLOSTOMY	1,625
45900	REDUCE RECTAL PROLAPSE	219
45905	DILATE ANAL SPHINCTER	197
45910	DILATE RECTAL NARROWING	234
45915	REMOVE RECTAL OBSTRUCTION	226
45999	RECTUM SURGERY PROCEDURE	326
46020	PLACE SETON	254
46030	REMOVE RECTAL MARKER	104
46040	INCISE RECTAL ABSCESS	438
46045	INCISE RECTAL ABSCESS	389
46050	INCISE ANAL ABSCESS	110
46060	INCISE RECTAL ABSCESS	483
46070	INCISE ANAL SEPTUM	248
46080	INCISE ANAL SPHINCTER	195
46083	INCISE EXTERNAL HEMORRHOID	126

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
46200	REMOVE ANAL FISSURE	313
46210	REMOVE ANAL CRYPT	259
46211	REMOVE ANAL CRYPTS	386
46220	REMOVE ANAL TAG	134
46221	LIGATE HEMORRHOID(S)	166
46230	REMOVE ANAL TAGS	207
46250	HEMORRHOIDECTOMY	345
46255	HEMORRHOIDECTOMY	396
46257	REMOVE HEMORRHOIDS & FISSURE	452
46258	REMOVE HEMORRHOIDS & FISTULA	492
46260	HEMORRHOIDECTOMY	523
46261	REMOVE HEMORRHOIDS & FISSURE	580
46262	REMOVE HEMORRHOIDS & FISTULA	612
46270	REMOVE ANAL FISTULA	329
46275	REMOVE ANAL FISTULA	382
46280	REMOVE ANAL FISTULA	497
46285	REMOVE ANAL FISTULA	344
46288	REPAIR ANAL FISTULA	581
46320	REMOVE HEMORRHOID CLOT	132
46500	INJECTION INTO HEMORRHOID(S)	119
46600	DIAGNOSTIC ANOSCOPY	47
46604	ANOSCOPY AND DILATION	103
46606	ANOSCOPY AND BIOPSY	67
46608	ANOSCOPY, REMOVE FOR BODY	118
46610	ANOSCOPY, REMOVE LESION	105
46611	ANOSCOPY	140
46612	ANOSCOPY, REMOVE LESIONS	178
46614	ANOSCOPY, CONTROL BLEEDING	153
46615	ANOSCOPY	203
46700	REPAIR ANAL STRICTURE	705
46705	REPAIR ANAL STRICTURE	578
46706	REPAIR ANAL FISTULA W/GLUE	193
46715	REPAIR ANOVAGINAL FISTULA	589
46716	REPAIR ANOVAGINAL FISTULA	1,236
46730	CONSTRUCT ABSENT ANUS	2,066
46735	CONSTRUCT ABSENT ANUS	2,447
46740	CONSTRUCT ABSENT ANUS	2,286
46742	REPAIR IMPERFORATED ANUS	2,836
46744	REPAIR CLOACAL ANOMALY	3,837

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
46746	REPAIR CLOACAL ANOMALY	4,340
46748	REPAIR CLOACAL ANOMALY	4,574
46750	REPAIR ANAL SPHINCTER	812
46751	REPAIR ANAL SPHINCTER	767
46753	RECONSTRUCT ANUS	646
46754	REMOVE SUTURE FROM ANUS	205
46760	REPAIR ANAL SPHINCTER	1,135
46761	REPAIR ANAL SPHINCTER	1,048
46762	IMPLANT ARTIFICIAL SPHINCTER	959
46900	DESTROY ANAL LESION(S)	143
46910	DESTROY ANAL LESION(S)	158
46916	CRYOSURGERY, ANAL LESION(S)	171
46917	LASER SURGERY, ANAL LESIONS	160
46922	EXCISE ANAL LESION(S)	159
46924	DESTROY ANAL LESION(S)	219
46934	DESTROY HEMORRHOIDS	330
46935	DESTROY HEMORRHOIDS	193
46936	DESTROY HEMORRHOIDS	318
46937	CRYOTHERAPY RECTAL LESION	204
46938	CRYOTHERAPY RECTAL LESION	394
46940	TREAT ANAL FISSURE	182
46942	TREAT ANAL FISSURE	162
46945	LIGATE HEMORRHOIDS	200
46946	LIGATE HEMORRHOIDS	238
46999	ANUS SURGERY PROCEDURE	326
47000	NEEDLE BIOPSY LIVER	132
47001	NEEDLE BIOPSY LIVER, ADD-ON	138
47010	OPEN DRAINAGE LIVER LESION	1,277
47011	PERCUT DRAIN, LIVER LESION	256
47015	INJECT/ASPIRATE LIVER CYST	1,192
47100	WEDGE BIOPSY LIVER	939
47120	PARTIAL REMOVE LIVER	2,682
47122	EXTENSIVE REMOVE LIVER	4,056
47125	PARTIAL REMOVE LIVER	3,638
47130	PARTIAL REMOVE LIVER	3,936
47133	REMOVE DONOR LIVER	3,920
47135	TRANSPLANT LIVER	6,154
47136	TRANSPLANT LIVER	5,211
47140	PARTIAL REMOVE DONOR LIVER	4,130

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
47141	PARTIAL REMOVE DONOR LIVER	4,992
47142	PARTIAL REMOVE DONOR LIVER	5,498
47300	SURGERY FOR LIVER LESION	1,182
47350	REPAIR LIVER WOUND	1,505
47360	REPAIR LIVER WOUND	2,037
47361	REPAIR LIVER WOUND	3,477
47362	REPAIR LIVER WOUND	1,444
47370	LAPARO ABLATE LIVER TUMOR RF	1,450
47371	LAPARO ABLATE LIVER CRYOSURG	1,450
47380	OPEN ABLATE LIVER TUMOR RF	1,677
47381	OPEN ABLATE LIVER TUMOR CRYO	1,704
47382	PERCUT ABLATE LIVER RF	1,133
47399	LIVER SURGERY PROCEDURE	754
47400	INCISE LIVER DUCT	2,417
47420	INCISE BILE DUCT	1,539
47425	INCISE BILE DUCT	1,533
47460	INCISE BILE DUCT SPHINCTER	1,402
47480	INCISE GALLBLADDER	896
47490	INCISE GALLBLADDER	684
47500	INJECTION FOR LIVER X-RAYS	136
47505	INJECTION FOR LIVER X-RAYS	53
47510	INSERT CATHETER, BILE DUCT	671
47511	INSERT BILE DUCT DRAIN	813
47525	CHANGE BILE DUCT CATHETER	459
47530	REVISE/REINSERT BILE TUBE	533
47550	BILE DUCT ENDOSCOPY ADD-ON	220
47552	BILIARY ENDOSCOPY THRU SKIN	448
47553	BILIARY ENDOSCOPY THRU SKIN	467
47554	BILIARY ENDOSCOPY THRU SKIN	665
47555	BILIARY ENDOSCOPY THRU SKIN	551
47556	BILIARY ENDOSCOPY THRU SKIN	619
47560	LAPAROSCOPY W/CHOLANGIO	364
47561	LAPARO W/CHOLANGIO/BIOPSY	394
47562	LAPAROSCOPIC CHOLECYSTECTOMY	872
47563	LAPARO CHOLECYSTECTOMY/GRAPH	935
47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,095
47570	LAPARO CHOLECYSTOENTEROSTOMY	974
47579	LAPAROSCOPE PROC, BILIARY	3,534
47600	REMOVE GALLBLADDER	1,060

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
47605	REMOVE GALLBLADDER	1,139
47610	REMOVE GALLBLADDER	1,437
47612	REMOVE GALLBLADDER	1,432
47620	REMOVE GALLBLADDER	1,567
47630	REMOVE BILE DUCT STONE	728
47700	EXPLORE BILE DUCTS	1,242
47701	BILE DUCT REVISION	2,146
47711	EXCISE BILE DUCT TUMOR	1,772
47712	EXCISE BILE DUCT TUMOR	2,296
47715	EXCISE BILE DUCT CYST	1,462
47716	FUSION BILE DUCT CYST	1,304
47720	FUSE GALLBLADDER & BOWEL	1,258
47721	FUSE UPPER GI STRUCTURES	1,487
47740	FUSE GALLBLADDER & BOWEL	1,444
47741	FUSE GALLBLADDER & BOWEL	1,645
47760	FUSE BILE DUCTS AND BOWEL	1,972
47765	FUSE LIVER DUCTS & BOWEL	1,920
47780	FUSE BILE DUCTS AND BOWEL	2,026
47785	FUSE BILE DUCTS AND BOWEL	2,370
47800	RECONSTRUCT BILE DUCTS	1,790
47801	PLACE BILE DUCT SUPPORT	1,226
47802	FUSE LIVER DUCT & INTESTINE	1,678
47900	SUTURE BILE DUCT INJURY	1,543
47999	BILE TRACT SURGERY PROCEDURE	328
48000	DRAIN ABDOMEN	2,068
48001	PLACE DRAIN, PANCREAS	2,588
48005	RESECT/DEBRIDE PANCREAS	3,081
48020	REMOVE PANCREATIC STONE	1,237
48100	BIOPSY PANCREAS, OPEN	960
48102	NEEDLE BIOPSY, PANCREAS	371
48120	REMOVE PANCREAS LESION	1,220
48140	PARTIAL REMOVE PANCREAS	1,754
48145	PARTIAL REMOVE PANCREAS	1,829
48146	PANCREATECTOMY	2,072
48148	REMOVE PANCREATIC DUCT	1,348
48150	PARTIAL REMOVE PANCREAS	3,645
48152	PANCREATECTOMY	3,347
48153	PANCREATECTOMY	3,643
48154	PANCREATECTOMY	3,368

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
48155	REMOVE PANCREAS	1,964
48180	FUSE PANCREAS AND BOWEL	1,880
48400	INJECTION, INTRAOP ADD-ON	135
48500	SURGERY PANCREATIC CYST	1,218
48510	DRAIN PANCREATIC PSEUDOCYST	1,163
48511	DRAIN PANCREATIC PSEUDOCYST	276
48520	FUSE PANCREAS CYST AND BOWEL	1,202
48540	FUSE PANCREAS CYST AND BOWEL	1,502
48545	PANCREATORRHAPHY	1,409
48547	DUODENAL EXCLUSION	1,955
48550	DONOR PANCREATECTOMY	6,235
48554	TRANSPL ALLOGRAFT PANCREAS	2,780
48556	REMOVE ALLOGRAFT PANCREAS	1,296
48999	PANCREAS SURGERY PROCEDURE	754
49000	EXPLORE ABDOMEN	936
49002	REOPEN ABDOMEN	843
49010	EXPLORE BEHIND ABDOMEN	986
49020	DRAIN ABDOMINAL ABSCESS	1,764
49021	DRAIN ABDOMINAL ABSCESS	234
49040	DRAIN, OPEN, ABDOM ABSCESS	1,054
49041	DRAIN, PERCUT, ABDOM ABSCESS	276
49060	DRAIN, OPEN, RETROP ABSCESS	1,220
49061	DRAIN, PERCUT, RETROPER ABSC	256
49062	DRAIN TO PERITONEAL CAVITY	909
49080	PUNCTURE, PERITONEAL CAVITY	299
49081	REMOVE ABDOMINAL FLUID	96
49085	REMOVE ABDOMEN FOREIGN BODY	972
49180	BIOPSY ABDOMINAL MASS	119
49200	REMOVE ABDOMINAL LESION	824
49201	REMOVE ABDOM LESION, COMPLEX	1,187
49215	EXCISE SACRAL SPINE TUMOR	2,531
49220	MULTIPLE SURGERY, ABDOMEN	1,169
49250	EXCISE UMBILICUS	686
49255	REMOVE OMENTUM	909
49320	DIAG LAPARO SEPARATE PROC	427
49321	LAPAROSCOPY, BIOPSY	435
49322	LAPAROSCOPY, ASPIRATION	470
49323	LAPARO DRAIN LYMPHOCELE	754
49329	LAPARO PROC, ABDM/PER/OMENT	3,534

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
49400	AIR INJECTION INTO ABDOMEN	140
49419	INSRT ABDOM CATH FOR CHEMOTX	546
49420	INSERT ABDOM DRAIN, TEMP	176
49421	INSERT ABDOM DRAIN, PERM	472
49422	REMOVE PERM CANNULA/CATHETER	496
49423	EXCHANGE DRAINAGE CATHETER	111
49424	ASSESS CYST, CONTRAST INJECT	63
49425	INSERT ABDOMEN-VENOUS DRAIN	925
49426	REVISE ABDOMEN-VENOUS SHUNT	780
49427	INJECTION, ABDOMINAL SHUNT	72
49428	LIGATE SHUNT	490
49429	REMOVE SHUNT	591
49491	RPR HERN PREEMIE REDUC	876
49492	RPR ING HERN PREMIE, BLOCKED	1,096
49495	RPR ING HERNIA BABY, REDUC	480
49496	RPR ING HERNIA BABY, BLOCKED	715
49500	RPR ING HERNIA, INIT, REDUCE	462
49501	RPR ING HERNIA, INIT BLOCKED	704
49505	PRP I/HERN INIT REDUC>5 YR	615
49507	PRP I/HERN INIT BLOCK>5 YR	757
49520	REREPAIR ING HERNIA, REDUCE	758
49521	REREPAIR ING HERNIA, BLOCKED	925
49525	REPAIR ING HERNIA, SLIDING	681
49540	REPAIR LUMBAR HERNIA	815
49550	RPR REM HERNIA, INIT, REDUCE	686
49553	RPR FEM HERNIA, INIT BLOCKED	746
49555	REREPAIR FEM HERNIA, REDUCE	717
49557	REREPAIR FEM HERNIA, BLOCKED	868
49560	RPR VENTRAL HERN INIT, REDUC	900
49561	RPR VENTRAL HERN INIT, BLOCK	1,092
49565	REREPAIR VENTRL HERN, REDUCE	904
49566	REREPAIR VENTRL HERN, BLOCK	1,104
49568	HERNIA REPAIR W/MESH	357
49570	RPR EPIGASTRIC HERN, REDUCE	477
49572	RPR EPIGASTRIC HERN, BLOCKED	548
49580	RPR UMBIL HERN, REDUC < 5 YR	361
49582	RPR UMBIL HERN, BLOCK < 5 YR	546
49585	RPR UMBIL HERN, REDUC > 5 YR	513
49587	RPR UMBIL HERN, BLOCK > 5 YR	608

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
49590	REPAIR SPIGILIAN HERNIA	680
49600	REPAIR UMBILICAL LESION	886
49605	REPAIR UMBILICAL LESION	5,401
49606	REPAIR UMBILICAL LESION	1,448
49610	REPAIR UMBILICAL LESION	838
49611	REPAIR UMBILICAL LESION	859
49650	LAPARO HERNIA REPAIR INITIAL	515
49651	LAPARO HERNIA REPAIR RECUR	668
49659	LAPARO PROC, HERNIA REPAIR	5,826
49900	REPAIR ABDOMINAL WALL	1,004
49904	OMENTAL FLAP, EXTRA-ABDOM	1,912
49905	OMENTAL FLAP, INTRA-ABDOM	478
50010	EXPLORE KIDNEY	871
50020	RENAL ABSCESS, OPEN DRAIN	1,233
50021	RENAL ABSCESS, PERCUT DRAIN	233
50040	DRAIN KIDNEY	1,227
50045	EXPLORE KIDNEY	1,180
50060	REMOVE KIDNEY STONE	1,438
50065	INCISE KIDNEY	1,416
50070	INCISE KIDNEY	1,512
50075	REMOVE KIDNEY STONE	1,870
50080	REMOVE KIDNEY STONE	1,188
50081	REMOVE KIDNEY STONE	1,693
50100	REVISE KIDNEY BLOOD VESSELS	1,305
50120	EXPLORE KIDNEY	1,209
50125	EXPLORE AND DRAIN KIDNEY	1,249
50130	REMOVE KIDNEY STONE	1,299
50135	EXPLORE KIDNEY	1,431
50200	BIOPSY KIDNEY	184
50205	BIOPSY KIDNEY	885
50220	REMOVE KIDNEY, OPEN	1,302
50225	REMOVE KIDNEY OPEN, COMPLEX	1,508
50230	REMOVE KIDNEY OPEN, RADICAL	1,628
50234	REMOVE KIDNEY & URETER	1,657
50236	REMOVE KIDNEY & URETER	1,910
50240	PARTIAL REMOVE KIDNEY	1,714
50280	REMOVE KIDNEY LESION	1,191
50290	REMOVE KIDNEY LESION	1,138
50300	REMOVE DONOR KIDNEY	4,281

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
50320	REMOVE DONOR KIDNEY	1,718
50340	REMOVE KIDNEY	1,028
50360	TRANSPLANT KIDNEY	2,549
50365	TRANSPLANT KIDNEY	2,986
50370	REMOVE TRANSPLANTED KIDNEY	1,143
50380	REIMPLANT KIDNEY	1,823
50390	DRAIN KIDNEY LESION	136
50392	INSERT KIDNEY DRAIN	233
50393	INSERT URETERAL TUBE	286
50394	INJECTION FOR KIDNEY X-RAY	53
50395	CREATE PASSAGE TO KIDNEY	233
50396	MEASURE KIDNEY PRESSURE	154
50398	CHANGE KIDNEY TUBE	101
50400	REVISE KIDNEY/URETER	1,435
50405	REVISE KIDNEY/URETER	1,809
50500	REPAIR KIDNEY WOUND	1,507
50520	CLOSE KIDNEY-SKIN FISTULA	1,381
50525	REPAIR RENAL-ABDOMEN FISTULA	1,717
50526	REPAIR RENAL-ABDOMEN FISTULA	1,847
50540	REVISE HORSESHOE KIDNEY	1,504
50541	LAPARO ABLATE RENAL CYST	1,181
50542	LAPARO ABLATE RENAL MASS	1,490
50543	LAPARO PARTIAL NEPHRECTOMY	1,874
50544	LAPAROSCOPY, PYELOPLASTY	1,629
50545	LAPARO RADICAL NEPHRECTOMY	1,748
50546	LAPAROSCOPIC NEPHRECTOMY	1,523
50547	LAPARO REMOVE DONOR KIDNEY	1,919
50548	LAPARO REMOVE W/ URETER	1,765
50549	LAPAROSCOPE PROC, RENAL	3,534
50551	KIDNEY ENDOSCOPY	389
50553	KIDNEY ENDOSCOPY	417
50555	KIDNEY ENDOSCOPY & BIOPSY	454
50557	KIDNEY ENDOSCOPY & TREATMENT	459
50559	RENAL ENDOSCOPY/RADIOTRACER	465
50561	KIDNEY ENDOSCOPY & TREATMENT	527
50562	RENAL SCOPE W/TUMOR RESECT	786
50570	KIDNEY ENDOSCOPY	663
50572	KIDNEY ENDOSCOPY	720
50574	KIDNEY ENDOSCOPY & BIOPSY	767

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
50575	KIDNEY ENDOSCOPY	971
50576	KIDNEY ENDOSCOPY & TREATMENT	763
50578	RENAL ENDOSCOPY/RADIOTRACER	788
50580	KIDNEY ENDOSCOPY & TREATMENT	823
50590	FRAGMENT KIDNEY STONE	744
50600	EXPLORE URETER	1,204
50605	INSERT URETERAL SUPPORT	1,194
50610	REMOVE URETER STONE	1,226
50620	REMOVE URETER STONE	1,147
50630	REMOVE URETER STONE	1,133
50650	REMOVE URETER	1,313
50660	REMOVE URETER	1,464
50684	INJECTION FOR URETER X-RAY	53
50686	MEASURE URETER PRESSURE	114
50688	CHANGE URETER TUBE	154
50690	INJECTION FOR URETER X-RAY	80
50700	REVISE URETER	1,183
50715	RELEASE URETER	1,501
50722	RELEASE URETER	1,307
50725	RELEASE/REVISE URETER	1,429
50727	REVISE URETER	707
50728	REVISE URETER	996
50740	FUSION URETER & KIDNEY	1,410
50750	FUSION URETER & KIDNEY	1,467
50760	FUSION URETERS	1,396
50770	SPLICE URETERS	1,466
50780	REIMPLANT URETER IN BLADDER	1,386
50782	REIMPLANT URETER IN BLADDER	1,545
50783	REIMPLANT URETER IN BLADDER	1,581
50785	REIMPLANT URETER IN BLADDER	1,536
50800	IMPLANT URETER IN BOWEL	1,136
50810	FUSION URETER & BOWEL	1,591
50815	URINE SHUNT TO INTESTINE	1,526
50820	CONSTRUCT BOWEL BLADDER	1,637
50825	CONSTRUCT BOWEL BLADDER	2,103
50830	REVISE URINE FLOW	2,330
50840	REPLACE URETER BY BOWEL	1,527
50845	APPENDICO-VESICOSTOMY	1,567
50860	TRANSPLANT URETER TO SKIN	1,177

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
50900	REPAIR URETER	1,061
50920	CLOSURE URETER/SKIN FISTULA	1,111
50930	CLOSURE URETER/BOWEL FISTULA	1,441
50940	RELEASE URETER	1,122
50945	LAPAROSCOPY URETEROLITHOTOMY	1,268
50947	LAPARO NEW URETER/BLADDER	1,826
50948	LAPARO NEW URETER/BLADDER	1,664
50951	ENDOSCOPY URETER	405
50953	ENDOSCOPY URETER	433
50955	URETER ENDOSCOPY & BIOPSY	471
50957	URETER ENDOSCOPY & TREATMENT	471
50959	URETER ENDOSCOPY & TRACER	299
50961	URETER ENDOSCOPY & TREATMENT	420
50970	URETER ENDOSCOPY	497
50972	URETER ENDOSCOPY & CATHETER	481
50974	URETER ENDOSCOPY & BIOPSY	636
50976	URETER ENDOSCOPY & TREATMENT	628
50978	URETER ENDOSCOPY & TRACER	356
50980	URETER ENDOSCOPY & TREATMENT	476
51000	DRAIN BLADDER	54
51005	DRAIN BLADDER	73
51010	DRAIN BLADDER	286
51020	INCISE & TREAT BLADDER	565
51030	INCISE & TREAT BLADDER	573
51040	INCISE & DRAIN BLADDER	384
51045	INCISE BLADDER/DRAIN URETER	574
51050	REMOVE BLADDER STONE	563
51060	REMOVE URETER STONE	710
51065	REMOVE URETER CALCULUS	702
51080	DRAIN BLADDER ABSCESS	507
51500	REMOVE BLADDER CYST	816
51520	REMOVE BLADDER LESION	743
51525	REMOVE BLADDER LESION	1,066
51530	REMOVE BLADDER LESION	965
51535	REPAIR URETER LESION	998
51550	PARTIAL REMOVE BLADDER	1,192
51555	PARTIAL REMOVE BLADDER	1,587
51565	REVISE BLADDER & URETER(S)	1,624
51570	REMOVE BLADDER	1,807

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
51575	REMOVE BLADDER & NODES	2,251
51580	REMOVE BLADDER/REVISE TRACT	2,310
51585	REMOVE BLADDER & NODES	2,592
51590	REMOVE BLADDER/REVISE TRACT	2,398
51595	REMOVE BLADDER/REVISE TRACT	2,711
51596	REMOVE BLADDER/CREATE POUCH	2,896
51597	REMOVE PELVIC STRUCTURES	2,822
51600	INJECTION FOR BLADDER X-RAY	61
51605	PREPARE FOR BLADDER XRAY	52
51610	INJECTION FOR BLADDER X-RAY	86
51700	IRRIGATE BLADDER	61
51701	INSERT BLADDER CATHETER	37
51702	INSERT TEMP BLADDER CATH	40
51703	INSERT BLADDER CATH, COMPLEX	108
51705	CHANGE BLADDER TUBE	86
51710	CHANGE BLADDER TUBE	119
51715	ENDOSCOPIC INJECTION/IMPLANT	269
51720	TREAT BLADDER LESION	141
51725	SIMPLE CYSTOMETROGRAM	388
51726	COMPLEX CYSTOMETROGRAM	509
51736	URINE FLOW MEASUREMENT	64
51741	ELECTRO-UROFLOWMETRY, FIRST	103
51772	URETHRA PRESSURE PROFILE	395
51784	ANAL/URINARY MUSCLE STUDY	301
51785	ANAL/URINARY MUSCLE STUDY	328
51792	URINARY REFLEX STUDY	383
51795	URINE VOIDING PRESSURE STUDY	490
51797	INTRAABDOMINAL PRESSURE TEST	403
51798	US URINE CAPACITY MEASURE	23
51800	REVISE BLADDER/URETHRA	1,329
51820	REVISE URINARY TRACT	1,408
51840	ATTACH BLADDER/URETHRA	870
51841	ATTACH BLADDER/URETHRA	1,036
51845	REPAIR BLADDER NECK	771
51860	REPAIR BLADDER WOUND	953
51865	REPAIR BLADDER WOUND	1,158
51880	REPAIR BLADDER OPENING	622
51900	REPAIR BLADDER/VAGINA LESION	1,016
51920	CLOSE BLADDER-UTERUS FISTULA	933

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
51925	HYSTERECTOMY/BLADDER REPAIR	1,305
51940	CORRECT BLADDER DEFECT	2,162
51960	REVISE BLADDER & BOWEL	1,733
51980	CONSTRUCT BLADDER OPENING	890
51990	LAPARO URETHRAL SUSPENSION	998
51992	LAPARO SLING OPERATION	1,071
52000	CYSTOSCOPY	146
52001	CYSTOSCOPY, REMOVE CLOTS	385
52005	CYSTOSCOPY & URETER CATHETER	173
52007	CYSTOSCOPY AND BIOPSY	220
52010	CYSTOSCOPY & DUCT CATHETER	219
52204	CYSTOSCOPY	173
52214	CYSTOSCOPY AND TREATMENT	265
52224	CYSTOSCOPY AND TREATMENT	226
52234	CYSTOSCOPY AND TREATMENT	329
52235	CYSTOSCOPY AND TREATMENT	387
52240	CYSTOSCOPY AND TREATMENT	685
52250	CYSTOSCOPY AND RADIOTRACER	324
52260	CYSTOSCOPY AND TREATMENT	281
52265	CYSTOSCOPY AND TREATMENT	214
52270	CYSTOSCOPY & REVISE URETHRA	243
52275	CYSTOSCOPY & REVISE URETHRA	335
52276	CYSTOSCOPY AND TREATMENT	357
52277	CYSTOSCOPY AND TREATMENT	444
52281	CYSTOSCOPY AND TREATMENT	205
52282	CYSTOSCOPY, IMPLANT STENT	455
52283	CYSTOSCOPY AND TREATMENT	270
52285	CYSTOSCOPY AND TREATMENT	261
52290	CYSTOSCOPY AND TREATMENT	329
52300	CYSTOSCOPY AND TREATMENT	380
52301	CYSTOSCOPY AND TREATMENT	398
52305	CYSTOSCOPY AND TREATMENT	377
52310	CYSTOSCOPY AND TREATMENT	203
52315	CYSTOSCOPY AND TREATMENT	371
52317	REMOVE BLADDER STONE	473
52318	REMOVE BLADDER STONE	646
52320	CYSTOSCOPY AND TREATMENT	333
52325	CYSTOSCOPY, STONE REMOVE	435
52327	CYSTOSCOPY, INJECT MATERIAL	370

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
52330	CYSTOSCOPY AND TREATMENT	358
52332	CYSTOSCOPY AND TREATMENT	205
52334	CREATE PASSAGE TO KIDNEY	346
52341	CYSTO W/URETER STRICTURE TX	433
52342	CYSTO W/UP STRICTURE TX	466
52343	CYSTO W/RENAL STRICTURE TX	516
52344	CYSTO/URETERO, STONE REMOVE	553
52345	CYSTO/URETERO W/UP STRICTURE	588
52346	CYSTOURETERO W/RENAL STRICT	660
52347	CYSTOSCOPY, RESECT DUCTS	368
52351	CYSTOURETERO & OR PYELOSCOPE	421
52352	CYSTOURETERO W/STONE REMOVE	495
52353	CYSTOURETERO W/LITHOTRIPSY	571
52354	CYSTOURETERO W/BIOPSY	527
52355	CYSTOURETERO W/EXCISE TUMOR	631
52400	CYSTOURETERO W/CONGEN REPR	710
52450	INCISE PROSTATE	598
52500	REVISE BLADDER NECK	654
52510	DILATION PROSTATIC URETHRA	519
52601	PROSTATECTOMY (TURP)	922
52606	CONTROL POSTOP BLEEDING	617
52612	PROSTATECTOMY, FIRST STAGE	619
52614	PROSTATECTOMY, SECOND STAGE	538
52620	REMOVE RESIDUAL PROSTATE	506
52630	REMOVE PROSTATE REGROWTH	552
52640	RELIEVE BLADDER CONTRACTURE	505
52647	LASER SURGERY PROSTATE	786
52648	LASER SURGERY PROSTATE	844
52700	DRAIN PROSTATE ABSCESS	527
53000	INCISE URETHRA	203
53010	INCISE URETHRA	350
53020	INCISE URETHRA	129
53025	INCISE URETHRA	86
53040	DRAIN URETHRA ABSCESS	673
53060	DRAIN URETHRA ABSCESS	219
53080	DRAIN URINARY LEAKAGE	660
53085	DRAIN URINARY LEAKAGE	947
53200	BIOPSY URETHRA	189
53210	REMOVE URETHRA	980

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
53215	REMOVE URETHRA	1,177
53220	TREAT URETHRA LESION	572
53230	REMOVE URETHRA LESION	761
53235	REMOVE URETHRA LESION	798
53240	SURGERY FOR URETHRA POUCH	534
53250	REMOVE URETHRA GLAND	488
53260	TREAT URETHRA LESION	255
53265	TREAT URETHRA LESION	262
53270	REMOVE URETHRA GLAND	263
53275	REPAIR URETHRA DEFECT	359
53400	REVISE URETHRA, STAGE 1	999
53405	REVISE URETHRA, STAGE 2	1,105
53410	RECONSTRUCT URETHRA	1,245
53415	RECONSTRUCT URETHRA	1,415
53420	RECONSTRUCT URETHRA, STAGE 1	1,084
53425	RECONSTRUCT URETHRA, STAGE 2	1,214
53430	RECONSTRUCT URETHRA	1,238
53431	RECONSTRUCT URETHRA/BLADDER	1,483
53440	MALE SLING PROCEDURE	1,031
53442	REMOVE/REVISE MALE SLING	892
53444	INSERT TANDEM CUFF	1,021
53445	INSERT URO/VES NCK SPHINCTER	1,123
53446	REMOVE URO SPHINCTER	819
53447	REMOVE/REPLACE UR SPHINCTER	1,051
53448	REMOV/REPLC UR SPHINCTR COMP	1,601
53449	REPAIR URO SPHINCTER	766
53450	REVISE URETHRA	503
53460	REVISE URETHRA	577
53500	URETHRLYS, TRANSVAG W/ SCOPE	970
53502	REPAIR URETHRA INJURY	621
53505	REPAIR URETHRA INJURY	612
53510	REPAIR URETHRA INJURY	811
53515	REPAIR URETHRA INJURY	1,021
53520	REPAIR URETHRA DEFECT	700
53600	DILATE URETHRA STRICTURE	86
53601	DILATE URETHRA STRICTURE	72
53605	DILATE URETHRA STRICTURE	89
53620	DILATE URETHRA STRICTURE	117
53621	DILATE URETHRA STRICTURE	98

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
53660	DILATE URETHRA	55
53661	DILATE URETHRA	54
53665	DILATE URETHRA	54
53850	PROSTATIC MICROWAVE THERMOTX	724
53852	PROSTATIC RF THERMOTX	767
53853	PROSTATIC WATER THERMOTHER	442
53899	UROLOGY SURGERY PROCEDURE	542
54000	SLIT PREPUCE	152
54001	SLIT PREPUCE	196
54015	DRAIN PENIS LESION	417
54050	DESTROY PENIS LESION(S)	121
54055	DESTROY PENIS LESION(S)	106
54056	CRYOSURGERY, PENIS LESION(S)	136
54057	LASER SURG, PENIS LESION(S)	112
54060	EXCISE PENIS LESION(S)	178
54065	DESTROY PENIS LESION(S)	218
54100	BIOPSY PENIS	143
54105	BIOPSY PENIS	287
54110	TREAT PENIS LESION	830
54111	TREAT PENIS LESION, GRAFT	1,066
54112	TREAT PENIS LESION, GRAFT	1,240
54115	TREAT PENIS LESION	561
54120	PARTIAL REMOVE PENIS	821
54125	REMOVE PENIS	1,068
54130	REMOVE PENIS & NODES	1,539
54135	REMOVE PENIS & NODES	1,972
54150	CIRCUMCISION	150
54152	CIRCUMCISION	186
54160	CIRCUMCISION	190
54161	CIRCUMCISION	255
54162	LYSIS PENIL CIRCUMIC LESION	265
54163	REPAIR CIRCUMCISION	265
54164	FRENULOTOMY PENIS	230
54200	TREAT PENIS LESION	108
54205	TREAT PENIS LESION	673
54220	TREAT PENIS LESION	178
54230	PREPARE PENIS STUDY	103
54231	DYNAMIC CAVERNOSOMETRY	154
54235	PENILE INJECTION	93

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
54240	PENIS STUDY	125
54250	PENIS STUDY	167
54300	REVISE PENIS	852
54304	REVISE PENIS	1,002
54308	RECONSTRUCT URETHRA	947
54312	RECONSTRUCT URETHRA	1,094
54316	RECONSTRUCT URETHRA	1,315
54318	RECONSTRUCT URETHRA	934
54322	RECONSTRUCT URETHRA	1,034
54324	RECONSTRUCT URETHRA	1,295
54326	RECONSTRUCT URETHRA	1,249
54328	REVISE PENIS/URETHRA	1,216
54332	REVISE PENIS/URETHRA	1,316
54336	REVISE PENIS/URETHRA	1,658
54340	SECONDARY URETHRAL SURGERY	757
54344	SECONDARY URETHRAL SURGERY	1,268
54348	SECONDARY URETHRAL SURGERY	1,356
54352	RECONSTRUCT URETHRA/PENIS	1,916
54360	PENIS PLASTIC SURGERY	955
54380	REPAIR PENIS	1,074
54385	REPAIR PENIS	1,247
54390	REPAIR PENIS AND BLADDER	1,643
54400	INSERT SEMI-RIGID PROSTHESIS	709
54401	INSERT SELF-CONTD PROSTHESIS	849
54405	INSERT MULTI-COMP PENIS PROS	1,026
54406	REMOVE MULTI-COMP PENIS PROS	926
54408	REPAIR MULTI-COMP PENIS PROS	976
54410	REMOVE/REPLACE PENIS PROSTH	1,169
54411	REMOV/REPLC PENIS PROS, COMP	1,207
54415	REMOVE SELF-CONTD PENIS PROS	657
54416	REMV/REPL PENIS CONTAIN PROS	852
54417	REMV/REPLC PENIS PROS, COMPL	1,058
54420	REVISE PENIS	904
54430	REVISE PENIS	810
54435	REVISE PENIS	519
54440	REPAIR PENIS	1,700
54450	PREPUTIAL STRETCHING	84
54500	BIOPSY TESTIS	99
54505	BIOPSY TESTIS	284

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
54512	EXCISE LESION TESTIS	673
54520	REMOVE TESTIS	457
54522	ORCHIECTOMY, PARTIAL	762
54530	REMOVE TESTIS	680
54535	EXTENSIVE TESTIS SURGERY	944
54550	EXPLORATION FOR TESTIS	617
54560	EXPLORATION FOR TESTIS	871
54600	REDUCE TESTIS TORSION	561
54620	SUSPEND TESTIS	389
54640	SUSPEND TESTIS	568
54650	ORCHIOPEXY (FOWLER-STEPHENS)	900
54660	REVISE TESTIS	432
54670	REPAIR TESTIS INJURY	546
54680	RELOCATE TESTIS(ES)	1,007
54690	LAPAROSCOPY, ORCHIECTOMY	861
54692	LAPAROSCOPY, ORCHIOPEXY	970
54699	LAPAROSCOPE PROC, TESTIS	3,394
54700	DRAIN SCROTUM	544
54800	BIOPSY EPIDIDYMIS	170
54820	EXPLORE EPIDIDYMIS	446
54830	REMOVE EPIDIDYMIS LESION	447
54840	REMOVE EPIDIDYMIS LESION	423
54860	REMOVE EPIDIDYMIS	511
54861	REMOVE EPIDIDYMIS	699
54900	FUSION SPERMATIC DUCTS	1,033
54901	FUSION SPERMATIC DUCTS	1,383
55000	DRAIN HYDROCELE	110
55040	REMOVE HYDROCELE	440
55041	REMOVE HYDROCELES	622
55060	REPAIR HYDROCELE	458
55100	DRAIN SCROTUM ABSCESS	244
55110	EXPLORE SCROTUM	479
55120	REMOVE SCROTUM LESION	427
55150	REMOVE SCROTUM	591
55175	REVISE SCROTUM	438
55180	REVISE SCROTUM	856
55200	INCISE SPERM DUCT	350
55250	REMOVE SPERM DUCT(S)	572
55300	PREPARE SPERM DUCT X-RAY	253

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
55400	REPAIR SPERM DUCT	666
55450	LIGATE SPERM DUCT	315
55500	REMOVE HYDROCELE	466
55520	REMOVE SPERM CORD LESION	509
55530	REVISE SPERMATIC CORD VEINS	461
55535	REVISE SPERMATIC CORD VEINS	529
55540	REVISE HERNIA & SPERM VEINS	622
55550	LAPARO LIGATE SPERMATIC VEIN	525
55559	LAPARO PROC, SPERMATIC CORD	3,534
55600	INCISE SPERM DUCT POUCH	515
55605	INCISE SPERM DUCT POUCH	653
55650	REMOVE SPERM DUCT POUCH	904
55680	REMOVE SPERM POUCH LESION	433
55700	BIOPSY PROSTATE	120
55705	BIOPSY PROSTATE	362
55720	DRAIN PROSTATE ABSCESS	610
55725	DRAIN PROSTATE ABSCESS	701
55801	REMOVE PROSTATE	1,326
55810	EXTENSIVE PROSTATE SURGERY	1,647
55812	EXTENSIVE PROSTATE SURGERY	2,037
55815	EXTENSIVE PROSTATE SURGERY	2,239
55821	REMOVE PROSTATE	1,083
55831	REMOVE PROSTATE	1,179
55840	EXTENSIVE PROSTATE SURGERY	1,692
55842	EXTENSIVE PROSTATE SURGERY	1,812
55845	EXTENSIVE PROSTATE SURGERY	2,088
55859	PERCUT/NEEDLE INSERT, PROS	970
55860	SURGICAL EXPOSURE, PROSTATE	1,098
55862	EXTENSIVE PROSTATE SURGERY	1,389
55865	EXTENSIVE PROSTATE SURGERY	1,698
55866	LAPARO RADICAL PROSTATECTOMY	2,214
55870	ELECTROEJACULATION	193
55873	CRYOABLATE PROSTATE	1,492
55899	GENITAL SURGERY PROCEDURE	302
56405	I & D VULVA/PERINEUM	140
56420	DRAIN GLAND ABSCESS	134
56440	SURGERY FOR VULVA LESION	246
56441	LYSIS LABIAL LESION(S)	182
56501	DESTROY, VULVA LESIONS, SIM	198

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
56515	DESTROY VULVA LESION/S COMPL	242
56605	BIOPSY VULVA/PERINEUM	84
56606	BIOPSY VULVA/PERINEUM	42
56620	PARTIAL REMOVE VULVA	666
56625	COMPLETE REMOVE VULVA	745
56630	EXTENSIVE VULVA SURGERY	1,044
56631	EXTENSIVE VULVA SURGERY	1,362
56632	EXTENSIVE VULVA SURGERY	1,619
56633	EXTENSIVE VULVA SURGERY	1,362
56634	EXTENSIVE VULVA SURGERY	1,485
56637	EXTENSIVE VULVA SURGERY	1,796
56640	EXTENSIVE VULVA SURGERY	1,787
56700	PARTIAL REMOVE HYMEN	229
56720	INCISE HYMEN	58
56740	REMOVE VAGINA GLAND LESION	376
56800	REPAIR VAGINA	328
56805	REPAIR CLITORIS	1,527
56810	REPAIR PERINEUM	347
56820	EXAM VULVA W/SCOPE	113
56821	EXAM/BIOPSY VULVA W/SCOPE	156
57000	EXPLORE VAGINA	254
57010	DRAIN PELVIC ABSCESS	532
57020	DRAIN PELVIC FLUID	113
57022	I & D VAGINAL HEMATOMA, PP	219
57023	I & D VAG HEMATOMA, NON-OB	384
57061	DESTROY VAG LESIONS, SIMPLE	180
57065	DESTROY VAG LESIONS, COMPLEX	232
57100	BIOPSY VAGINA	90
57105	BIOPSY VAGINA	163
57106	REMOVE VAGINA WALL, PARTIAL	567
57107	REMOVE VAGINA TISSUE, PART	1,807
57109	VAGINECTOMY PARTIAL W/NODES	2,038
57110	REMOVE VAGINA WALL, COMPLETE	1,169
57111	REMOVE VAGINA TISSUE, COMPL	2,146
57112	VAGINECTOMY W/NODES, COMPL	2,193
57120	CLOSE VAGINA	651
57130	REMOVE VAGINA LESION	215
57135	REMOVE VAGINA LESION	234
57150	TREAT VAGINA INFECTION	42

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
57155	INSERT UTERI TANDEMS/OVOIDS	562
57160	INSERT PESSARY/OTHER DEVICE	69
57170	FIT DIAPHRAGM/CAP	120
57180	TREAT VAGINAL BLEEDING	155
57200	REPAIR VAGINA	369
57210	REPAIR VAGINA/PERINEUM	464
57220	REVISE URETHRA	401
57230	REPAIR URETHRAL LESION	486
57240	REPAIR BLADDER & VAGINA	531
57250	REPAIR RECTUM & VAGINA	492
57260	REPAIR VAGINA	710
57265	EXTENSIVE REPAIR VAGINA	941
57268	REPAIR BOWEL BULGE	592
57270	REPAIR BOWEL POUCH	993
57280	SUSPEND VAGINA	1,211
57282	REPAIR VAGINAL PROLAPSE	765
57284	REPAIR PARAVAGINAL DEFECT	1,069
57287	REVISE/REMOVE SLING REPAIR	860
57288	REPAIR BLADDER DEFECT	1,003
57289	REPAIR BLADDER & VAGINA	944
57291	CONSTRUCT VAGINA	697
57292	CONSTRUCT VAGINA WITH GRAFT	1,085
57300	REPAIR RECTUM-VAGINA FISTULA	641
57305	REPAIR RECTUM-VAGINA FISTULA	1,084
57307	FISTULA REPAIR & COLOSTOMY	1,246
57308	FISTULA REPAIR, TRANSPERINE	812
57310	REPAIR URETHROVAGINAL LESION	565
57311	REPAIR URETHROVAGINAL LESION	643
57320	REPAIR BLADDER-VAGINA LESION	662
57330	REPAIR BLADDER-VAGINA LESION	961
57335	REPAIR VAGINA	1,495
57400	DILATE VAGINA	184
57410	PELVIC EXAMINATION	141
57415	REMOVE VAGINAL FOREIGN BODY	193
57420	EXAM VAGINA W/SCOPE	120
57421	EXAM/BIOPSY VAG W/SCOPE	167
57425	LAPAROSCOPY, SURG, COLPOPEXY	1,208
57452	EXAM CERVIX W/SCOPE	166
57454	BX/CURETTE CERVIX W/SCOPE	226

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
57455	BIOPSY CERVIX W/SCOPE	157
57456	ENDOCERV CURETTAGE W/SCOPE	149
57460	BIOPSY CERVIX W/SCOPE, LEEP	412
57461	CONZ CERVIX W/SCOPE, LEEP	259
57500	BIOPSY CERVIX	157
57505	ENDOCERVICAL CURETTAGE	121
57510	CAUTERIZE CERVIX	258
57511	CRYOCAUTERY CERVIX	224
57513	LASER SURGERY CERVIX	275
57520	CONIZATION CERVIX	368
57522	CONIZATION CERVIX	325
57530	REMOVE CERVIX	444
57531	REMOVE CERVIX, RADICAL	2,214
57540	REMOVE RESIDUAL CERVIX	1,000
57545	REMOVE CERVIX/REPAIR PELVIS	1,067
57550	REMOVE RESIDUAL CERVIX	507
57555	REMOVE CERVIX/REPAIR VAGINA	762
57556	REMOVE CERVIX, REPAIR BOWEL	714
57700	REVISE CERVIX	357
57720	REVISE CERVIX	392
57800	DILATE CERVICAL CANAL	67
57820	D & C RESIDUAL CERVIX	152
58100	BIOPSY UTERUS LINING	153
58120	DILATION AND CURETTAGE	302
58140	MYOMECTOMY ABDOM METHOD	1,176
58145	MYOMECTOMY VAG METHOD	696
58146	MYOMECTOMY ABDOM COMPLEX	1,481
58150	TOTAL HYSTERECTOMY	1,234
58152	TOTAL HYSTERECTOMY	1,621
58180	PARTIAL HYSTERECTOMY	1,234
58200	EXTENSIVE HYSTERECTOMY	1,712
58210	EXTENSIVE HYSTERECTOMY	2,282
58240	REMOVE PELVIS CONTENTS	3,033
58260	VAGINAL HYSTERECTOMY	1,062
58262	VAG HYST INCLUDING T/O	1,197
58263	VAG HYST W/T/O & VAG REPAIR	1,294
58267	VAG HYST W/URINARY REPAIR	1,367
58270	VAG HYST W/ENTEROCELE REPAIR	1,153
58275	HYSTERECTOMY/REVISE VAGINA	1,272

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
58280	HYSTERECTOMY/REVISE VAGINA	1,360
58285	EXTENSIVE HYSTERECTOMY	1,729
58290	VAG HYST COMPLEX	1,475
58291	VAG HYST INCL T/O, COMPLEX	1,625
58292	VAG HYST T/O & REPAIR, COMPL	1,723
58293	VAG HYST W/URO REPAIR, COMPL	1,796
58294	VAG HYST W/ENTEROCELE, COMPL	1,586
58300	INSERT INTRAUTERINE DEVICE	261
58301	REMOVE INTRAUTERINE DEVICE	148
58321	ARTIFICIAL INSEMINATION	70
58322	ARTIFICIAL INSEMINATION	82
58323	SPERM WASHING	17
58340	CATHETER FOR HYSTEROGRAPHY	82
58345	REOPEN FALLOPIAN TUBE	378
58346	INSERT HEYMAN UTERI CAPSULE	575
58350	REOPEN FALLOPIAN TUBE	105
58353	ENDOMETR ABLATE, THERMAL	304
58400	SUSPEND UTERUS	557
58410	SUSPEND UTERUS	1,029
58520	REPAIR RUPTURED UTERUS	972
58540	REVISE UTERUS	1,160
58545	LAPAROSCOPIC MYOMECTOMY	1,179
58546	LAPARO-MYOMECTOMY, COMPLEX	1,490
58550	LAPARO-ASST VAG HYSTERECTOMY	1,165
58552	LAPARO-VAG HYST INCL T/O	1,291
58553	LAPARO-VAG HYST, COMPLEX	1,478
58554	LAPARO-VAG HYST W/T/O, COMPL	1,705
58555	HYSTEROSCOPY, DX, SEP PROC	287
58558	HYSTEROSCOPY, BIOPSY	369
58559	HYSTEROSCOPY, LYSIS	476
58560	HYSTEROSCOPY, RESECT SEPTUM	541
58561	HYSTEROSCOPY, REMOVE MYOMA	769
58562	HYSTEROSCOPY, REMOVE FB	402
58563	HYSTEROSCOPY, ABLATION	477
58578	LAPARO PROC, UTERUS	1,644
58579	HYSTEROSCOPE PROCEDURE	1,644
58600	DIVIDE FALLOPIAN TUBE	836
58605	DIVIDE FALLOPIAN TUBE	431
58611	LIGATE OVIDUCT(S) ADD-ON	105

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
58615	OCCLUDE FALLOPIAN TUBE(S)	697
58660	LAPAROSCOPY, LYSIS	897
58661	LAPAROSCOPY, REMOVE ADNEXA	877
58662	LAPAROSCOPY, EXCISE LESIONS	952
58670	LAPAROSCOPY, TUBAL CAUTERY	527
58671	LAPAROSCOPY, TUBAL BLOCK	557
58672	LAPAROSCOPY, FIMBRIOPLASTY	1,031
58673	LAPAROSCOPY, SALPINGOSTOMY	1,104
58679	LAPARO PROC, OVIDUCT-OVARY	3,534
58700	REMOVE FALLOPIAN TUBE	947
58720	REMOVE OVARY/TUBE(S)	929
58740	REVISE FALLOPIAN TUBE(S)	1,101
58750	REPAIR OVIDUCT	1,206
58752	REVISE OVARIAN TUBE(S)	1,183
58760	REMOVE TUBAL OBSTRUCTION	1,077
58770	CREATE NEW TUBAL OPENING	1,133
58800	DRAIN OVARIAN CYST(S)	382
58805	DRAIN OVARIAN CYST(S)	508
58820	DRAIN OVARY ABSCESS, OPEN	401
58822	DRAIN OVARY ABSCESS, PERCUT	826
58823	DRAIN PELVIC ABSCESS, PERCUT	235
58825	TRANSPOSE OVARY(S)	883
58900	BIOPSY OVARY(S)	517
58920	PARTIAL REMOVE OVARY(S)	894
58925	REMOVE OVARIAN CYST(S)	924
58940	REMOVE OVARY(S)	618
58943	REMOVE OVARY(S)	1,472
58950	RESECT OVARIAN MALIGNANCY	1,368
58951	RESECT OVARIAN MALIGNANCY	1,780
58952	RESECT OVARIAN MALIGNANCY	1,999
58953	TAH, RAD DISSECT FOR DEBULK	2,529
58954	TAH RAD DEBULK/LYMPH REMOVE	2,752
58960	EXPLORE ABDOMEN	1,196
58970	RETRIEVE OOCYTE	272
58974	TRANSFER EMBRYO	980
58976	TRANSFER EMBRYO	307
58999	GENITAL SURGERY PROCEDURE	557
59000	AMNIOCENTESIS, DIAGNOSTIC	113
59001	AMNIOCENTESIS, THERAPEUTIC	235

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
59012	FETAL CORD PUNCTURE,PRENATAL	286
59015	CHORION BIOPSY	186
59020	FETAL CONTRACT STRESS TEST	85
59025	FETAL NON-STRESS TEST	56
59030	FETAL SCALP BLOOD SAMPLE	173
59050	FETAL MONITOR W/REPORT	71
59051	FETAL MONITOR/INTERPRET ONLY	60
59070	TRANSABDOM AMNIOINFUS W/ US	399
59072	UMBILICAL CORD OCCLUD W/ US	640
59074	FETAL FLUID DRAINAGE W/ US	399
59076	FETAL SHUNT PLACEMENT, W/ US	640
59100	REMOVE UTERUS LESION	1,071
59120	TREAT ECTOPIC PREGNANCY	1,009
59121	TREAT ECTOPIC PREGNANCY	1,024
59130	TREAT ECTOPIC PREGNANCY	1,102
59135	TREAT ECTOPIC PREGNANCY	1,202
59136	TREAT ECTOPIC PREGNANCY	1,129
59140	TREAT ECTOPIC PREGNANCY	512
59150	TREAT ECTOPIC PREGNANCY	962
59151	TREAT ECTOPIC PREGNANCY	965
59160	D & C AFTER DELIVERY	272
59200	INSERT CERVICAL DILATOR	63
59300	EPISIOTOMY OR VAGINAL REPAIR	193
59320	REVISE CERVIX	213
59325	REVISE CERVIX	341
59350	REPAIR UTERUS	394
59400	OBSTETRICAL CARE	2,180
59409	OBSTETRICAL CARE	1,077
59410	OBSTETRICAL CARE	1,207
59412	ANTEPARTUM MANIPULATION	144
59414	DELIVER PLACENTA	128
59425	ANTEPARTUM CARE ONLY	382
59426	ANTEPARTUM CARE ONLY	660
59430	CARE AFTER DELIVERY	175
59510	CESAREAN DELIVERY	2,470
59514	CESAREAN DELIVERY ONLY	1,271
59515	CESAREAN DELIVERY	1,441
59525	REMOVE UTERUS AFTER CESAREAN	679
59610	VBAC DELIVERY	2,301

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
59612	VBAC DELIVERY ONLY	1,209
59614	VBAC CARE AFTER DELIVERY	1,332
59618	ATTEMPTED VBAC DELIVERY	2,615
59620	ATTEMPTED VBAC DELIVERY ONLY	1,392
59622	ATTEMPTED VBAC AFTER CARE	1,575
59812	TREAT MISCARRIAGE	364
59820	CARE OF MISCARRIAGE	423
59821	TREAT MISCARRIAGE	446
59830	TREAT UTERUS INFECTION	573
59840	ABORTION	291
59841	ABORTION	445
59850	ABORTION	522
59851	ABORTION	548
59852	ABORTION	754
59855	ABORTION	550
59856	ABORTION	657
59857	ABORTION	791
59866	ABORTION (MPR)	333
59870	EVACUATE MOLE UTERUS	573
59871	REMOVE CERCLAGE SUTURE	186
59899	MATERNITY CARE PROCEDURE	187
60000	DRAIN THYROID/TONGUE CYST	203
60001	ASPIRATE/INJECT THYRIOD CYST	69
60100	BIOPSY THYROID	108
60200	REMOVE THYROID LESION	842
60210	PARTIAL THYROID EXCISE	897
60212	PARTIAL THYROID EXCISE	1,286
60220	PARTIAL REMOVE THYROID	973
60225	PARTIAL REMOVE THYROID	1,170
60240	REMOVE THYROID	1,283
60252	REMOVE THYROID	1,647
60254	EXTENSIVE THYROID SURGERY	2,198
60260	REPEAT THYROID SURGERY	1,405
60270	REMOVE THYROID	1,660
60271	REMOVE THYROID	1,367
60280	REMOVE THYROID DUCT LESION	570
60281	REMOVE THYROID DUCT LESION	774
60500	EXPLORE PARATHYROID GLANDS	1,286
60502	RE-EXPLORE PARATHYROIDS	1,613

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
60505	EXPLORE PARATHYROID GLANDS	1,764
60512	AUTOTRANSPLANT PARATHYROID	329
60520	REMOVE THYMUS GLAND	1,371
60521	REMOVE THYMUS GLAND	1,566
60522	REMOVE THYMUS GLAND	1,892
60540	EXPLORE ADRENAL GLAND	1,321
60545	EXPLORE ADRENAL GLAND	1,530
60600	REMOVE CAROTID BODY LESION	1,562
60605	REMOVE CAROTID BODY LESION	1,799
60650	LAPAROSCOPY ADRENALECTOMY	1,516
60699	ENDOCRINE SURGERY PROCEDURE	255
61000	REMOVE CRANIAL CAVITY FLUID	136
61001	REMOVE CRANIAL CAVITY FLUID	138
61020	REMOVE BRAIN CAVITY FLUID	160
61026	INJECTION INTO BRAIN CANAL	169
61050	REMOVE BRAIN CANAL FLUID	149
61055	INJECTION INTO BRAIN CANAL	186
61070	BRAIN CANAL SHUNT PROCEDURE	104
61105	TWIST DRILL HOLE	519
61107	DRILL SKULL FOR IMPLANTATION	477
61108	DRILL SKULL FOR DRAINAGE	990
61120	BURR HOLE FOR PUNCTURE	847
61140	PIERCE SKULL FOR BIOPSY	1,479
61150	PIERCE SKULL FOR DRAINAGE	1,607
61151	PIERCE SKULL FOR DRAINAGE	1,160
61154	PIERCE SKULL & REMOVE CLOT	1,407
61156	PIERCE SKULL FOR DRAINAGE	1,511
61210	PIERCE SKULL, IMPLANT DEVICE	547
61215	INSERT BRAIN-FLUID DEVICE	507
61250	PIERCE SKULL & EXPLORE	987
61253	PIERCE SKULL & EXPLORE	1,141
61304	OPEN SKULL FOR EXPLORATION	1,998
61305	OPEN SKULL FOR EXPLORATION	2,409
61312	OPEN SKULL FOR DRAINAGE	2,279
61313	OPEN SKULL FOR DRAINAGE	2,288
61314	OPEN SKULL FOR DRAINAGE	2,102
61315	OPEN SKULL FOR DRAINAGE	2,519
61316	IMPLT CRAN BONE FLAP TO ABDO	122
61320	OPEN SKULL FOR DRAINAGE	2,327

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
61321	OPEN SKULL FOR DRAINAGE	2,550
61322	DECOMPRESSIVE CRANIOTOMY	2,488
61323	DECOMPRESSIVE LOBECTOMY	2,572
61330	DECOMPRESS EYE SOCKET	2,020
61332	EXPLORE/BIOPSY EYE SOCKET	2,398
61333	EXPLORE ORBIT/REMOVE LESION	2,328
61334	EXPLORE ORBIT/REMOVE OBJECT	1,630
61340	SUBTEMPORAL DECOMPRESSION	1,708
61343	INCISE SKULL (PRESS RELIEF)	2,687
61345	RELIEVE CRANIAL PRESSURE	2,442
61440	INCISE SKULL FOR SURGERY	2,369
61450	INCISE SKULL FOR SURGERY	2,314
61458	INCISE SKULL FOR BRAIN WOUND	2,455
61460	INCISE SKULL FOR SURGERY	2,550
61470	INCISE SKULL FOR SURGERY	2,272
61480	INCISE SKULL FOR SURGERY	2,417
61490	INCISE SKULL FOR SURGERY	2,316
61500	REMOVE SKULL LESION	1,634
61501	REMOVE INFECTED SKULL BONE	1,363
61510	REMOVE BRAIN LESION	2,601
61512	REMOVE BRAIN LINING LESION	3,161
61514	REMOVE BRAIN ABSCESS	2,289
61516	REMOVE BRAIN LESION	2,238
61517	IMPLT BRAIN CHEMOTX ADD-ON	103
61518	REMOVE BRAIN LESION	3,368
61519	REMOVE BRAIN LINING LESION	3,684
61520	REMOVE BRAIN LESION	4,861
61521	REMOVE BRAIN LESION	3,958
61522	REMOVE BRAIN ABSCESS	2,611
61524	REMOVE BRAIN LESION	2,477
61526	REMOVE BRAIN LESION	4,503
61530	REMOVE BRAIN LESION	3,829
61531	IMPLANT BRAIN ELECTRODES	1,360
61533	IMPLANT BRAIN ELECTRODES	1,790
61534	REMOVE BRAIN LESION	1,901
61535	REMOVE BRAIN ELECTRODES	1,092
61536	REMOVE BRAIN LESION	3,164
61537	REMOVE BRAIN TISSUE	2,288
61538	REMOVE BRAIN TISSUE	2,426

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
61539	REMOVE BRAIN TISSUE	2,883
61540	REMOVE BRAIN TISSUE	2,761
61541	INCISE BRAIN TISSUE	2,581
61542	REMOVE BRAIN TISSUE	2,827
61543	REMOVE BRAIN TISSUE	2,642
61544	REMOVE & TREAT BRAIN LESION	2,258
61545	EXCISE BRAIN TUMOR	3,926
61546	REMOVE PITUITARY GLAND	2,801
61548	REMOVE PITUITARY GLAND	1,938
61550	RELEASE SKULL SEAMS	1,155
61552	RELEASE SKULL SEAMS	1,499
61556	INCISE SKULL/SUTURES	1,895
61557	INCISE SKULL/SUTURES	2,080
61558	EXCISE SKULL/SUTURES	2,157
61559	EXCISE SKULL/SUTURES	3,013
61563	EXCISE SKULL TUMOR	2,375
61564	EXCISE SKULL TUMOR	3,022
61566	REMOVE BRAIN TISSUE	2,741
61567	INCISE BRAIN TISSUE	3,138
61570	REMOVE FOREIGN BODY, BRAIN	2,200
61571	INCISE SKULL FOR BRAIN WOUND	2,388
61575	SKULL BASE/BRAINSTEM SURGERY	3,010
61576	SKULL BASE/BRAINSTEM SURGERY	4,409
61580	CRANIOFACIAL APPROACH, SKULL	2,996
61581	CRANIOFACIAL APPROACH, SKULL	3,109
61582	CRANIOFACIAL APPROACH, SKULL	3,331
61583	CRANIOFACIAL APPROACH, SKULL	3,485
61584	ORBITOCRANIAL APPROACH/SKULL	3,354
61585	ORBITOCRANIAL APPROACH/SKULL	3,639
61586	RESECT NASOPHARYNX, SKULL	2,613
61590	INFRATEMPORAL APPROACH/SKULL	3,818
61591	INFRATEMPORAL APPROACH/SKULL	4,011
61592	ORBITOCRANIAL APPROACH/SKULL	3,771
61595	TRANSTEMPORAL APPROACH/SKULL	2,816
61596	TRANSCOCHLEAR APPROACH/SKULL	3,289
61597	TRANSCONDYLAR APPROACH/SKULL	3,451
61598	TRANSPETROSAL APPROACH/SKULL	3,133
61600	RESECT/EXCISE CRANIAL LESION	2,496
61601	RESECT/EXCISE CRANIAL LESION	2,750

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
61605	RESECT/EXCISE CRANIAL LESION	2,757
61606	RESECT/EXCISE CRANIAL LESION	3,618
61607	RESECT/EXCISE CRANIAL LESION	3,360
61608	RESECT/EXCISE CRANIAL LESION	3,936
61609	TRANSECT ARTERY, SINUS	857
61610	TRANSECT ARTERY, SINUS	2,351
61611	TRANSECT ARTERY, SINUS	653
61612	TRANSECT ARTERY, SINUS	2,273
61613	REMOVE ANEURYSM, SINUS	3,858
61615	RESECT/EXCISE LESION, SKULL	3,041
61616	RESECT/EXCISE LESION, SKULL	4,039
61618	REPAIR DURA	1,551
61619	REPAIR DURA	1,857
61623	ENDOVASC TEMPORY VESSEL OCCL	742
61624	TRANSCATH OCCLUSION, CNS	1,422
61626	TRANSCATH OCCLUSION, NON-CNS	1,158
61680	INTRACRANIAL VESSEL SURGERY	2,767
61682	INTRACRANIAL VESSEL SURGERY	5,433
61684	INTRACRANIAL VESSEL SURGERY	3,557
61686	INTRACRANIAL VESSEL SURGERY	5,737
61690	INTRACRANIAL VESSEL SURGERY	2,632
61692	INTRACRANIAL VESSEL SURGERY	4,567
61697	BRAIN ANEURYSM REPR, COMPLX	4,535
61698	BRAIN ANEURYSM REPR, COMPLX	4,344
61700	BRAIN ANEURYSM REPR, SIMPLE	4,518
61702	INNER SKULL VESSEL SURGERY	4,297
61703	CLAMP NECK ARTERY	1,614
61705	REVISE CIRCULATION TO HEAD	3,168
61708	REVISE CIRCULATION TO HEAD	2,663
61710	REVISE CIRCULATION TO HEAD	2,317
61711	FUSION SKULL ARTERIES	3,243
61720	INCISE SKULL/BRAIN SURGERY	1,547
61735	INCISE SKULL/BRAIN SURGERY	1,879
61750	INCISE SKULL/BRAIN BIOPSY	1,662
61751	BRAIN BIOPSY W/CT/MR GUIDE	1,636
61760	IMPLANT BRAIN ELECTRODES	1,809
61770	INCISE SKULL FOR TREATMENT	1,929
61790	TREAT TRIGEMINAL NERVE	949
61791	TREAT TRIGEMINAL TRACT	1,358

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
61793	FOCUS RADIATION BEAM	1,577
61795	BRAIN SURGERY USING COMPUTER	351
61850	IMPLANT NEUROELECTRODES	1,139
61860	IMPLANT NEUROELECTRODES	1,889
61863	IMPLANT NEUROELECTRODE	1,638
61864	IMPLANT NEUROELECTRDE, ADD□L	393
61867	IMPLANT NEUROELECTRODE	2,490
61868	IMPLANT NEUROELECTRDE, ADD□L	658
61870	IMPLANT NEUROELECTRODES	1,349
61875	IMPLANT NEUROELECTRODES	1,329
61880	REVISE/REMOVE NEUROELECTRODE	624
61885	IMPLANT NEUROSTIM ONE ARRAY	636
61886	IMPLANT NEUROSTIM ARRAYS	820
61888	REVISE/REMOVE NEURORECEIVER	511
62000	TREAT SKULL FRACTURE	958
62005	TREAT SKULL FRACTURE	1,391
62010	TREAT HEAD INJURY	1,817
62100	REPAIR BRAIN FLUID LEAKAGE	1,986
62115	REDUCE SKULL DEFECT	1,931
62116	REDUCE SKULL DEFECT	2,135
62117	REDUCE SKULL DEFECT	2,429
62120	REPAIR SKULL CAVITY LESION	2,076
62121	INCISE SKULL REPAIR	1,873
62140	REPAIR SKULL DEFECT	1,249
62141	REPAIR SKULL DEFECT	1,371
62142	REMOVE SKULL PLATE/FLAP	1,017
62143	REPLACE SKULL PLATE/FLAP	1,209
62145	REPAIR SKULL & BRAIN	1,713
62146	REPAIR SKULL WITH GRAFT	1,466
62147	REPAIR SKULL WITH GRAFT	1,752
62148	RETR BONE FLAP TO FIX SKULL	165
62160	NEUROENDOSCOPY ADD-ON	237
62161	DISSECT BRAIN W/SCOPE	1,691
62162	REMOVE COLLOID CYST W/SCOPE	2,174
62163	NEUROENDOSCOPY W/FB REMOVE	1,379
62164	REMOVE BRAIN TUMOR W/SCOPE	2,349
62165	REMOVE PITUIT TUMOR W/SCOPE	1,837
62180	ESTABLISH BRAIN CAVITY SHUNT	1,925
62190	ESTABLISH BRAIN CAVITY SHUNT	1,040

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
62192	ESTABLISH BRAIN CAVITY SHUNT	1,142
62194	REPLACE/IRRIGATE CATHETER	422
62200	ESTABLISH BRAIN CAVITY SHUNT	1,679
62201	BRAIN CAVITY SHUNT W/SCOPE	1,371
62220	ESTABLISH BRAIN CAVITY SHUNT	1,202
62223	ESTABLISH BRAIN CAVITY SHUNT	1,212
62225	REPLACE/IRRIGATE CATHETER	543
62230	REPLACE/REVISE BRAIN SHUNT	977
62252	CSF SHUNT REPROGRAM	125
62256	REMOVE BRAIN CAVITY SHUNT	648
62258	REPLACE BRAIN CAVITY SHUNT	1,337
62263	EPIDURAL LYSIS MULT SESSIONS	452
62264	EPIDURAL LYSIS ON SINGLE DAY	308
62268	DRAIN SPINAL CORD CYST	365
62269	NEEDLE BIOPSY, SPINAL CORD	369
62270	SPINAL FLUID TAP, DIAGNOSTIC	102
62272	DRAIN CEREBRO SPINAL FLUID	108
62273	TREAT EPIDURAL SPINE LESION	144
62280	TREAT SPINAL CORD LESION	186
62281	TREAT SPINAL CORD LESION	181
62282	TREAT SPINAL CANAL LESION	164
62284	INJECTION FOR MYELOGRAM	113
62287	PERCUTANEOUS DISKECTOMY	727
62290	INJECT FOR SPINE DISK X-RAY	227
62291	INJECT FOR SPINE DISK X-RAY	213
62292	INJECTION INTO DISK LESION	661
62294	INJECTION INTO SPINAL ARTERY	927
62310	INJECT SPINE C/T	127
62311	INJECT SPINE L/S (CD)	105
62318	INJECT SPINE W/CATH, C/T	134
62319	INJECT SPINE W/CATH L/S (CD)	123
62350	IMPLANT SPINAL CANAL CATH	585
62351	IMPLANT SPINAL CANAL CATH	966
62355	REMOVE SPINAL CANAL CATHETER	464
62360	INSERT SPINE INFUSION DEVICE	284
62361	IMPLANT SPINE INFUSION PUMP	501
62362	IMPLANT SPINE INFUSION PUMP	626
62365	REMOVE SPINE INFUSION DEVICE	489
62367	ANALYZE SPINE INFUSION PUMP	32

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
62368	ANALYZE SPINE INFUSION PUMP	50
63001	REMOVE SPINAL LAMINA	1,447
63003	REMOVE SPINAL LAMINA	1,469
63005	REMOVE SPINAL LAMINA	1,403
63011	REMOVE SPINAL LAMINA	1,230
63012	REMOVE SPINAL LAMINA	1,440
63015	REMOVE SPINAL LAMINA	1,791
63016	REMOVE SPINAL LAMINA	1,766
63017	REMOVE SPINAL LAMINA	1,492
63020	NECK SPINE DISK SURGERY	1,399
63030	LOW BACK DISK SURGERY	1,155
63035	SPINAL DISK SURGERY ADD-ON	271
63040	LAMINOTOMY, SINGLE CERVICAL	1,717
63042	LAMINOTOMY, SINGLE LUMBAR	1,627
63043	LAMINOTOMY, ADD□L CERVICAL	1,126
63044	LAMINOTOMY, ADD□L LUMBAR	1,480
63045	REMOVE SPINAL LAMINA	1,534
63046	REMOVE SPINAL LAMINA	1,473
63047	REMOVE SPINAL LAMINA	1,383
63048	REMOVE SPINAL LAMINA ADD-ON	281
63055	DECOMPRESS SPINAL CORD	2,001
63056	DECOMPRESS SPINAL CORD	1,848
63057	DECOMPRESS SPINE CORD ADD-ON	443
63064	DECOMPRESS SPINAL CORD	2,233
63066	DECOMPRESS SPINE CORD ADD-ON	283
63075	NECK SPINE DISK SURGERY	1,798
63076	NECK SPINE DISK SURGERY	351
63077	SPINE DISK SURGERY, THORAX	1,918
63078	SPINE DISK SURGERY, THORAX	276
63081	REMOVE VERTEBRAL BODY	2,169
63082	REMOVE VERTEBRAL BODY ADD-ON	378
63085	REMOVE VERTEBRAL BODY	2,400
63086	REMOVE VERTEBRAL BODY ADD-ON	272
63087	REMOVE VERTEBRAL BODY	3,100
63088	REMOVE VERTEBRAL BODY ADD-ON	370
63090	REMOVE VERTEBRAL BODY	2,467
63091	REMOVE VERTEBRAL BODY ADD-ON	251
63101	REMOVE VERTEBRAL BODY	2,856
63102	REMOVE VERTEBRAL BODY	2,856

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
63103	REMOVE VERTEBRAL BODY ADD-ON	332
63170	INCISE SPINAL CORD TRACT(S)	1,826
63172	DRAIN SPINAL CYST	1,632
63173	DRAIN SPINAL CYST	1,997
63180	REVISE SPINAL CORD LIGAMENTS	1,701
63182	REVISE SPINAL CORD LIGAMENTS	1,790
63185	INCISE SPINAL COLUMN/NERVES	1,291
63190	INCISE SPINAL COLUMN/NERVES	1,561
63191	INCISE SPINAL COLUMN/NERVES	1,619
63194	INCISE SPINAL COLUMN & CORD	1,792
63195	INCISE SPINAL COLUMN & CORD	1,710
63196	INCISE SPINAL COLUMN & CORD	2,070
63197	INCISE SPINAL COLUMN & CORD	1,935
63198	INCISE SPINAL COLUMN & CORD	1,993
63199	INCISE SPINAL COLUMN & CORD	2,436
63200	RELEASE SPINAL CORD	1,748
63250	REVISE SPINAL CORD VESSELS	3,482
63251	REVISE SPINAL CORD VESSELS	3,663
63252	REVISE SPINAL CORD VESSELS	3,631
63265	EXCISE INTRASPINAL LESION	1,973
63266	EXCISE INTRASPINAL LESION	2,041
63267	EXCISE INTRASPINAL LESION	1,661
63268	EXCISE INTRASPINAL LESION	1,636
63270	EXCISE INTRASPINAL LESION	2,435
63271	EXCISE INTRASPINAL LESION	2,455
63272	EXCISE INTRASPINAL LESION	2,301
63273	EXCISE INTRASPINAL LESION	2,233
63275	BIOPSY/EXCISE SPINAL TUMOR	2,152
63276	BIOPSY/EXCISE SPINAL TUMOR	2,132
63277	BIOPSY/EXCISE SPINAL TUMOR	1,908
63278	BIOPSY/EXCISE SPINAL TUMOR	1,887
63280	BIOPSY/EXCISE SPINAL TUMOR	2,577
63281	BIOPSY/EXCISE SPINAL TUMOR	2,548
63282	BIOPSY/EXCISE SPINAL TUMOR	2,403
63283	BIOPSY/EXCISE SPINAL TUMOR	2,288
63285	BIOPSY/EXCISE SPINAL TUMOR	3,229
63286	BIOPSY/EXCISE SPINAL TUMOR	3,195
63287	BIOPSY/EXCISE SPINAL TUMOR	3,299
63290	BIOPSY/EXCISE SPINAL TUMOR	3,349

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
63300	REMOVE VERTEBRAL BODY	2,222
63301	REMOVE VERTEBRAL BODY	2,457
63302	REMOVE VERTEBRAL BODY	2,495
63303	REMOVE VERTEBRAL BODY	2,680
63304	REMOVE VERTEBRAL BODY	2,668
63305	REMOVE VERTEBRAL BODY	2,826
63306	REMOVE VERTEBRAL BODY	2,662
63307	REMOVE VERTEBRAL BODY	2,678
63308	REMOVE VERTEBRAL BODY ADD-ON	452
63600	REMOVE SPINAL CORD LESION	1,045
63610	STIMULATE SPINAL CORD	575
63615	REMOVE LESION SPINAL CORD	1,455
63650	IMPLANT NEUROELECTRODES	529
63655	IMPLANT NEUROELECTRODES	972
63660	REVISE/REMOVE NEUROELECTRODE	531
63685	IMPLANT NEURORECEIVER	619
63688	REVISE/REMOVE NEURORECEIVER	492
63700	REPAIR SPINAL HERNIATION	1,504
63702	REPAIR SPINAL HERNIATION	1,559
63704	REPAIR SPINAL HERNIATION	1,934
63706	REPAIR SPINAL HERNIATION	2,164
63707	REPAIR SPINAL FLUID LEAKAGE	1,067
63709	REPAIR SPINAL FLUID LEAKAGE	1,336
63710	GRAFT REPAIR SPINE DEFECT	1,314
63740	INSTALL SPINAL SHUNT	1,067
63741	INSTALL SPINAL SHUNT	717
63744	REVISE SPINAL SHUNT	761
63746	REMOVE SPINAL SHUNT	580
64400	N BLOCK INJ, TRIGEMINAL	78
64402	N BLOCK INJ, FACIAL	93
64405	N BLOCK INJ, OCCIPITAL	90
64408	N BLOCK INJ, VAGUS	109
64410	N BLOCK INJ, PHRENIC	96
64412	N BLOCK INJ, SPINAL ACCESSOR	82
64413	N BLOCK INJ, CERVICAL PLEXUS	97
64415	N BLOCK INJ, BRACHIAL PLEXUS	98
64416	N BLOCK CONT INFUSE, B PLEX	215
64417	N BLOCK INJ, AXILLARY	98
64418	N BLOCK INJ, SUPRASCAPULAR	88

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
64420	N BLOCK INJ, INTERCOST, SING	81
64421	N BLOCK INJ, INTERCOST, MLT	112
64425	N BLOCK INJ ILIO-ING/HYPOGI	117
64430	N BLOCK INJ, PUDENDAL	104
64435	N BLOCK INJ, PARACERVICAL	113
64445	N BLOCK INJ, SCIATIC, SING	97
64446	N BLK INJ, SCIATIC, CONT INF	227
64447	N BLOCK INJ FEM, SINGLE	106
64448	N BLOCK INJ FEM, CONT INF	207
64449	N BLOCK INJ, LUMBAR PLEXUS	204
64450	N BLOCK, OTHER PERIPHERAL	89
64470	INJ PARAVERTEBRAL C/T	127
64472	INJ PARAVERTEBRAL C/T ADD-ON	85
64475	INJ PARAVERTEBRAL L/S	99
64476	INJ PARAVERTEBRAL L/S ADD-ON	65
64479	INJ FORAMEN EPIDURAL C/T	154
64480	INJ FORAMEN EPIDURAL ADD-ON	105
64483	INJ FORAMEN EPIDURAL L/S	135
64484	INJ FORAMEN EPIDURAL ADD-ON	90
64505	N BLOCK, SPENOPALATINE GANGL	96
64508	N BLOCK, CAROTID SINUS S/P	85
64510	N BLOCK, STELLATE GANGLION	83
64517	N BLOCK INJ, HYPOGAS PLXS	160
64520	N BLOCK, LUMBAR/THORACIC	93
64530	N BLOCK INJ, CELIAC PELUS	108
64550	APPLY NEUROSTIMULATOR	12
64553	IMPLANT NEUROELECTRODES	222
64555	IMPLANT NEUROELECTRODES	181
64560	IMPLANT NEUROELECTRODES	195
64561	IMPLANT NEUROELECTRODES	505
64565	IMPLANT NEUROELECTRODES	158
64573	IMPLANT NEUROELECTRODES	727
64575	IMPLANT NEUROELECTRODES	377
64577	IMPLANT NEUROELECTRODES	430
64580	IMPLANT NEUROELECTRODES	402
64581	IMPLANT NEUROELECTRODES	972
64585	REVISE/REMOVE NEUROELECTRODE	208
64590	IMPLANT NEURORECEIVER	241
64595	REVISE/REMOVE NEURORECEIVER	177

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
64600	INJECTION TREAT NERVE	268
64605	INJECTION TREAT NERVE	414
64610	INJECTION TREAT NERVE	603
64612	DESTROY NERVE, FACE MUSCLE	159
64613	DESTROY NERVE, SPINE MUSCLE	155
64614	DESTROY NERVE, EXTREM MUSC	173
64620	INJECTION TREAT NERVE	212
64622	DESTR PARAVERTEBRL NERVE L/S	223
64623	DESTR PARAVERTEBRAL N ADD-ON	64
64626	DESTR PARAVERTEBRL NERVE C/T	272
64627	DESTR PARAVERTEBRAL N ADD-ON	76
64630	INJECTION TREAT NERVE	224
64640	INJECTION TREAT NERVE	231
64680	INJECTION TREAT NERVE	205
64681	INJECTION TREAT NERVE	294
64702	REVISE FINGER/TOE NERVE	439
64704	REVISE HAND/FOOT NERVE	431
64708	REVISE ARM/LEG NERVE	602
64712	REVISE SCIATIC NERVE	676
64713	REVISE ARM NERVE(S)	909
64714	REVISE LOW BACK NERVE(S)	768
64716	REVISE CRANIAL NERVE	622
64718	REVISE ULNAR NERVE AT ELBOW	654
64719	REVISE ULNAR NERVE AT WRIST	510
64721	CARPAL TUNNEL SURGERY	506
64722	RELIEVE PRESSURE ON NERVE(S)	411
64726	RELEASE FOOT/TOE NERVE	383
64727	INTERNAL NERVE REVISION	254
64732	INCISE BROW NERVE	446
64734	INCISE CHEEK NERVE	502
64736	INCISE CHIN NERVE	479
64738	INCISE JAW NERVE	573
64740	INCISE TONGUE NERVE	532
64742	INCISE FACIAL NERVE	595
64744	INCISE NERVE, BACK OF HEAD	512
64746	INCISE DIAPHRAGM NERVE	573
64752	INCISE VAGUS NERVE	621
64755	INCISE STOMACH NERVES	1,030
64760	INCISE VAGUS NERVE	557

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
64761	INCISE PELVIS NERVE	518
64763	INCISE HIP/THIGH NERVE	661
64766	INCISE HIP/THIGH NERVE	759
64771	SEVER CRANIAL NERVE	729
64772	INCISE SPINAL NERVE	682
64774	REMOVE SKIN NERVE LESION	489
64776	REMOVE DIGIT NERVE LESION	481
64778	DIGIT NERVE SURGERY ADD-ON	254
64782	REMOVE LIMB NERVE LESION	548
64783	LIMB NERVE SURGERY ADD-ON	307
64784	REMOVE NERVE LESION	896
64786	REMOVE SCIATIC NERVE LESION	1,404
64787	IMPLANT NERVE END	355
64788	REMOVE SKIN NERVE LESION	440
64790	REMOVE NERVE LESION	1,029
64792	REMOVE NERVE LESION	1,305
64795	BIOPSY NERVE	254
64802	REMOVE SYMPATHETIC NERVES	772
64804	REMOVE SYMPATHETIC NERVES	1,200
64809	REMOVE SYMPATHETIC NERVES	1,033
64818	REMOVE SYMPATHETIC NERVES	848
64820	REMOVE SYMPATHETIC NERVES	951
64821	REMOVE SYMPATHETIC NERVES	875
64822	REMOVE SYMPATHETIC NERVES	870
64823	REMOVE SYMPATHETIC NERVES	1,008
64831	REPAIR DIGIT NERVE	901
64832	REPAIR NERVE ADD-ON	472
64834	REPAIR HAND OR FOOT NERVE	944
64835	REPAIR HAND OR FOOT NERVE	1,019
64836	REPAIR HAND OR FOOT NERVE	1,016
64837	REPAIR NERVE ADD-ON	524
64840	REPAIR LEG NERVE	1,127
64856	REPAIR/TRANSPOSE NERVE	1,258
64857	REPAIR ARM/LEG NERVE	1,319
64858	REPAIR SCIATIC NERVE	1,532
64859	NERVE SURGERY	353
64861	REPAIR ARM NERVES	1,707
64862	REPAIR LOW BACK NERVES	1,725
64864	REPAIR FACIAL NERVE	1,109

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
64865	REPAIR FACIAL NERVE	1,348
64866	FUSION FACIAL/OTHER NERVE	1,348
64868	FUSION FACIAL/OTHER NERVE	1,238
64870	FUSION FACIAL/OTHER NERVE	1,310
64872	SUBSEQUENT REPAIR NERVE	169
64874	REPAIR & REVISE NERVE ADD-ON	247
64876	REPAIR NERVE/SHORTEN BONE	255
64885	NERVE GRAFT, HEAD OR NECK	1,524
64886	NERVE GRAFT, HEAD OR NECK	1,792
64890	NERVE GRAFT, HAND OR FOOT	1,370
64891	NERVE GRAFT, HAND OR FOOT	1,274
64892	NERVE GRAFT, ARM OR LEG	1,281
64893	NERVE GRAFT, ARM OR LEG	1,389
64895	NERVE GRAFT, HAND OR FOOT	1,571
64896	NERVE GRAFT, HAND OR FOOT	1,693
64897	NERVE GRAFT, ARM OR LEG	1,609
64898	NERVE GRAFT, ARM OR LEG	1,733
64901	NERVE GRAFT ADD-ON	837
64902	NERVE GRAFT ADD-ON	960
64905	NERVE PEDICLE TRANSFER	1,227
64907	NERVE PEDICLE TRANSFER	1,687
64999	NERVOUS SYSTEM SURGERY	463
65091	REVISE EYE	849
65093	REVISE EYE WITH IMPLANT	890
65101	REMOVE EYE	929
65103	REMOVE EYE/INSERT IMPLANT	966
65105	REMOVE EYE/ATTACH IMPLANT	1,049
65110	REMOVE EYE	1,500
65112	REMOVE EYE/REVISE SOCKET	1,755
65114	REMOVE EYE/REVISE SOCKET	1,822
65125	REVISE OCULAR IMPLANT	319
65130	INSERT OCULAR IMPLANT	911
65135	INSERT OCULAR IMPLANT	930
65140	ATTACH OCULAR IMPLANT	989
65150	REVISE OCULAR IMPLANT	815
65155	REINSERT OCULAR IMPLANT	1,064
65175	REMOVE OCULAR IMPLANT	836
65205	REMOVE FOREIGN BODY FROM EYE	47
65210	REMOVE FOREIGN BODY FROM EYE	59

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
65220	REMOVE FOREIGN BODY FROM EYE	47
65222	REMOVE FOREIGN BODY FROM EYE	62
65235	REMOVE FOREIGN BODY FROM EYE	775
65260	REMOVE FOREIGN BODY FROM EYE	1,170
65265	REMOVE FOREIGN BODY FROM EYE	1,320
65270	REPAIR EYE WOUND	217
65272	REPAIR EYE WOUND	473
65273	REPAIR EYE WOUND	523
65275	REPAIR EYE WOUND	578
65280	REPAIR EYE WOUND	827
65285	REPAIR EYE WOUND	1,321
65286	REPAIR EYE WOUND	682
65290	REPAIR EYE SOCKET WOUND	624
65400	REMOVE EYE LESION	708
65410	BIOPSY CORNEA	110
65420	REMOVE EYE LESION	573
65426	REMOVE EYE LESION	617
65430	CORNEAL SMEAR	111
65435	CURETTE/TREAT CORNEA	68
65436	CURETTE/TREAT CORNEA	493
65450	TREAT CORNEAL LESION	505
65600	REVISE CORNEA	340
65710	CORNEAL TRANSPLANT	1,289
65730	CORNEAL TRANSPLANT	1,362
65750	CORNEAL TRANSPLANT	1,480
65755	CORNEAL TRANSPLANT	1,469
65760	REVISE CORNEA	2,198
65765	REVISE CORNEA	5,268
65767	CORNEAL TISSUE TRANSPLANT	4,519
65770	REVISE CORNEA WITH IMPLANT	1,662
65771	RADIAL KERATOTOMY	2,373
65772	CORRECT ASTIGMATISM	564
65775	CORRECT ASTIGMATISM	688
65780	OCULAR RECONST, TRANSPLANT	1,048
65781	OCULAR RECONST, TRANSPLANT	1,593
65782	OCULAR RECONST, TRANSPLANT	1,374
65800	DRAIN EYE	161
65805	DRAIN EYE	161
65810	DRAIN EYE	678

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
65815	DRAIN EYE	657
65820	RELIEVE INNER EYE PRESSURE	984
65850	INCISE EYE	1,038
65855	LASER SURGERY EYE	414
65860	INCISE INNER EYE ADHESIONS	355
65865	INCISE INNER EYE ADHESIONS	632
65870	INCISE INNER EYE ADHESIONS	701
65875	INCISE INNER EYE ADHESIONS	731
65880	INCISE INNER EYE ADHESIONS	773
65900	REMOVE EYE LESION	1,174
65920	REMOVE IMPLANT EYE	894
65930	REMOVE BLOOD CLOT FROM EYE	793
66020	INJECTION TREAT EYE	166
66030	INJECTION TREAT EYE	140
66130	REMOVE EYE LESION	763
66150	GLAUCOMA SURGERY	951
66155	GLAUCOMA SURGERY	946
66160	GLAUCOMA SURGERY	1,088
66165	GLAUCOMA SURGERY	926
66170	GLAUCOMA SURGERY	1,286
66172	INCISE EYE	1,576
66180	IMPLANT EYE SHUNT	1,361
66185	REVISE EYE SHUNT	853
66220	REPAIR EYE LESION	864
66225	REPAIR/GRAFT EYE LESION	1,063
66250	FOLLOW-UP SURGERY EYE	652
66500	INCISE IRIS	461
66505	INCISE IRIS	496
66600	REMOVE IRIS AND LESION	919
66605	REMOVE IRIS	1,261
66625	REMOVE IRIS	598
66630	REMOVE IRIS	710
66635	REMOVE IRIS	673
66680	REPAIR IRIS & CILIARY BODY	600
66682	REPAIR IRIS & CILIARY BODY	713
66700	DESTROY CILIARY BODY	461
66710	DESTROY CILIARY BODY	450
66720	DESTROY CILIARY BODY	490
66740	DESTROY CILIARY BODY	469

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
66761	REVISE IRIS	433
66762	REVISE IRIS	459
66770	REMOVE INNER EYE LESION	517
66820	INCISE SECONDARY CATARACT	577
66821	AFTER CATARACT LASER SURGERY	327
66825	REPOSITION INTRAOCULAR LENS	958
66830	REMOVE LENS LESION	797
66840	REMOVE LENS MATERIAL	777
66850	REMOVE LENS MATERIAL	880
66852	REMOVE LENS MATERIAL	948
66920	EXTRACT LENS	850
66930	EXTRACT LENS	978
66940	EXTRACT LENS	884
66982	CATARACT SURGERY, COMPLEX	1,222
66983	CATARACT SURG W/IOL, 1 STAGE	792
66984	CATARACT SURG W/IOL, 1 STAGE	931
66985	INSERT LENS PROSTHESIS	828
66986	EXCHANGE LENS PROSTHESIS	1,121
66990	OPHTHALMIC ENDOSCOPE ADD-ON	114
66999	EYE SURGERY PROCEDURE	681
67005	PARTIAL REMOVE EYE FLUID	525
67010	PARTIAL REMOVE EYE FLUID	615
67015	RELEASE EYE FLUID	766
67025	REPLACE EYE FLUID	751
67027	IMPLANT EYE DRUG SYSTEM	1,026
67028	INJECTION EYE DRUG	190
67030	INCISE INNER EYE STRANDS	610
67031	LASER SURGERY, EYE STRANDS	406
67036	REMOVE INNER EYE FLUID	1,107
67038	STRIP RETINAL MEMBRANE	1,932
67039	LASER TREAT RETINA	1,412
67040	LASER TREAT RETINA	1,630
67101	REPAIR DETACHED RETINA	817
67105	REPAIR DETACHED RETINA	711
67107	REPAIR DETACHED RETINA	1,443
67108	REPAIR DETACHED RETINA	1,974
67110	REPAIR DETACHED RETINA	943
67112	REREPAIR DETACHED RETINA	1,641
67115	RELEASE ENCIRCLING MATERIAL	633

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
67120	REMOVE EYE IMPLANT MATERIAL	675
67121	REMOVE EYE IMPLANT MATERIAL	1,141
67141	TREAT RETINA	611
67145	TREAT RETINA	538
67208	TREAT RETINAL LESION	630
67210	TREAT RETINAL LESION	761
67218	TREAT RETINAL LESION	1,691
67220	TREAT CHOROID LESION	1,143
67221	OCULAR PHOTODYNAMIC THER	302
67225	EYE PHOTODYNAMIC THER ADD-ON	35
67227	TREAT RETINAL LESION	624
67228	TREAT RETINAL LESION	1,101
67250	REINFORCE EYE WALL	997
67255	REINFORCE/GRAFT EYE WALL	1,039
67299	EYE SURGERY PROCEDURE	584
67311	REVISE EYE MUSCLE	683
67312	REVISE TWO EYE MUSCLES	840
67314	REVISE EYE MUSCLE	772
67316	REVISE TWO EYE MUSCLES	934
67318	REVISE EYE MUSCLE(S)	809
67320	REVISE EYE MUSCLE(S) ADD-ON	326
67331	EYE SURGERY FOLLOW-UP ADD-ON	311
67332	REREVISE EYE MUSCLES ADD-ON	339
67334	REVISE EYE MUSCLE W/SUTURE	300
67335	EYE SUTURE DURING SURGERY	188
67340	REVISE EYE MUSCLE ADD-ON	371
67343	RELEASE EYE TISSUE	768
67345	DESTROY NERVE EYE MUSCLE	226
67350	BIOPSY EYE MUSCLE	248
67399	EYE MUSCLE SURGERY PROCEDURE	2,508
67400	EXPLORE/BIOPSY EYE SOCKET	1,169
67405	EXPLORE/DRAIN EYE SOCKET	999
67412	EXPLORE/TREAT EYE SOCKET	1,180
67413	EXPLORE/TREAT EYE SOCKET	1,161
67414	EXPLR/DECOMPRESS EYE SOCKET	1,318
67415	ASPIRATE ORBITAL CONTENTS	133
67420	EXPLORE/TREAT EYE SOCKET	2,030
67430	EXPLORE/TREAT EYE SOCKET	1,553
67440	EXPLORE/DRAIN EYE SOCKET	1,498

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
67445	EXPLR/DECOMPRESS EYE SOCKET	1,578
67450	EXPLORE/BIOPSY EYE SOCKET	1,536
67500	INJECT/TREAT EYE SOCKET	51
67505	INJECT/TREAT EYE SOCKET	54
67515	INJECT/TREAT EYE SOCKET	46
67550	INSERT EYE SOCKET IMPLANT	1,181
67560	REVISE EYE SOCKET IMPLANT	1,202
67570	DECOMPRESS OPTIC NERVE	1,520
67599	ORBIT SURGERY PROCEDURE	871
67700	DRAIN EYELID ABSCESS	103
67710	INCISE EYELID	81
67715	INCISE EYELID FOLD	96
67800	REMOVE EYELID LESION	108
67801	REMOVE EYELID LESIONS	146
67805	REMOVE EYELID LESIONS	172
67808	REMOVE EYELID LESION(S)	474
67810	BIOPSY EYELID	112
67820	REVISE EYELASHES	66
67825	REVISE EYELASHES	129
67830	REVISE EYELASHES	191
67835	REVISE EYELASHES	551
67840	REMOVE EYELID LESION	158
67850	TREAT EYELID LESION	187
67875	CLOSE EYELID BY SUTURE	103
67880	REVISE EYELID	423
67882	REVISE EYELID	553
67900	REPAIR BROW DEFECT	654
67901	REPAIR EYELID DEFECT	701
67902	REPAIR EYELID DEFECT	708
67903	REPAIR EYELID DEFECT	691
67904	REPAIR EYELID DEFECT	703
67906	REPAIR EYELID DEFECT	676
67908	REPAIR EYELID DEFECT	565
67909	REVISE EYELID DEFECT	603
67911	REVISE EYELID DEFECT	593
67912	CORRECTION EYELID W/ IMPLANT	572
67914	REPAIR EYELID DEFECT	399
67915	REPAIR EYELID DEFECT	301
67916	REPAIR EYELID DEFECT	576

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
67917	REPAIR EYELID DEFECT	637
67921	REPAIR EYELID DEFECT	374
67922	REPAIR EYELID DEFECT	343
67923	REPAIR EYELID DEFECT	616
67924	REPAIR EYELID DEFECT	598
67930	REPAIR EYELID WOUND	344
67935	REPAIR EYELID WOUND	638
67938	REMOVE EYELID FOREIGN BODY	98
67950	REVISE EYELID	652
67961	REVISE EYELID	597
67966	REVISE EYELID	642
67971	RECONSTRUCT EYELID	891
67973	RECONSTRUCT EYELID	1,156
67974	RECONSTRUCT EYELID	1,148
67975	RECONSTRUCT EYELID	839
67999	REVISE EYELID	1,877
68020	INCISE/DRAIN EYELID LINING	107
68040	TREAT EYELID LESIONS	63
68100	BIOPSY EYELID LINING	102
68110	REMOVE EYELID LINING LESION	165
68115	REMOVE EYELID LINING LESION	182
68130	REMOVE EYELID LINING LESION	480
68135	REMOVE EYELID LINING LESION	142
68200	TREAT EYELID BY INJECTION	37
68320	REVISE/GRAFT EYELID LINING	563
68325	REVISE/GRAFT EYELID LINING	718
68326	REVISE/GRAFT EYELID LINING	702
68328	REVISE/GRAFT EYELID LINING	798
68330	REVISE EYELID LINING	569
68335	REVISE/GRAFT EYELID LINING	730
68340	SEPARATE EYELID ADHESIONS	468
68360	REVISE EYELID LINING	521
68362	REVISE EYELID LINING	787
68371	HARVEST EYE TISSUE, ALOGRAFT	496
68399	EYELID LINING SURGERY	871
68400	INCISE/DRAIN TEAR GLAND	195
68420	INCISE/DRAIN TEAR SAC	243
68440	INCISE TEAR DUCT OPENING	75
68500	REMOVE TEAR GLAND	1,114

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
68505	PARTIAL REMOVE TEAR GLAND	1,163
68510	BIOPSY TEAR GLAND	349
68520	REMOVE TEAR SAC	801
68525	BIOPSY TEAR SAC	335
68530	CLEAR TEAR DUCT	340
68540	REMOVE TEAR GLAND LESION	1,066
68550	REMOVE TEAR GLAND LESION	1,313
68700	REPAIR TEAR DUCTS	727
68705	REVISE TEAR DUCT OPENING	160
68720	CREATE TEAR SAC DRAIN	901
68745	CREATE TEAR DUCT DRAIN	882
68750	CREATE TEAR DUCT DRAIN	908
68760	CLOSE TEAR DUCT OPENING	154
68761	CLOSE TEAR DUCT OPENING	122
68770	CLOSE TEAR SYSTEM FISTULA	721
68801	DILATE TEAR DUCT OPENING	80
68810	PROBE NASOLACRIMAL DUCT	147
68811	PROBE NASOLACRIMAL DUCT	247
68815	PROBE NASOLACRIMAL DUCT	308
68840	EXPLORE/IRRIGATE TEAR DUCTS	115
68850	INJECTION FOR TEAR SAC X-RAY	57
68899	TEAR DUCT SYSTEM SURGERY	367
69000	DRAIN EXTERNAL EAR LESION	151
69005	DRAIN EXTERNAL EAR LESION	211
69020	DRAIN OUTER EAR CANAL LESION	187
69090	PIERCE EARLOBES	58
69100	BIOPSY EXTERNAL EAR	63
69105	BIOPSY EXTERNAL EAR CANAL	86
69110	REMOVE EXTERNAL EAR, PARTIAL	343
69120	REMOVE EXTERNAL EAR	426
69140	REMOVE EAR CANAL LESION(S)	778
69145	REMOVE EAR CANAL LESION(S)	277
69150	EXTENSIVE EAR CANAL SURGERY	1,245
69155	EXTENSIVE EAR/NECK SURGERY	1,874
69200	CLEAR OUTER EAR CANAL	71
69205	CLEAR OUTER EAR CANAL	136
69210	REMOVE IMPACTED EAR WAX	45
69220	CLEAN OUT MASTOID CAVITY	83
69222	CLEAN OUT MASTOID CAVITY	182

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
69300	REVISE EXTERNAL EAR	561
69310	REBUILD OUTER EAR CANAL	1,017
69320	REBUILD OUTER EAR CANAL	1,540
69399	OUTER EAR SURGERY PROCEDURE	721
69400	INFLATE MIDDLE EAR CANAL	80
69401	INFLATE MIDDLE EAR CANAL	68
69405	CATHETERIZE MIDDLE EAR CANAL	261
69410	INSET MIDDLE EAR (BAFFLE)	43
69420	INCISE EARDRUM	155
69421	INCISE EARDRUM	204
69424	REMOVE VENTILATING TUBE	81
69433	CREATE EARDRUM OPENING	169
69436	CREATE EARDRUM OPENING	222
69440	EXPLORE MIDDLE EAR	735
69450	EARDRUM REVISION	562
69501	MASTOIDECTOMY	857
69502	MASTOIDECTOMY	1,148
69505	REMOVE MASTOID STRUCTURES	1,194
69511	EXTENSIVE MASTOID SURGERY	1,241
69530	EXTENSIVE MASTOID SURGERY	1,707
69535	REMOVE PART TEMPORAL BONE	3,106
69540	REMOVE EAR LESION	167
69550	REMOVE EAR LESION	1,025
69552	REMOVE EAR LESION	1,718
69554	REMOVE EAR LESION	2,867
69601	MASTOID SURGERY REVISION	1,233
69602	MASTOID SURGERY REVISION	1,248
69603	MASTOID SURGERY REVISION	1,284
69604	MASTOID SURGERY REVISION	1,282
69605	MASTOID SURGERY REVISION	1,660
69610	REPAIR EARDRUM	408
69620	REPAIR EARDRUM	551
69631	REPAIR EARDRUM STRUCTURES	940
69632	REBUILD EARDRUM STRUCTURES	1,192
69633	REBUILD EARDRUM STRUCTURES	1,139
69635	REPAIR EARDRUM STRUCTURES	1,201
69636	REBUILD EARDRUM STRUCTURES	1,399
69637	REBUILD EARDRUM STRUCTURES	1,390
69641	REVISE MIDDLE EAR & MASTOID	1,177

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
69642	REVISE MIDDLE EAR & MASTOID	1,536
69643	REVISE MIDDLE EAR & MASTOID	1,405
69644	REVISE MIDDLE EAR & MASTOID	1,540
69645	REVISE MIDDLE EAR & MASTOID	1,491
69646	REVISE MIDDLE EAR & MASTOID	1,624
69650	RELEASE MIDDLE EAR BONE	906
69660	REVISE MIDDLE EAR BONE	1,088
69661	REVISE MIDDLE EAR BONE	1,423
69662	REVISE MIDDLE EAR BONE	1,392
69666	REPAIR MIDDLE EAR STRUCTURES	914
69667	REPAIR MIDDLE EAR STRUCTURES	916
69670	REMOVE MASTOID AIR CELLS	1,067
69676	REMOVE MIDDLE EAR NERVE	910
69700	CLOSE MASTOID FISTULA	747
69710	IMPLANT/REPLACE HEARING AID	1,633
69711	REMOVE/REPAIR HEARING AID	975
69714	IMPLANT TEMPLE BONE W/STIMUL	1,269
69715	TEMPLE BNE IMPLNT W/STIMULAT	1,626
69717	TEMPLE BONE IMPLANT REVISION	1,303
69718	REVISE TEMPLE BONE IMPLANT	1,635
69720	RELEASE FACIAL NERVE	1,334
69725	RELEASE FACIAL NERVE	2,239
69740	REPAIR FACIAL NERVE	1,396
69745	REPAIR FACIAL NERVE	1,478
69799	MIDDLE EAR SURGERY PROCEDURE	1,674
69801	INCISE INNER EAR	816
69802	INCISE INNER EAR	1,203
69805	EXPLORE INNER EAR	1,266
69806	EXPLORE INNER EAR	1,142
69820	ESTABLISH INNER EAR WINDOW	961
69840	REVISE INNER EAR WINDOW	906
69905	REMOVE INNER EAR	1,029
69910	REMOVE INNER EAR & MASTOID	1,237
69915	INCISE INNER EAR NERVE	1,880
69930	IMPLANT COCHLEAR DEVICE	1,519
69949	INNER EAR SURGERY PROCEDURE	1,674
69950	INCISE INNER EAR NERVE	2,270
69955	RELEASE FACIAL NERVE	2,366
69960	RELEASE INNER EAR CANAL	2,367

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
69970	REMOVE INNER EAR LESION	2,578
69979	TEMPORAL BONE SURGERY	721
69990	MICROSURGERY ADD-ON	297
70010	CONTRAST X-RAY BRAIN	323
70015	CONTRAST X-RAY BRAIN	158
70030	X-RAY EYE FOR FOREIGN BODY	35
70100	X-RAY EXAM JAW	41
70110	X-RAY EXAM JAW	52
70120	X-RAY EXAM MASTOIDS	47
70130	X-RAY EXAM MASTOIDS	67
70134	X-RAY EXAM MIDDLE EAR	65
70140	X-RAY EXAM FACIAL BONES	48
70150	X-RAY EXAM FACIAL BONES	62
70160	X-RAY EXAM NASAL BONES	41
70170	X-RAY EXAM TEAR DUCT	74
70190	X-RAY EXAM EYE SOCKETS	49
70200	X-RAY EXAM EYE SOCKETS	63
70210	X-RAY EXAM SINUSES	47
70220	X-RAY EXAM SINUSES	61
70240	X-RAY EXAM, PITUITARY SADDLE	36
70250	X-RAY EXAM SKULL	51
70260	X-RAY EXAM SKULL	73
70300	X-RAY EXAM TEETH	23
70310	X-RAY EXAM TEETH	35
70320	FULL MOUTH X-RAY TEETH	60
70328	X-RAY EXAM JAW JOINT	39
70330	X-RAY EXAM JAW JOINTS	64
70332	X-RAY EXAM JAW JOINT	155
70336	MAGNETIC IMAGE, JAW JOINT	726
70350	X-RAY HEAD FOR ORTHODONTIA	33
70355	PANORAMIC X-RAY JAWS	47
70360	X-RAY EXAM NECK	35
70370	THROAT X-RAY & FLUOROSCOPY	95
70371	SPEECH EVALUATION, COMPLEX	176
70373	CONTRAST X-RAY LARYNX	131
70380	X-RAY EXAM SALIVARY GLAND	49
70390	X-RAY EXAM SALIVARY DUCT	127
70450	CT HEAD/BRAIN W/O DYE	322
70460	CT HEAD/BRAIN W/DYE	393

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
70470	CT HEAD/BRAIN W/O & W/ DYE	481
70480	CT ORBIT/EAR/FOSSA W/O DYE	352
70481	CT ORBIT/EAR/FOSSA W/DYE	410
70482	CT ORBIT/EAR/FOSSA W/O&W DYE	493
70486	CT MAXILLOFACIAL W/O DYE	342
70487	CT MAXILLOFACIAL W/DYE	404
70488	CT MAXILLOFACIAL W/O & W DYE	491
70490	CT SOFT TISSUE NECK W/O DYE	352
70491	CT SOFT TISSUE NECK W/DYE	410
70492	CT SFT TSUE NCK W/O & W/DYE	493
70496	CT ANGIOGRAPHY, HEAD	713
70498	CT ANGIOGRAPHY, NECK	713
70540	MRI ORBIT/FACE/NECK W/O DYE	707
70542	MRI ORBIT/FACE/NECK W/DYE	849
70543	MRI ORBT/FAC/NCK W/O & W DYE	1,513
70544	MR ANGIOGRAPHY HEAD W/O DYE	706
70545	MR ANGIOGRAPHY HEAD W/DYE	706
70546	MR ANGIOGRAPH HEAD W/O&W DYE	1,346
70547	MR ANGIOGRAPHY NECK W/O DYE	706
70548	MR ANGIOGRAPHY NECK W/DYE	706
70549	MR ANGIOGRAPH NECK W/O&W DYE	1,346
70551	MRI BRAIN W/O DYE	726
70552	MRI BRAIN W/ DYE	872
70553	MRI BRAIN W/O & W/ DYE	1,549
70557	MRI BRAIN W/O DYE	199
70558	MRI BRAIN W/ DYE	220
70559	MRI BRAIN W/O & W/ DYE	220
71010	CHEST X-RAY	38
71015	CHEST X-RAY	43
71020	CHEST X-RAY	50
71021	CHEST X-RAY	60
71022	CHEST X-RAY	63
71023	CHEST X-RAY AND FLUOROSCOPY	71
71030	CHEST X-RAY	65
71034	CHEST X-RAY AND FLUOROSCOPY	112
71035	CHEST X-RAY	41
71040	CONTRAST X-RAY BRONCHI	122
71060	CONTRAST X-RAY BRONCHI	175
71090	X-RAY & PACEMAKER INSERTION	133

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
71100	X-RAY EXAM RIBS	47
71101	X-RAY EXAM RIBS/CHEST	56
71110	X-RAY EXAM RIBS	63
71111	X-RAY EXAM RIBS/ CHEST	72
71120	X-RAY EXAM BREASTBONE	50
71130	X-RAY EXAM BREASTBONE	55
71250	CT THORAX W/O DYE	409
71260	CT THORAX W/DYE	479
71270	CT THORAX W/O & W/ DYE	588
71275	CT ANGIOGRAPHY, CHEST	809
71550	MRI CHEST W/O DYE	717
71551	MRI CHEST W/DYE	859
71552	MRI CHEST W/O & W/DYE	1,513
71555	MRI ANGIO CHEST W OR W/O DYE	749
72010	X-RAY EXAM SPINE	89
72020	X-RAY EXAM SPINE	33
72040	X-RAY EXAM NECK SPINE	49
72050	X-RAY EXAM NECK SPINE	71
72052	X-RAY EXAM NECK SPINE	88
72069	X-RAY EXAM TRUNK SPINE	43
72070	X-RAY EXAM THORACIC SPINE	51
72072	X-RAY EXAM THORACIC SPINE	57
72074	X-RAY EXAM THORACIC SPINE	66
72080	X-RAY EXAM TRUNK SPINE	53
72090	X-RAY EXAM TRUNK SPINE	57
72100	X-RAY EXAM LOWER SPINE	53
72110	X-RAY EXAM LOWER SPINE	73
72114	X-RAY EXAM LOWER SPINE	92
72120	X-RAY EXAM LOWER SPINE	65
72125	CT NECK SPINE W/O DYE	409
72126	CT NECK SPINE W/DYE	477
72127	CT NECK SPINE W/O & W/DYE	580
72128	CT CHEST SPINE W/O DYE	409
72129	CT CHEST SPINE W/DYE	477
72130	CT CHEST SPINE W/O & W/DYE	580
72131	CT LUMBAR SPINE W/O DYE	409
72132	CT LUMBAR SPINE W/DYE	478
72133	CT LUMBAR SPINE W/O & W/DYE	581
72141	MRI NECK SPINE W/O DYE	734

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
72142	MRI NECK SPINE W/DYE	882
72146	MRI CHEST SPINE W/O DYE	802
72147	MRI CHEST SPINE W/DYE	882
72148	MRI LUMBAR SPINE W/O DYE	795
72149	MRI LUMBAR SPINE W/DYE	873
72156	MRI NECK SPINE W/O & W/DYE	1,564
72157	MRI CHEST SPINE W/O & W/DYE	1,564
72158	MRI LUMBAR SPINE W/O & W/DYE	1,550
72159	MR ANGIO SPINE W/O&W/DYE	1,848
72170	X-RAY EXAM PELVIS	41
72190	X-RAY EXAM PELVIS	52
72191	CT ANGIOGRAPH PELV W/O&W/DYE	783
72192	CT PELVIS W/O DYE	405
72193	CT PELVIS W/DYE	461
72194	CT PELVIS W/O & W/DYE	556
72195	MRI PELVIS W/O DYE	718
72196	MRI PELVIS W/DYE	859
72197	MRI PELVIS W/O & W/DYE	1,524
72198	MR ANGIO PELVIS W/O & W/DYE	753
72200	X-RAY EXAM SACROILIAC JOINTS	41
72202	X-RAY EXAM SACROILIAC JOINTS	48
72220	X-RAY EXAM TAILBONE	44
72240	CONTRAST X-RAY NECK SPINE	327
72255	CONTRAST X-RAY, THORAX SPINE	302
72265	CONTRAST X-RAY, LOWER SPINE	284
72270	CONTRAST X-RAY, SPINE	431
72275	EPIDUROGRAPHY	171
72285	X-RAY C/T SPINE DISK	546
72295	X-RAY LOWER SPINE DISK	494
73000	X-RAY EXAM COLLAR BONE	40
73010	X-RAY EXAM SHOULDER BLADE	41
73020	X-RAY EXAM SHOULDER	36
73030	X-RAY EXAM SHOULDER	45
73040	CONTRAST X-RAY SHOULDER	155
73050	X-RAY EXAM SHOULDERS	52
73060	X-RAY EXAM HUMERUS	44
73070	X-RAY EXAM ELBOW	39
73080	X-RAY EXAM ELBOW	44
73085	CONTRAST X-RAY ELBOW	155

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
73090	X-RAY EXAM FOREARM	40
73092	X-RAY EXAM ARM, INFANT	38
73100	X-RAY EXAM WRIST	39
73110	X-RAY EXAM WRIST	41
73115	CONTRAST X-RAY WRIST	127
73120	X-RAY EXAM HAND	38
73130	X-RAY EXAM HAND	41
73140	X-RAY EXAM FINGER(S)	32
73200	CT UPPER EXTREMITY W/O DYE	351
73201	CT UPPER EXTREMITY W/DYE	409
73202	CT UPPR EXTREMITY W/O&W/DYE	498
73206	CT ANGIO UPR EXTRM W/O&W/DYE	726
73218	MRI UPPER EXTREMITY W/O DYE	707
73219	MRI UPPER EXTREMITY W/DYE	849
73220	MRI UPPR EXTREMITY W/O&W/DYE	1,514
73221	MRI JOINT UPR EXTREM W/O DYE	707
73222	MRI JOINT UPR EXTREM W/DYE	849
73223	MRI JOINT UPR EXTR W/O&W/DYE	1,513
73225	MR ANGIO UPR EXTR W/O&W/DYE	1,761
73500	X-RAY EXAM HIP	38
73510	X-RAY EXAM HIP	47
73520	X-RAY EXAM HIPS	56
73525	CONTRAST X-RAY HIP	155
73530	X-RAY EXAM HIP	49
73540	X-RAY EXAM PELVIS & HIPS	47
73542	X-RAY EXAM, SACROILIAC JOINT	156
73550	X-RAY EXAM THIGH	44
73560	X-RAY EXAM KNEE, 1 OR 2	41
73562	X-RAY EXAM KNEE, 3	45
73564	X-RAY EXAM, KNEE, 4 OR MORE	51
73565	X-RAY EXAM KNEES	39
73580	CONTRAST X-RAY KNEE JOINT	183
73590	X-RAY EXAM LOWER LEG	41
73592	X-RAY EXAM LEG, INFANT	38
73600	X-RAY EXAM ANKLE	38
73610	X-RAY EXAM ANKLE	41
73615	CONTRAST X-RAY ANKLE	155
73620	X-RAY EXAM FOOT	38
73630	X-RAY EXAM FOOT	41

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
73650	X-RAY EXAM HEEL	37
73660	X-RAY EXAM TOE(S)	32
73700	CT LOWER EXTREMITY W/O DYE	351
73701	CT LOWER EXTREMITY W/DYE	409
73702	CT LWR EXTREMITY W/O&W/DYE	497
73706	CT ANGIO LWR EXTR W/O&W/DYE	732
73718	MRI LOWER EXTREMITY W/O DYE	707
73719	MRI LOWER EXTREMITY W/DYE	849
73720	MRI LWR EXTREMITY W/O&W/DYE	1,514
73721	MRI JNT LWR EXTRE W/O DYE	707
73722	MRI JOINT LWR EXTR W/DYE	849
73723	MRI JOINT LWR EXTR W/O&W/DYE	1,513
73725	MR ANG LWR EXT W OR W/O DYE	750
74000	X-RAY EXAM ABDOMEN	41
74010	X-RAY EXAM ABDOMEN	48
74020	X-RAY EXAM ABDOMEN	53
74022	X-RAY EXAM SERIES, ABDOMEN	64
74150	CT ABDOMEN W/O DYE	397
74160	CT ABDOMEN W/DYE	469
74170	CT ABDOMEN W/O &W /DYE	568
74175	CT ANGIO ABDOM W/O & W/DYE	789
74181	MRI ABDOMEN W/O DYE	718
74182	MRI ABDOMEN W/DYE	858
74183	MRI ABDOMEN W/O & W/DYE	1,524
74185	MRI ANGIO, ABDOM W ORW/O DYE	748
74190	X-RAY EXAM PERITONEUM	106
74210	CONTRST X-RAY EXAM THROAT	91
74220	CONTRAST X-RAY, ESOPHAGUS	97
74230	CINE/VID X-RAY, THROAT/ESOPH	109
74235	REMOVE ESOPHAGUS OBSTRUCTION	228
74240	X-RAY EXAM, UPPER GI TRACT	129
74241	X-RAY EXAM, UPPER GI TRACT	131
74245	X-RAY EXAM, UPPER GI TRACT	196
74246	CONTRST X-RAY UPPR GI TRACT	140
74247	CONTRST X-RAY UPPR GI TRACT	143
74249	CONTRST X-RAY UPPR GI TRACT	207
74250	X-RAY EXAM SMALL BOWEL	105
74251	X-RAY EXAM SMALL BOWEL	121
74260	X-RAY EXAM SMALL BOWEL	117

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
74270	CONTRAST X-RAY EXAM COLON	144
74280	CONTRAST X-RAY EXAM COLON	193
74283	CONTRAST X-RAY EXAM COLON	283
74290	CONTRAST X-RAY, GALLBLADDER	64
74291	CONTRAST X-RAYS, GALLBLADDER	37
74300	X-RAY BILE DUCTS/PANCREAS	25
74301	X-RAYS AT SURGERY ADD-ON	15
74305	X-RAY BILE DUCTS/PANCREAS	73
74320	CONTRAST X-RAY BILE DUCTS	213
74327	X-RAY BILE STONE REMOVE	148
74328	X-RAY BILE DUCT ENDOSCOPY	225
74329	X-RAY FOR PANCREAS ENDOSCOPY	225
74330	X-RAY BILE/PANC ENDOSCOPY	239
74340	X-RAY GUIDE FOR GI TUBE	183
74350	X-RAY GUIDE, STOMACH TUBE	229
74355	X-RAY GUIDE, INTESTINAL TUBE	198
74360	X-RAY GUIDE, GI DILATION	214
74363	X-RAY, BILE DUCT DILATION	401
74400	CONTRST X-RAY, URINARY TRACT	128
74410	CONTRST X-RAY, URINARY TRACT	143
74415	CONTRST X-RAY, URINARY TRACT	152
74420	CONTRST X-RAY, URINARY TRACT	171
74425	CONTRST X-RAY, URINARY TRACT	98
74430	CONTRAST X-RAY, BLADDER	82
74440	X-RAY, MALE GENITAL TRACT	89
74445	X-RAY EXAM PENIS	141
74450	X-RAY, URETHRA/BLADDER	104
74455	X-RAY, URETHRA/BLADDER	111
74470	X-RAY EXAM KIDNEY LESION	107
74475	X-RAY CONTROL, CATH INSERT	264
74480	X-RAY CONTROL, CATH INSERT	264
74485	X-RAY GUIDE, GU DILATION	214
74710	X-RAY MEASUREMENT PELVIS	83
74740	X-RAY, FEMALE GENITAL TRACT	99
74742	X-RAY, FALLOPIAN TUBE	218
74775	X-RAY EXAM PERINEUM	125
75552	HEART MRI FOR MORPH W/O DYE	734
75553	HEART MRI FOR MORPH W/DYE	762
75554	CARDIAC MRI/FUNCTION	752

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
75555	CARDIAC MRI/LIMITED STUDY	747
75556	CARDIAC MRI/FLOW MAPPING	715
75600	CONTRAST X-RAY EXAM AORTA	736
75605	CONTRAST X-RAY EXAM AORTA	781
75625	CONTRAST X-RAY EXAM AORTA	780
75630	X-RAY AORTA, LEG ARTERIES	856
75635	CT ANGIO ABDOMINAL ARTERIES	1,032
75650	ARTERY X-RAYS, HEAD & NECK	804
75658	ARTERY X-RAYS, ARM	794
75660	ARTERY X-RAYS, HEAD & NECK	792
75662	ARTERY X-RAYS, HEAD & NECK	819
75665	ARTERY X-RAYS, HEAD & NECK	792
75671	ARTERY X-RAYS, HEAD & NECK	816
75676	ARTERY X-RAYS, NECK	792
75680	ARTERY X-RAYS, NECK	816
75685	ARTERY X-RAYS, SPINE	791
75705	ARTERY X-RAYS, SPINE	853
75710	ARTERY X-RAYS, ARM/LEG	780
75716	ARTERY X-RAYS, ARMS/LEGS	791
75722	ARTERY X-RAYS, KIDNEY	781
75724	ARTERY X-RAYS, KIDNEYS	807
75726	ARTERY X-RAYS, ABDOMEN	779
75731	ARTERY X-RAYS, ADRENAL GLAND	779
75733	ARTERY X-RAYS, ADRENALS	791
75736	ARTERY X-RAYS, PELVIS	779
75741	ARTERY X-RAYS, LUNG	791
75743	ARTERY X-RAYS, LUNGS	815
75746	ARTERY X-RAYS, LUNG	779
75756	ARTERY X-RAYS, CHEST	783
75774	ARTERY X-RAY, EACH VESSEL	726
75790	VISUALIZE A-V SHUNT	203
75801	LYMPH VESSEL X-RAY, ARM/LEG	359
75803	LYMPH VESSEL X-RAY,ARMS/LEGS	383
75805	LYMPH VESSEL X-RAY, TRUNK	397
75807	LYMPH VESSEL X-RAY, TRUNK	421
75809	NONVASCULAR SHUNT, X-RAY	77
75810	VEIN X-RAY, SPLEEN/LIVER	780
75820	VEIN X-RAY, ARM/LEG	102
75822	VEIN X-RAY, ARMS/LEGS	156

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
75825	VEIN X-RAY, TRUNK	780
75827	VEIN X-RAY, CHEST	779
75831	VEIN X-RAY, KIDNEY	779
75833	VEIN X-RAY, KIDNEYS	804
75840	VEIN X-RAY, ADRENAL GLAND	780
75842	VEIN X-RAY, ADRENAL GLANDS	803
75860	VEIN X-RAY, NECK	781
75870	VEIN X-RAY, SKULL	781
75872	VEIN X-RAY, SKULL	779
75880	VEIN X-RAY, EYE SOCKET	102
75885	VEIN X-RAY, LIVER	800
75887	VEIN X-RAY, LIVER	800
75889	VEIN X-RAY, LIVER	779
75891	VEIN X-RAY, LIVER	779
75893	VENOUS SAMPLING BY CATHETER	738
75894	X-RAYS, TRANSCATH THERAPY	1,435
75896	X-RAYS, TRANSCATH THERAPY	1,260
75898	FOLLOW-UP ANGIOGRAPHY	173
75900	ARTERIAL CATHETER EXCHANGE	1,201
75901	REMOVE CVA DEVICE OBSTRUCT	140
75902	REMOVE CVA LUMEN OBSTRUCT	134
75940	X-RAY PLACEMENT, VEIN FILTER	739
75945	INTRAVASCULAR US	283
75946	INTRAVASCULAR US ADD-ON	157
75952	ENDOVASC REPAIR ABDOM AORTA	338
75953	ABDOM ANEURYSM ENDOVAS RPR	128
75954	ILIAC ANEURYSM ENDOVAS RPR	172
75960	TRANSCATHETER INTRO, STENT	887
75961	RETRIEVAL, BROKEN CATHETER	878
75962	REPAIR ARTERIAL BLOCKAGE	915
75964	REPAIR ARTERY BLOCKAGE, EACH	492
75966	REPAIR ARTERIAL BLOCKAGE	969
75968	REPAIR ARTERY BLOCKAGE, EACH	492
75970	VASCULAR BIOPSY	701
75978	REPAIR VENOUS BLOCKAGE	914
75980	CONTRAST XRAY EXAM BILE DUCT	401
75982	CONTRAST XRAY EXAM BILE DUCT	439
75984	XRAY CONTROL CATHETER CHANGE	159
75989	ABSCESS DRAINAGE UNDER X-RAY	258

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
75992	ATHERECTOMY, X-RAY EXAM	915
75993	ATHERECTOMY, X-RAY EXAM	492
75994	ATHERECTOMY, X-RAY EXAM	969
75995	ATHERECTOMY, X-RAY EXAM	970
75996	ATHERECTOMY, X-RAY EXAM	491
75998	FLUOROGUIDE FOR VEIN DEVICE	102
76000	FLUOROSCOPE EXAMINATION	84
76001	FLUOROSCOPE EXAM, EXTENSIVE	192
76003	NEEDLE LOCALIZATION BY X-RAY	110
76005	FLUOROGUIDE FOR SPINE INJECT	113
76006	X-RAY STRESS VIEW	33
76010	X-RAY, NOSE TO RECTUM	41
76012	PERCUT VERTEBROPLASTY FLUOR	102
76013	PERCUT VERTEBROPLASTY, CT	119
76020	X-RAYS FOR BONE AGE	42
76040	X-RAYS, BONE EVALUATION	64
76061	X-RAYS, BONE SURVEY	87
76062	X-RAYS, BONE SURVEY	117
76065	X-RAYS, BONE EVALUATION	89
76066	JOINT SURVEY, SINGLE VIEW	84
76070	CT BONE DENSITY, AXIAL	182
76071	CT BONE DENSITY, PERIPHERAL	175
76075	DEXA, AXIAL SKELETON STUDY	193
76076	DEXA, PERIPHERAL STUDY	58
76078	RADIOGRAPHIC ABSORPTIOMETRY	57
76080	X-RAY EXAM FISTULA	96
76082	COMPUTER MAMMOGRAM ADD-ON	27
76083	COMPUTER MAMMOGRAM ADD-ON	27
76085	COMPUTER MAMMOGRAM ADD-ON	30
76086	X-RAY MAMMARY DUCT	171
76088	X-RAY MAMMARY DUCTS	235
76090	MAMMOGRAM, ONE BREAST	108
76091	MAMMOGRAM, BOTH BREASTS	133
76092	MAMMOGRAM, SCREENING	117
76093	MAGNETIC IMAGE, BREAST	1,093
76094	MAGNETIC IMAGE, BOTH BREASTS	1,443
76095	STEREOTACTIC BREAST BIOPSY	510
76096	X-RAY NEEDLE WIRE, BREAST	112
76098	X-RAY EXAM, BREAST SPECIMEN	35

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
76100	X-RAY EXAM BODY SECTION	110
76101	COMPLEX BODY SECTION X-RAY	120
76102	COMPLEX BODY SECTION X-RAYS	138
76120	CINE/VIDEO X-RAYS	86
76125	CINE/VIDEO X-RAYS ADD-ON	63
76140	X-RAY CONSULTATION	58
76150	X-RAY EXAM, DRY PROCESS	23
76350	SPECIAL X-RAY CONTRAST STUDY	20
76355	CT SCAN FOR LOCALIZATION	543
76360	CT SCAN FOR NEEDLE BIOPSY	539
76362	CT GUIDE FOR TISSUE ABLATION	781
76370	CT SCAN FOR THERAPY GUIDE	223
76375	3D/HOLOGRAPH RECONSTR ADD-ON	208
76380	CAT SCAN FOLLOW-UP STUDY	263
76390	MR SPECTROSCOPY	1,465
76393	MR GUIDANCE FOR NEEDLE PLACE	726
76394	MRI FOR TISSUE ABLATION	960
76400	MAGNETIC IMAGE, BONE MARROW	734
76499	RADIOGRAPHIC PROCEDURE	111
76506	ECHO EXAM HEAD	126
76511	ECHO EXAM EYE	108
76512	ECHO EXAM EYE	92
76513	ECHO EXAM EYE, WATER BATH	96
76514	ECHO EXAM EYE, THICKNESS	17
76516	ECHO EXAM EYE	69
76519	ECHO EXAM EYE	73
76529	ECHO EXAM EYE	73
76536	US EXAM HEAD AND NECK	118
76604	US EXAM, CHEST, B-SCAN	110
76645	US EXAM, BREAST(S)	97
76700	US EXAM, ABDOM, COMPLETE	167
76705	ECHO EXAM ABDOMEN	121
76770	US EXAM ABDO BACK WALL, COMP	162
76775	US EXAM ABDO BACK WALL, LIM	120
76778	US EXAM KIDNEY TRANSPLANT	162
76800	US EXAM, SPINAL CANAL	156
76801	OB US < 14 WKS, SINGLE FETUS	187
76802	OB US < 14 WKS, ADD□L FETUS	120
76805	OB US >/= 14 WKS, SING FETUS	187

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
76810	OB US >/= 14 WKS, ADD FETUS	137
76811	OB US, DETAILED, SING FETUS	344
76812	OB US, DETAILED, ADD FETUS	202
76815	OB US, LIMITED, FETUS(S)	125
76816	OB US, FOLLOW-UP, PER FETUS	122
76817	TRANSVAGINAL US, OBSTETRIC	136
76818	FETAL BIOPHYS PROFILE W/NST	165
76819	FETAL BIOPHYS PROFIL W/O NST	144
76825	ECHO EXAM FETAL HEART	227
76826	ECHO EXAM FETAL HEART	98
76827	ECHO EXAM FETAL HEART	138
76828	ECHO EXAM FETAL HEART	103
76830	TRANSVAGINAL US, NON-OB	133
76831	ECHO EXAM, UTERUS	135
76856	US EXAM, PELVIC, COMPLETE	133
76857	US EXAM, PELVIC, LIMITED	113
76870	US EXAM, SCROTUM	130
76872	US, TRANSRECTAL	152
76873	ECHOGRAP TRANS R, PROS STUDY	226
76880	US EXAM, EXTREMITY	121
76885	US EXAM INFANT HIPS, DYNAMIC	137
76886	US EXAM INFANT HIPS, STATIC	123
76930	ECHO GUIDE, CARDIOCENTESIS	133
76932	ECHO GUIDE FOR HEART BIOPSY	133
76936	ECHO GUIDE FOR ARTERY REPAIR	490
76937	US GUIDE, VASCULAR ACCESS	46
76940	US GUIDE, TISSUE ABLATION	233
76941	ECHO GUIDE FOR TRANSFUSION	179
76942	ECHO GUIDE FOR BIOPSY	204
76945	ECHO GUIDE, VILLUS SAMPLING	132
76946	ECHO GUIDE FOR AMNIOCENTESIS	112
76948	ECHO GUIDE, OVA ASPIRATION	112
76950	ECHO GUIDANCE RADIOTHERAPY	113
76965	ECHO GUIDANCE RADIOTHERAPY	402
76970	ULTRASOUND EXAM FOLLOW-UP	87
76975	GI ENDOSCOPIC ULTRASOUND	142
76977	US BONE DENSITY MEASURE	50
76986	ULTRASOUND GUIDE INTRAOPER	229
76999	ECHO EXAMINATION PROCEDURE	250

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
77261	RADIATION THERAPY PLANNING	99
77262	RADIATION THERAPY PLANNING	149
77263	RADIATION THERAPY PLANNING	221
77280	SET RADIATION THERAPY FIELD	241
77285	SET RADIATION THERAPY FIELD	383
77290	SET RADIATION THERAPY FIELD	469
77295	SET RADIATION THERAPY FIELD	1,868
77300	RADIATION THERAPY DOSE PLAN	118
77301	RADIOTHERAPY DOSE PLAN, IMRT	2,095
77305	TELETX ISODOSE PLAN SIMPLE	153
77310	TELETX ISODOSE PLAN INTERMED	202
77315	TELETX ISODOSE PLAN COMPLEX	254
77321	SPECIAL TELETX PORT PLAN	291
77326	BRACHYTX ISODOSE CALC SIMP	196
77327	BRACHYTX ISODOSE CALC INTERM	288
77328	BRACHYTX ISODOSE PLAN COMPL	418
77331	SPECIAL RADIATION DOSIMETRY	87
77332	RADIATION TREATMENT AID(S)	111
77333	RADIATION TREATMENT AID(S)	164
77334	RADIATION TREATMENT AID(S)	265
77336	RADIATION PHYSICS CONSULT	166
77370	RADIATION PHYSICS CONSULT	194
77401	RADIATION TREATMENT DELIVERY	100
77402	RADIATION TREATMENT DELIVERY	100
77403	RADIATION TREATMENT DELIVERY	100
77404	RADIATION TREATMENT DELIVERY	100
77406	RADIATION TREATMENT DELIVERY	100
77407	RADIATION TREATMENT DELIVERY	116
77408	RADIATION TREATMENT DELIVERY	116
77409	RADIATION TREATMENT DELIVERY	116
77411	RADIATION TREATMENT DELIVERY	116
77412	RADIATION TREATMENT DELIVERY	130
77413	RADIATION TREATMENT DELIVERY	130
77414	RADIATION TREATMENT DELIVERY	130
77416	RADIATION TREATMENT DELIVERY	130
77417	RADIOLOGY PORT FILM(S)	33
77418	RADIATION TX DELIVERY, IMRT	965
77427	RADIATION TX MANAGEMENT, X5	227
77431	RADIATION THERAPY MANAGEMENT	129

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
77432	STEREOTACTIC RADIATION TRMT	563
77470	SPECIAL RADIATION TREATMENT	764
77520	PROTON TRMT, SIMPLE W/O COMP	131
77523	PROTON TRMT, INTERMEDIATE	146
77600	HYPERTHERMIA TREATMENT	277
77605	HYPERTHERMIA TREATMENT	372
77610	HYPERTHERMIA TREATMENT	277
77615	HYPERTHERMIA TREATMENT	370
77620	HYPERTHERMIA TREATMENT	277
77750	INFUSE RADIOACTIVE MATERIALS	409
77761	APPLY INTRCAV RADIAT SIMPLE	394
77762	APPLY INTRCAV RADIAT INTERM	592
77763	APPLY INTRCAV RADIAT COMPL	834
77776	APPLY INTERSTIT RADIAT SIMPL	415
77777	APPLY INTERSTIT RADIAT INTER	747
77778	APPLY INTERSTIT RADIAT COMPL	1,050
77781	HIGH INTENSITY BRACHYTHERAPY	1,244
77782	HIGH INTENSITY BRACHYTHERAPY	1,301
77783	HIGH INTENSITY BRACHYTHERAPY	1,385
77784	HIGH INTENSITY BRACHYTHERAPY	1,513
77789	APPLY SURFACE RADIATION	101
77790	RADIATION HANDLING	100
78000	THYROID, SINGLE UPTAKE	68
78001	THYROID, MULTIPLE UPTAKES	91
78003	THYROID SUPPRESS/STIMUL	77
78006	THYROID IMAGING WITH UPTAKE	167
78007	THYROID IMAGE, MULT UPTAKES	178
78010	THYROID IMAGING	129
78011	THYROID IMAGING WITH FLOW	165
78015	THYROID MET IMAGING	191
78016	THYROID MET IMAGING/STUDIES	251
78018	THYROID MET IMAGING, BODY	363
78020	THYROID MET UPTAKE	118
78070	PARATHYROID NUCLEAR IMAGING	159
78075	ADRENAL NUCLEAR IMAGING	355
78102	BONE MARROW IMAGING, LTD	152
78103	BONE MARROW IMAGING, MULT	229
78104	BONE MARROW IMAGING, BODY	283
78110	PLASMA VOLUME, SINGLE	67

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
78111	PLASMA VOLUME, MULTIPLE	159
78120	RED CELL MASS, SINGLE	113
78121	RED CELL MASS, MULTIPLE	184
78122	BLOOD VOLUME	288
78130	RED CELL SURVIVAL STUDY	201
78135	RED CELL SURVIVAL KINETICS	316
78140	RED CELL SEQUESTRATION	262
78160	PLASMA IRON TURNOVER	229
78162	RADIOIRON ABSORPTION EXAM	211
78170	RED CELL IRON UTILIZATION	326
78172	TOTAL BODY IRON ESTIMATION	37
78185	SPLEEN IMAGING	160
78190	PLATELET SURVIVAL, KINETICS	396
78191	PLATELET SURVIVAL	450
78195	LYMPH SYSTEM IMAGING	311
78201	LIVER IMAGING	162
78202	LIVER IMAGING WITH FLOW	195
78205	LIVER IMAGING (3D)	379
78206	LIVER IMAGE (3D) WITH FLOW	388
78215	LIVER AND SPLEEN IMAGING	197
78216	LIVER & SPLEEN IMAGE/FLOW	233
78220	LIVER FUNCTION STUDY	241
78223	HEPATOBILIARY IMAGING	263
78230	SALIVARY GLAND IMAGING	153
78231	SERIAL SALIVARY IMAGING	213
78232	SALIVARY GLAND FUNCTION EXAM	229
78258	ESOPHAGEAL MOTILITY STUDY	211
78261	GASTRIC MUCOSA IMAGING	277
78262	GASTROESOPHAGEAL REFLUX EXAM	285
78264	GASTRIC EMPTYING STUDY	284
78267	BREATH TST ATTAIN/ANAL C-14	14
78268	BREATH TEST ANALYSIS, C-14	122
78270	VIT B-12 ABSORPTION EXAM	101
78271	VIT B-12 ABSRP EXAM, INT FAC	106
78272	VIT B-12 ABSORP, COMBINED	149
78278	ACUTE GI BLOOD LOSS IMAGING	340
78282	GI PROTEIN LOSS EXAM	27
78290	MECKEL□S DIVERT EXAM	217
78291	LEVEEN/SHUNT PATENCY EXAM	232

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
78300	BONE IMAGING, LIMITED AREA	183
78305	BONE IMAGING, MULTIPLE AREAS	262
78306	BONE IMAGING, WHOLE BODY	298
78315	BONE IMAGING, 3 PHASE	337
78320	BONE IMAGING (3D)	402
78350	BONE MINERAL, SINGLE PHOTON	58
78351	BONE MINERAL, DUAL PHOTON	264
78399	MUSCULOSKELETAL NUCLEAR EXAM	271
78414	NON-IMAGING HEART FUNCTION	32
78428	CARDIAC SHUNT IMAGING	182
78445	VASCULAR FLOW IMAGING	138
78455	VENOUS THROMBOSIS STUDY	273
78456	ACUTE VENOUS THROMBUS IMAGE	296
78457	VENOUS THROMBOSIS IMAGING	201
78458	VEN THROMBOSIS IMAGES, BILAT	288
78459	HEART MUSCLE IMAGING (PET)	106
78460	HEART MUSCLE BLOOD, SINGLE	192
78461	HEART MUSCLE BLOOD, MULTIPLE	349
78464	HEART IMAGE (3D), SINGLE	470
78465	HEART IMAGE (3D), MULTIPLE	759
78466	HEART INFARCT IMAGE	195
78468	HEART INFARCT IMAGE (EF)	260
78469	HEART INFARCT IMAGE (3D)	355
78472	GATED HEART, PLANAR, SINGLE	376
78473	GATED HEART, MULTIPLE	562
78478	HEART WALL MOTION ADD-ON	131
78480	HEART FUNCTION ADD-ON	131
78481	HEART FIRST PASS, SINGLE	361
78483	HEART FIRST PASS, MULTIPLE	542
78491	HEART IMAGE (PET), SINGLE	2,185
78492	HEART IMAGE (PET), MULTIPLE	419
78494	HEART IMAGE, SPECT	473
78496	HEART FIRST PASS ADD-ON	426
78499	CARDIOVASCULAR NUCLEAR EXAM	607
78580	LUNG PERFUSION IMAGING	242
78584	LUNG V/Q IMAGE SINGLE BREATH	247
78585	LUNG V/Q IMAGING	390
78586	AEROSOL LUNG IMAGE, SINGLE	172
78587	AEROSOL LUNG IMAGE, MULTIPLE	190

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
78588	PERFUSION LUNG IMAGE	255
78591	VENT IMAGE, 1 BREATH, 1 PROJ	186
78593	VENT IMAGE, 1 PROJ, GAS	226
78594	VENT IMAGE, MULT PROJ, GAS	313
78596	LUNG DIFFERENTIAL FUNCTION	482
78600	BRAIN IMAGING, LTD STATIC	190
78601	BRAIN IMAGING, LTD W/FLOW	224
78605	BRAIN IMAGING, COMPLETE	226
78606	BRAIN IMAGING, COMPL W/FLOW	261
78607	BRAIN IMAGING (3D)	452
78608	BRAIN IMAGING (PET)	2,678
78609	BRAIN IMAGING (PET)	3,133
78610	BRAIN FLOW IMAGING ONLY	110
78615	CEREBRAL VASCULAR FLOW IMAGE	245
78630	CEREBROSPINAL FLUID SCAN	328
78635	CSF VENTRICULOGRAPHY	186
78645	CSF SHUNT EVALUATION	231
78647	CEREBROSPINAL FLUID SCAN	392
78650	CSF LEAKAGE IMAGING	301
78660	NUCLEAR EXAM TEAR FLOW	155
78700	KIDNEY IMAGING, STATIC	201
78701	KIDNEY IMAGING WITH FLOW	232
78704	IMAGING RENOGRAM	272
78707	KIDNEY FLOW/FUNCTION IMAGE	315
78708	KIDNEY FLOW/FUNCTION IMAGE	333
78709	KIDNEY FLOW/FUNCTION IMAGE	346
78710	KIDNEY IMAGING (3D)	375
78715	RENAL VASCULAR FLOW EXAM	110
78725	KIDNEY FUNCTION STUDY	126
78730	URINARY BLADDER RETENTION	107
78740	URETERAL REFLUX STUDY	157
78760	TESTICULAR IMAGING	195
78761	TESTICULAR IMAGING/FLOW	228
78799	GENITOURINARY NUCLEAR EXAM	607
78800	TUMOR IMAGING, LIMITED AREA	235
78801	TUMOR IMAGING, MULT AREAS	290
78802	TUMOR IMAGING, WHOLE BODY	369
78803	TUMOR IMAGING (3D)	442
78804	TUMOR IMAGING, WHOLE BODY	316

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
78805	ABSCESS IMAGING, LTD AREA	240
78806	ABSCESS IMAGING, WHOLE BODY	419
78807	NUCLEAR LOCALIZATION/ABSCESS	442
78810	TUMOR IMAGING (PET)	2,933
78890	NUCLEAR MEDICINE DATA PROC	52
78891	NUCLEAR MED DATA PROC	106
78990	PROVIDE DIAG RADIONUCLIDE(S)	83
78999	NUCLEAR DIAGNOSTIC EXAM	439
79000	INIT HYPERTHYROID THERAPY	270
79001	REPEAT HYPERTHYROID THERAPY	146
79020	THYROID ABLATION	270
79030	THYROID ABLATION, CARCINOMA	291
79035	THYROID METASTATIC THERAPY	321
79100	HEMATOPOETIC NUCLEAR THERAPY	238
79200	INTRACAVITARY NUCLEAR TRMT	284
79300	INTERSTITIAL NUCLEAR THERAPY	112
79400	NONHEMATO NUCLEAR THERAPY	282
79403	HEMATOPOETIC NUCLEAR THERAPY	397
79420	INTRAVASCULAR NUCLEAR THER	104
79440	NUCLEAR JOINT THERAPY	286
79900	PROVIDE THER RADIOPHARM(S)	435
79999	NUCLEAR MEDICINE THERAPY	435
80048	BASIC METABOLIC PANEL	15
80050	GENERAL HEALTH PANEL	63
80051	ELECTROLYTE PANEL	13
80053	COMPREHEN METABOLIC PANEL	19
80055	OBSTETRIC PANEL	84
80061	LIPID PANEL	23
80069	RENAL FUNCTION PANEL	16
80074	ACUTE HEPATITIS PANEL	344
80076	HEPATIC FUNCTION PANEL	15
80100	DRUG SCREEN, QUALITATE/MULTI	26
80101	DRUG SCREEN, SINGLE	25
80102	DRUG CONFIRMATION	24
80103	DRUG ANALYSIS, TISSUE PREP	36
80150	ASSAY AMIKACIN	27
80152	ASSAY AMITRIPTYLINE	32
80154	ASSAY BENZODIAZEPINES	33
80156	ASSAY, CARBAMAZEPINE, TOTAL	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
80157	ASSAY, CARBAMAZEPINE, FREE	24
80158	ASSAY CYCLOSPORINE	33
80160	ASSAY DESIPRAMINE	31
80162	ASSAY DIGOXIN	24
80164	ASSAY, DIPROPYLACETIC ACID	24
80166	ASSAY DOXEPIN	28
80168	ASSAY ETHOSUXIMIDE	29
80170	ASSAY GENTAMICIN	30
80172	ASSAY GOLD	29
80173	ASSAY HALOPERIDOL	26
80174	ASSAY IMIPRAMINE	31
80176	ASSAY LIDOCAINE	27
80178	ASSAY LITHIUM	12
80182	ASSAY NORTRIPTYLINE	24
80184	ASSAY PHENOBARBITAL	21
80185	ASSAY PHENYTOIN, TOTAL	24
80186	ASSAY PHENYTOIN, FREE	25
80188	ASSAY PRIMIDONE	30
80190	ASSAY PROCAINAMIDE	30
80192	ASSAY PROCAINAMIDE	30
80194	ASSAY QUINIDINE	26
80196	ASSAY SALICYLATE	13
80197	ASSAY TACROLIMUS	25
80198	ASSAY THEOPHYLLINE	26
80200	ASSAY TOBRAMYCIN	29
80201	ASSAY TOPIRAMATE	22
80202	ASSAY VANCOMYCIN	24
80299	QUANTITATIVE ASSAY, DRUG	25
80400	ACTH STIMULATION PANEL	57
80402	ACTH STIMULATION PANEL	152
80406	ACTH STIMULATION PANEL	137
80408	ALDOSTERONE SUPPRESSION EVAL	219
80410	CALCITONIN STIMUL PANEL	140
80412	CRH STIMULATION PANEL	576
80414	TESTOSTERONE RESPONSE	90
80415	ESTRADIOL RESPONSE PANEL	98
80416	RENIN STIMULATION PANEL	230
80417	RENIN STIMULATION PANEL	77
80418	PITUITARY EVALUATION PANEL	1,012

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
80420	DEXAMETHASONE PANEL	126
80422	GLUCAGON TOLERANCE PANEL	80
80424	GLUCAGON TOLERANCE PANEL	88
80426	GONADOTROPIN HORMONE PANEL	259
80428	GROWTH HORMONE PANEL	116
80430	GROWTH HORMONE PANEL	137
80432	INSULIN SUPPRESSION PANEL	214
80434	INSULIN TOLERANCE PANEL	177
80435	INSULIN TOLERANCE PANEL	180
80436	METYRAPONE PANEL	159
80438	TRH STIMULATION PANEL	88
80439	TRH STIMULATION PANEL	117
80440	TRH STIMULATION PANEL	102
80500	LAB PATHOLOGY CONSULTATION	27
80502	LAB PATHOLOGY CONSULTATION	99
81000	URINALYSIS, NONAUTO W/SCOPE	6
81001	URINALYSIS, AUTO W/SCOPE	6
81002	URINALYSIS NONAUTO W/O SCOPE	5
81003	URINALYSIS, AUTO, W/O SCOPE	4
81005	URINALYSIS	4
81007	URINE SCREEN FOR BACTERIA	5
81015	MICROSCOPIC EXAM URINE	5
81020	URINALYSIS, GLASS TEST	7
81025	URINE PREGNANCY TEST	11
81050	URINALYSIS, VOLUME MEASURE	5
81099	URINALYSIS TEST PROCEDURE	13
82000	ASSAY BLOOD ACETALDEHYDE	22
82003	ASSAY ACETAMINOPHEN	37
82009	TEST FOR ACETONE/KETONES	8
82010	ACETONE ASSAY	15
82013	ACETYLCHOLINESTERASE ASSAY	20
82016	ACYLCARNITINES, QUAL	25
82017	ACYLCARNITINES, QUANT	30
82024	ASSAY ACTH	70
82030	ASSAY ADP & AMP	47
82040	ASSAY SERUM ALBUMIN	9
82042	ASSAY URINE ALBUMIN	9
82043	MICROALBUMIN, QUANTITATIVE	10
82044	MICROALBUMIN, SEMIQUANT	8

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
82055	ASSAY ETHANOL	20
82075	ASSAY BREATH ETHANOL	22
82085	ASSAY ALDOLASE	18
82088	ASSAY ALDOSTERONE	74
82101	ASSAY URINE ALKALOIDS	54
82103	ALPHA-1-ANTITRYPSIN, TOTAL	24
82104	ALPHA-1-ANTITRYPSIN, PHENO	26
82105	ALPHA-FETOPROTEIN, SERUM	30
82106	ALPHA-FETOPROTEIN, AMNIOTIC	30
82108	ASSAY ALUMINUM	46
82120	AMINES, VAGINAL FLUID QUAL	7
82127	AMINO ACID, SINGLE QUAL	25
82128	AMINO ACIDS, MULT QUAL	25
82131	AMINO ACIDS, SINGLE QUANT	30
82135	ASSAY, AMINOLEVULINIC ACID	30
82136	AMINO ACIDS, QUANT, 2-5	30
82139	AMINO ACIDS, QUAN, 6 OR MORE	30
82140	ASSAY AMMONIA	26
82143	AMNIOTIC FLUID SCAN	12
82145	ASSAY AMPHETAMINES	28
82150	ASSAY AMYLASE	12
82154	ANDROSTANEDIOL GLUCURONIDE	52
82157	ASSAY ANDROSTENEDIONE	53
82160	ASSAY ANDROSTERONE	45
82163	ASSAY ANGIOTENSIN II	37
82164	ANGIOTENSIN I ENZYME TEST	26
82172	ASSAY APOLIPOPROTEIN	28
82175	ASSAY ARSENIC	34
82180	ASSAY ASCORBIC ACID	18
82190	ATOMIC ABSORPTION	27
82205	ASSAY BARBITURATES	21
82232	ASSAY BETA-2 PROTEIN	29
82239	BILE ACIDS, TOTAL	31
82240	BILE ACIDS, CHOLYLGLYCINE	48
82247	BILIRUBIN, TOTAL	9
82248	BILIRUBIN, DIRECT	9
82252	FECAL BILIRUBIN TEST	8
82261	ASSAY BIOTINIDASE	30
82270	TEST FOR BLOOD, FECES	6

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
82273	TEST FOR BLOOD, OTHER SOURCE	6
82274	ASSAY TEST FOR BLOOD, FECAL	23
82286	ASSAY BRADYKININ	12
82300	ASSAY CADMIUM	42
82306	ASSAY VITAMIN D	53
82307	ASSAY VITAMIN D	58
82308	ASSAY CALCITONIN	48
82310	ASSAY CALCIUM	9
82330	ASSAY CALCIUM	25
82331	CALCIUM INFUSION TEST	9
82340	ASSAY CALCIUM IN URINE	11
82355	CALCULUS ANALYSIS, QUAL	21
82360	CALCULUS ASSAY, QUANT	23
82365	CALCULUS SPECTROSCOPY	23
82370	X-RAY ASSAY, CALCULUS	23
82373	ASSAY, C-D TRANSFER MEASURE	33
82374	ASSAY, BLOOD CARBON DIOXIDE	9
82375	ASSAY, BLOOD CARBON MONOXIDE	22
82376	TEST FOR CARBON MONOXIDE	11
82378	CARCINOEMBRYONIC ANTIGEN	34
82379	ASSAY CARNITINE	30
82380	ASSAY CAROTENE	17
82382	ASSAY, URINE CATECHOLAMINES	31
82383	ASSAY, BLOOD CATECHOLAMINES	45
82384	ASSAY, THREE CATECHOLAMINES	46
82387	ASSAY CATHEPSIN-D	38
82390	ASSAY CERULOPLASMIN	19
82397	CHEMILUMINESCENT ASSAY	26
82415	ASSAY CHLORAMPHENICOL	23
82435	ASSAY BLOOD CHLORIDE	8
82436	ASSAY URINE CHLORIDE	9
82438	ASSAY, OTHER FLUID CHLORIDES	9
82441	TEST FOR CHLOROHYDROCARBONS	11
82465	ASSAY, BLD/SERUM CHOLESTEROL	8
82480	ASSAY, SERUM CHOLINESTERASE	14
82482	ASSAY, RBC CHOLINESTERASE	14
82485	ASSAY, CHONDROITIN SULFATE	37
82486	GAS/LIQUID CHROMATOGRAPHY	33
82487	PAPER CHROMATOGRAPHY	29

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
82488	PAPER CHROMATOGRAPHY	39
82489	THIN LAYER CHROMATOGRAPHY	33
82491	CHROMOTOGRAPHY, QUANT, SING	33
82492	CHROMOTOGRAPHY, QUANT, MULT	33
82495	ASSAY CHROMIUM	37
82507	ASSAY CITRATE	50
82520	ASSAY COCAINE	27
82523	COLLAGEN CROSSLINKS	34
82525	ASSAY COPPER	22
82528	ASSAY CORTICOSTERONE	41
82530	CORTISOL, FREE	30
82533	TOTAL CORTISOL	29
82540	ASSAY CREATINE	8
82541	COLUMN CHROMOTOGRAPHY, QUAL	33
82542	COLUMN CHROMOTOGRAPHY, QUANT	33
82543	COLUMN CHROMOTOGRAPH/ISOTOPE	33
82544	COLUMN CHROMOTOGRAPH/ISOTOPE	33
82550	ASSAY CK (CPK)	12
82552	ASSAY CPK IN BLOOD	24
82553	CREATINE, MB FRACTION	21
82554	CREATINE, ISOFORMS	21
82565	ASSAY CREATININE	9
82570	ASSAY URINE CREATININE	9
82575	CREATININE CLEARANCE TEST	17
82585	ASSAY CRYOFIBRINOGEN	15
82595	ASSAY CRYOGLOBULIN	12
82600	ASSAY CYANIDE	35
82607	VITAMIN B-12	27
82608	B-12 BINDING CAPACITY	26
82615	TEST FOR URINE CYSTINES	15
82626	DEHYDROEPIANDROSTERONE	46
82627	DEHYDROEPIANDROSTERONE	40
82633	DESOXYCORTICOSTERONE	56
82634	DEOXYCORTISOL	53
82638	ASSAY DIBUCAINE NUMBER	22
82646	ASSAY DIHYDROCODEINONE	37
82649	ASSAY DIHYDROMORPHINONE	46
82651	ASSAY DIHYDROTESTOSTERONE	47
82652	ASSAY DIHYDROXYVITAMIN D	69

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
82654	ASSAY DIMETHADIONE	25
82657	ENZYME CELL ACTIVITY	33
82658	ENZYME CELL ACTIVITY, RA	33
82664	ELECTROPHORETIC TEST	62
82666	ASSAY EPIANDROSTERONE	39
82668	ASSAY ERYTHROPOIETIN	34
82670	ASSAY ESTRADIOL	50
82671	ASSAY ESTROGENS	58
82672	ASSAY ESTROGEN	39
82677	ASSAY ESTRIOL	44
82679	ASSAY ESTRONE	45
82690	ASSAY ETHCHLORVYNOL	31
82693	ASSAY ETHYLENE GLYCOL	27
82696	ASSAY ETIOCHOLANOLONE	43
82705	FATS/LIPIDS, FECES, QUAL	9
82710	FATS/LIPIDS, FECES, QUANT	30
82715	ASSAY FECAL FAT	31
82725	ASSAY BLOOD FATTY ACIDS	24
82726	LONG CHAIN FATTY ACIDS	33
82728	ASSAY FERRITIN	25
82731	ASSAY FETAL FIBRONECTIN	116
82735	ASSAY FLUORIDE	33
82742	ASSAY FLURAZEPAM	36
82746	BLOOD FOLIC ACID SERUM	27
82747	ASSAY FOLIC ACID, RBC	31
82757	ASSAY SEMEN FRUCTOSE	31
82759	ASSAY RBC GALACTOKINASE	39
82760	ASSAY GALACTOSE	20
82775	ASSAY GALACTOSE TRANSFERASE	38
82776	GALACTOSE TRANSFERASE TEST	15
82784	ASSAY GAMMAGLOBULIN IGM	17
82785	ASSAY GAMMAGLOBULIN IGE	30
82787	IGG 1, 2, 3 OR 4, EACH	14
82800	BLOOD PH	15
82803	BLOOD GASES: PH, PO2 & PCO2	35
82805	BLOOD GASES W/02 SATURATION	51
82810	BLOOD GASES, O2 SAT ONLY	16
82820	HEMOGLOBIN-OXYGEN AFFINITY	18
82926	ASSAY GASTRIC ACID	10

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
82928	ASSAY GASTRIC ACID	12
82938	GASTRIN TEST	32
82941	ASSAY GASTRIN	32
82943	ASSAY GLUCAGON	26
82945	GLUCOSE OTHER FLUID	7
82946	GLUCAGON TOLERANCE TEST	27
82947	ASSAY, GLUCOSE, BLOOD QUANT	7
82948	REAGENT STRIP/BLOOD GLUCOSE	6
82950	GLUCOSE TEST	9
82951	GLUCOSE TOLERANCE TEST (GTT)	23
82952	GTT-ADDED SAMPLES	7
82953	GLUCOSE-TOLBUTAMIDE TEST	27
82955	ASSAY G6PD ENZYME	18
82960	TEST FOR G6PD ENZYME	11
82962	GLUCOSE BLOOD TEST	4
82963	ASSAY GLUCOSIDASE	39
82965	ASSAY GDH ENZYME	14
82975	ASSAY GLUTAMINE	29
82977	ASSAY GGT	13
82978	ASSAY GLUTATHIONE	26
82979	ASSAY, RBC GLUTATHIONE	12
82980	ASSAY GLUTETHIMIDE	33
82985	GLYCATED PROTEIN	27
83001	GONADOTROPIN (FSH)	34
83002	GONADOTROPIN (LH)	33
83003	ASSAY, GROWTH HORMONE (HGH)	30
83008	ASSAY GUANOSINE	30
83010	ASSAY HAPTOGLOBIN, QUANT	23
83012	ASSAY HAPTOGLOBINS	31
83013	H PYLORI ANALYSIS	122
83014	H PYLORI DRUG ADMIN/COLLECT	14
83015	HEAVY METAL SCREEN	34
83018	QUANTITATIVE SCREEN, METALS	40
83020	HEMOGLOBIN ELECTROPHORESIS	23
83021	HEMOGLOBIN CHROMOTOGRAPHY	33
83026	HEMOGLOBIN, COPPER SULFATE	4
83030	FETAL HEMOGLOBIN, CHEMICAL	15
83033	FETAL HEMOGLOBIN ASSAY, QUAL	11
83036	GLYCATED HEMOGLOBIN TEST	18

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
83045	BLOOD METHEMOGLOBIN TEST	9
83050	BLOOD METHEMOGLOBIN ASSAY	13
83051	ASSAY PLASMA HEMOGLOBIN	13
83055	BLOOD SULFHEMOGLOBIN TEST	9
83060	BLOOD SULFHEMOGLOBIN ASSAY	15
83065	ASSAY HEMOGLOBIN HEAT	12
83068	HEMOGLOBIN STABILITY SCREEN	15
83069	ASSAY URINE HEMOGLOBIN	7
83070	ASSAY HEMOSIDERIN, QUAL	9
83071	ASSAY HEMOSIDERIN, QUANT	12
83080	ASSAY B HEXOSAMINIDASE	30
83088	ASSAY HISTAMINE	53
83090	ASSAY HOMOCYSTINE	30
83150	ASSAY FOR HVA	35
83491	ASSAY CORTICOSTEROIDS	32
83497	ASSAY 5-HIAA	23
83498	ASSAY PROGESTERONE	49
83499	ASSAY PROGESTERONE	45
83500	ASSAY, FREE HYDROXYPROLINE	41
83505	ASSAY, TOTAL HYDROXYPROLINE	44
83516	IMMUNOASSAY, NONANTIBODY	21
83518	IMMUNOASSAY, DIPSTICK	15
83519	IMMUNOASSAY, NONANTIBODY	24
83520	IMMUNOASSAY, RIA	23
83525	ASSAY INSULIN	21
83527	ASSAY INSULIN	23
83528	ASSAY INTRINSIC FACTOR	29
83540	ASSAY IRON	12
83550	IRON BINDING TEST	16
83570	ASSAY IDH ENZYME	16
83582	ASSAY KETOGENIC STEROIDS	26
83586	ASSAY 17- KETOSTEROIDS	23
83593	FRACTIONATION, KETOSTEROIDS	47
83605	ASSAY LACTIC ACID	19
83615	LACTATE (LD) (LDH) ENZYME	11
83625	ASSAY LDH ENZYMES	23
83632	PLACENTAL LACTOGEN	36
83633	TEST URINE FOR LACTOSE	10
83634	ASSAY URINE FOR LACTOSE	21

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
83655	ASSAY LEAD	22
83661	L/S RATIO, FETAL LUNG	40
83662	FOAM STABILITY, FETAL LUNG	34
83663	FLUORO POLARIZE, FETAL LUNG	34
83664	LAMELLAR BDY, FETAL LUNG	34
83670	ASSAY LAP ENZYME	17
83690	ASSAY LIPASE	12
83715	ASSAY BLOOD LIPOPROTEINS	20
83716	ASSAY BLOOD LIPOPROTEINS	45
83718	ASSAY LIPOPROTEIN	15
83719	ASSAY BLOOD LIPOPROTEIN	21
83721	ASSAY BLOOD LIPOPROTEIN	17
83727	ASSAY LRH HORMONE	31
83735	ASSAY MAGNESIUM	12
83775	ASSAY MD ENZYME	13
83785	ASSAY MANGANESE	44
83788	MASS SPECTROMETRY QUAL	33
83789	MASS SPECTROMETRY QUANT	33
83805	ASSAY MEPROBAMATE	32
83825	ASSAY MERCURY	29
83835	ASSAY METANEPHRINES	31
83840	ASSAY METHADONE	29
83857	ASSAY METHEMALBUMIN	19
83858	ASSAY METHSUXIMIDE	27
83864	MUCOPOLYSACCHARIDES	36
83866	MUCOPOLYSACCHARIDES SCREEN	18
83872	ASSAY SYNOVIAL FLUID MUCIN	11
83873	ASSAY CSF PROTEIN	31
83874	ASSAY MYOGLOBIN	23
83880	NATRIURETIC PEPTIDE	61
83883	ASSAY, NEPHELOMETRY NOT SPEC	25
83885	ASSAY NICKEL	44
83887	ASSAY NICOTINE	43
83890	MOLECULE ISOLATE	7
83891	MOLECULE ISOLATE NUCLEIC	7
83892	MOLECULAR DIAGNOSTICS	7
83893	MOLECULE DOT/SLOT/BLOT	7
83894	MOLECULE GEL ELECTROPHOR	7
83896	MOLECULAR DIAGNOSTICS	7

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
83897	MOLECULE NUCLEIC TRANSFER	7
83898	MOLECULE NUCLEIC AMPLI	30
83901	MOLECULE NUCLEIC AMPLI	30
83902	MOLECULAR DIAGNOSTICS	26
83903	MOLECULE MUTATION SCAN	30
83904	MOLECULE MUTATION IDENTIFY	30
83905	MOLECULE MUTATION IDENTIFY	30
83906	MOLECULE MUTATION IDENTIFY	30
83912	GENETIC EXAMINATION	7
83915	ASSAY NUCLEOTIDASE	20
83916	OLIGOCLONAL BANDS	36
83918	ORGANIC ACIDS, TOTAL, QUANT	30
83919	ORGANIC ACIDS, QUAL, EACH	30
83921	ORGANIC ACID, SINGLE, QUANT	30
83925	ASSAY OPIATES	35
83930	ASSAY BLOOD OSMOLALITY	12
83935	ASSAY URINE OSMOLALITY	12
83937	ASSAY OSTEOCALCIN	54
83945	ASSAY OXALATE	23
83950	ONCOPROTEIN, HER-2/NEU	116
83970	ASSAY PARATHORMONE	74
83986	ASSAY BODY FLUID ACIDITY	6
83992	ASSAY FOR PHENCYCLIDINE	27
84022	ASSAY PHENOTHIAZINE	28
84030	ASSAY BLOOD PKU	10
84035	ASSAY PHENYLKETONES	7
84060	ASSAY ACID PHOSPHATASE	13
84061	PHOSPHATASE, FORENSIC EXAM	14
84066	ASSAY PROSTATE PHOSPHATASE	17
84075	ASSAY ALKALINE PHOSPHATASE	9
84078	ASSAY ALKALINE PHOSPHATASE	13
84080	ASSAY ALKALINE PHOSPHATASES	27
84081	AMNIOTIC FLUID ENZYME TEST	30
84085	ASSAY RBC PG6D ENZYME	12
84087	ASSAY PHOSPHOHEXOSE ENZYMES	19
84100	ASSAY PHOSPHORUS	9
84105	ASSAY URINE PHOSPHORUS	9
84106	TEST FOR PORPHOBILINOGEN	8
84110	ASSAY PORPHOBILINOGEN	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
84119	TEST URINE FOR PORPHYRINS	16
84120	ASSAY URINE PORPHYRINS	27
84126	ASSAY FECES PORPHYRINS	46
84127	ASSAY FECES PORPHYRINS	21
84132	ASSAY SERUM POTASSIUM	8
84133	ASSAY URINE POTASSIUM	8
84134	ASSAY PREALBUMIN	26
84135	ASSAY PREGNANEDIOL	35
84138	ASSAY PREGNANETRIOL	34
84140	ASSAY PREGNENOLONE	37
84143	ASSAY 17-HYDROXYPREGNENO	41
84144	ASSAY PROGESTERONE	38
84146	ASSAY PROLACTIN	35
84150	ASSAY PROSTAGLANDIN	45
84152	ASSAY PSA, COMPLEXED	33
84153	ASSAY PSA, TOTAL	33
84154	ASSAY PSA, FREE	33
84155	ASSAY PROTEIN, SERUM	7
84156	ASSAY PROTEIN, URINE	7
84157	ASSAY PROTEIN, OTHER	7
84160	ASSAY PROTEIN, ANY SOURCE	9
84165	ELECTROPHOREISIS PROTEINS	19
84181	WESTERN BLOT TEST	31
84182	PROTEIN, WESTERN BLOT TEST	32
84202	ASSAY RBC PROTOPORPHYRIN	26
84203	TEST RBC PROTOPORPHYRIN	16
84206	ASSAY PROINSULIN	32
84207	ASSAY VITAMIN B-6	51
84210	ASSAY PYRUVATE	20
84220	ASSAY PYRUVATE KINASE	17
84228	ASSAY QUININE	21
84233	ASSAY ESTROGEN	116
84234	ASSAY PROGESTERONE	117
84235	ASSAY ENDOCRINE HORMONE	94
84238	ASSAY, NONENDOCRINE RECEPTOR	66
84244	ASSAY RENIN	40
84252	ASSAY VITAMIN B-2	37
84255	ASSAY SELENIUM	46
84260	ASSAY SEROTONIN	56

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
84270	ASSAY SEX HORMONE GLOBUL	39
84275	ASSAY SIALIC ACID	24
84285	ASSAY SILICA	43
84295	ASSAY SERUM SODIUM	9
84300	ASSAY URINE SODIUM	9
84302	ASSAY SWEAT SODIUM	9
84305	ASSAY SOMATOMEDIN	38
84307	ASSAY SOMATOSTATIN	33
84311	SPECTROPHOTOMETRY	13
84315	BODY FLUID SPECIFIC GRAVITY	5
84375	CHROMATOGRAM ASSAY, SUGARS	35
84376	SUGARS, SINGLE, QUAL	10
84377	SUGARS, MULTIPLE, QUAL	10
84378	SUGARS, SINGLE, QUANT	21
84379	SUGARS MULTIPLE QUANT	21
84392	ASSAY URINE SULFATE	9
84402	ASSAY TESTOSTERONE	46
84403	ASSAY TOTAL TESTOSTERONE	47
84425	ASSAY VITAMIN B-1	38
84430	ASSAY THIOCYANATE	21
84432	ASSAY THYROGLOBULIN	29
84436	ASSAY TOTAL THYROXINE	12
84437	ASSAY NEONATAL THYROXINE	12
84439	ASSAY FREE THYROXINE	16
84442	ASSAY THYROID ACTIVITY	27
84443	ASSAY THYROID STIM HORMONE	30
84445	ASSAY TSI	92
84446	ASSAY VITAMIN E	26
84449	ASSAY TRANSCORTIN	32
84450	TRANSFERASE (AST) (SGOT)	9
84460	ALANINE AMINO (ALT) (SGPT)	10
84466	ASSAY TRANSFERRIN	23
84478	ASSAY TRIGLYCERIDES	10
84479	ASSAY THYROID (T3 OR T4)	12
84480	ASSAY, TRIIODOTHYRONINE (T3)	26
84481	FREE ASSAY (FT-3)	31
84482	T3 REVERSE	28
84484	ASSAY TROPONIN, QUANT	18
84485	ASSAY DUODENAL FLUID TRYPSIN	14

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
84488	TEST FECES FOR TRYPSIN	13
84490	ASSAY FECES FOR TRYPSIN	14
84510	ASSAY TYROSINE	19
84512	ASSAY TROPONIN, QUAL	14
84520	ASSAY UREA NITROGEN	7
84525	UREA NITROGEN SEMI-QUANT	7
84540	ASSAY URINE/UREA-N	9
84545	UREA-N CLEARANCE TEST	12
84550	ASSAY BLOOD/URIC ACID	8
84560	ASSAY URINE/URIC ACID	9
84577	ASSAY FECES/UROBILINOGEN	23
84578	TEST URINE UROBILINOGEN	6
84580	ASSAY URINE UROBILINOGEN	13
84583	ASSAY URINE UROBILINOGEN	9
84585	ASSAY URINE VMA	28
84586	ASSAY VIP	64
84588	ASSAY VASOPRESSIN	61
84590	ASSAY VITAMIN A	21
84591	ASSAY NOS VITAMIN	21
84597	ASSAY VITAMIN K	25
84600	ASSAY VOLATILES	29
84620	XYLOSE TOLERANCE TEST	21
84630	ASSAY ZINC	21
84681	ASSAY C-PEPTIDE	38
84702	CHORIONIC GONADOTROPIN TEST	27
84703	CHORIONIC GONADOTROPIN ASSAY	14
84830	OVULATION TESTS	18
84999	CLINICAL CHEMISTRY TEST	8
85002	BLEEDING TIME TEST	8
85004	AUTOMATED DIFF WBC COUNT	12
85007	BL SMEAR W/DIFF WBC COUNT	6
85008	BL SMEAR W/O DIFF WBC COUNT	6
85009	MANUAL DIFF WBC COUNT B-COAT	7
85013	SPUN MICROHEMATOCRIT	4
85014	HEMATOCRIT	4
85018	HEMOGLOBIN	4
85025	COMPLETE CBC W/AUTO DIFF WBC	14
85027	COMPLETE CBC, AUTOMATED	12
85032	MANUAL CELL COUNT, EACH	8

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
85041	AUTOMATED RBC COUNT	5
85044	MANUAL RETICULOCYTE COUNT	8
85045	AUTOMATED RETICULOCYTE COUNT	7
85046	RETICYTE/HGB CONCENTRATE	10
85048	AUTOMATED LEUKOCYTE COUNT	5
85049	AUTOMATED PLATELET COUNT	8
85055	RETICULATED PLATELET ASSAY	48
85060	BLOOD SMEAR INTERPRETATION	34
85097	BONE MARROW INTERPRETATION	70
85130	CHROMOGENIC SUBSTRATE ASSAY	21
85170	BLOOD CLOT RETRACTION	7
85175	BLOOD CLOT LYSIS TIME	8
85210	BLOOD CLOT FACTOR II TEST	23
85220	BLOOD CLOT FACTOR V TEST	32
85230	BLOOD CLOT FACTOR VII TEST	32
85240	BLOOD CLOT FACTOR VIII TEST	32
85244	BLOOD CLOT FACTOR VIII TEST	37
85245	BLOOD CLOT FACTOR VIII TEST	41
85246	BLOOD CLOT FACTOR VIII TEST	41
85247	BLOOD CLOT FACTOR VIII TEST	41
85250	BLOOD CLOT FACTOR IX TEST	34
85260	BLOOD CLOT FACTOR X TEST	32
85270	BLOOD CLOT FACTOR XI TEST	32
85280	BLOOD CLOT FACTOR XII TEST	35
85290	BLOOD CLOT FACTOR XIII TEST	29
85291	BLOOD CLOT FACTOR XIII TEST	16
85292	BLOOD CLOT FACTOR ASSAY	34
85293	BLOOD CLOT FACTOR ASSAY	34
85300	ANTITHROMBIN III TEST	21
85301	ANTITHROMBIN III TEST	20
85302	BLOOD CLOT INHIBITOR ANTIGEN	22
85303	BLOOD CLOT INHIBITOR TEST	25
85305	BLOOD CLOT INHIBITOR ASSAY	21
85306	BLOOD CLOT INHIBITOR TEST	28
85307	ASSAY ACTIVATED PROTEIN C	28
85335	FACTOR INHIBITOR TEST	23
85337	THROMBOMODULIN	19
85345	COAGULATION TIME	8
85347	COAGULATION TIME	8

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
85348	COAGULATION TIME	7
85360	EUGLOBULIN LYSIS	15
85362	FIBRIN DEGRADATION PRODUCTS	12
85366	FIBRINOGEN TEST	16
85370	FIBRINOGEN TEST	21
85378	FIBRIN DEGRADE, SEMIQUANT	13
85379	FIBRIN DEGRADATION, QUANT	18
85380	FIBRIN DEGRADATION, VTE	18
85384	FIBRINOGEN	15
85385	FIBRINOGEN	15
85390	FIBRINOLYSINS SCREEN	9
85396	CLOTTING ASSAY, WHOLE BLOOD	29
85400	FIBRINOLYTIC PLASMIN	16
85410	FIBRINOLYTIC ANTIPLASMIN	14
85415	FIBRINOLYTIC PLASMINOGEN	31
85420	FIBRINOLYTIC PLASMINOGEN	12
85421	FIBRINOLYTIC PLASMINOGEN	18
85441	HEINZ BODIES, DIRECT	8
85445	HEINZ BODIES, INDUCED	12
85460	HEMOGLOBIN, FETAL	14
85461	HEMOGLOBIN, FETAL	12
85475	HEMOLYSIN	16
85520	HEPARIN ASSAY	24
85525	HEPARIN NEUTRALIZATION	21
85530	HEPARIN-PROTAMINE TOLERANCE	26
85536	IRON STAIN PERIPHERAL BLOOD	12
85540	WBC ALKALINE PHOSPHATASE	16
85547	RBC MECHANICAL FRAGILITY	16
85549	MURAMIDASE	34
85555	RBC OSMOTIC FRAGILITY	12
85557	RBC OSMOTIC FRAGILITY	24
85576	BLOOD PLATELET AGGREGATION	39
85597	PLATELET NEUTRALIZATION	32
85610	PROTHROMBIN TIME	7
85611	PROTHROMBIN TEST	7
85612	VIPER VENOM PROTHROMBIN TIME	17
85613	RUSSELL VIPER VENOM, DILUTED	17
85635	REPTILASE TEST	18
85651	RBC SED RATE, NONAUTOMATED	6

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
85652	RBC SED RATE, AUTOMATED	5
85660	RBC SICKLE CELL TEST	10
85670	THROMBIN TIME, PLASMA	10
85675	THROMBIN TIME, TITER	12
85705	THROMBOPLASTIN INHIBITION	17
85730	THROMBOPLASTIN TIME, PARTIAL	11
85732	THROMBOPLASTIN TIME, PARTIAL	12
85810	BLOOD VISCOSITY EXAMINATION	21
85999	HEMATOLOGY PROCEDURE	8
86000	AGGLUTININS, FEBRILE	13
86001	ALLERGEN SPECIFIC IGG	9
86003	ALLERGEN SPECIFIC IGE	9
86005	ALLERGEN SPECIFIC IGE	14
86021	WBC ANTIBODY IDENTIFICATION	27
86022	PLATELET ANTIBODIES	33
86023	IMMUNOGLOBULIN ASSAY	22
86038	ANTINUCLEAR ANTIBODIES	22
86039	ANTINUCLEAR ANTIBODIES (ANA)	20
86060	ANTISTREPTOLYSIN O, TITER	13
86063	ANTISTREPTOLYSIN O, SCREEN	10
86077	PHYSICIAN BLOOD BANK SERVICE	70
86078	PHYSICIAN BLOOD BANK SERVICE	69
86079	PHYSICIAN BLOOD BANK SERVICE	70
86140	C-REACTIVE PROTEIN	9
86141	C-REACTIVE PROTEIN, HS	23
86146	GLYCOPROTEIN ANTIBODY	46
86147	CARDIOLIPIN ANTIBODY	46
86148	PHOSPHOLIPID ANTIBODY	29
86155	CHEMOTAXIS ASSAY	29
86156	COLD AGGLUTININ, SCREEN	12
86157	COLD AGGLUTININ, TITER	15
86160	COMPLEMENT, ANTIGEN	22
86161	COMPLEMENT/FUNCTION ACTIVITY	22
86162	COMPLEMENT, TOTAL (CH50)	37
86171	COMPLEMENT FIXATION, EACH	18
86185	COUNTERIMMUNOELECTROPHORESIS	16
86215	DEOXYRIBONUCLEASE, ANTIBODY	24
86225	DNA ANTIBODY	25
86226	DNA ANTIBODY, SINGLE STRAND	22

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
86235	NUCLEAR ANTIGEN ANTIBODY	32
86243	FC RECEPTOR	37
86255	FLUORESCENT ANTIBODY, SCREEN	22
86256	FLUORESCENT ANTIBODY, TITER	22
86277	GROWTH HORMONE ANTIBODY	28
86280	HEMAGGLUTINATION INHIBITION	15
86294	IMMUNOASSAY, TUMOR, QUAL	35
86300	IMMUNOASSAY, TUMOR, CA 15-3	38
86301	IMMUNOASSAY, TUMOR, CA 19-9	38
86304	IMMUNOASSAY, TUMOR, CA 125	38
86308	HETEROPHILE ANTIBODIES	9
86309	HETEROPHILE ANTIBODIES	12
86310	HETEROPHILE ANTIBODIES	13
86316	IMMUNOASSAY, TUMOR OTHER	38
86317	IMMUNOASSAY,INFECTIOUS AGENT	27
86318	IMMUNOASSAY,INFECTIOUS AGENT	23
86320	SERUM IMMUNOELECTROPHORESIS	40
86325	OTHER IMMUNOELECTROPHORESIS	40
86327	IMMUNOELECTROPHORESIS ASSAY	41
86329	IMMUNODIFFUSION	25
86331	IMMUNODIFFUSION OUCHTERLONY	22
86332	IMMUNE COMPLEX ASSAY	44
86334	IMMUNOFIXATION PROCEDURE	40
86336	INHIBIN A	28
86337	INSULIN ANTIBODIES	39
86340	INTRINSIC FACTOR ANTIBODY	27
86341	ISLET CELL ANTIBODY	36
86343	LEUKOCYTE HISTAMINE RELEASE	22
86344	LEUKOCYTE PHAGOCYTOSIS	14
86353	LYMPHOCYTE TRANSFORMATION	88
86359	T CELLS, TOTAL COUNT	68
86360	T CELL, ABSOLUTE COUNT/RATIO	85
86361	T CELL, ABSOLUTE COUNT	48
86376	MICROSOMAL ANTIBODY	26
86378	MIGRATION INHIBITORY FACTOR	36
86382	NEUTRALIZATION TEST, VIRAL	31
86384	NITROBLUE TETRAZOLIUM DYE	21
86403	PARTICLE AGGLUTINATION TEST	18
86406	PARTICLE AGGLUTINATION TEST	19

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
86430	RHEUMATOID FACTOR TEST	10
86431	RHEUMATOID FACTOR, QUANT	10
86485	SKIN TEST, CANDIDA	29
86490	COCCIDIOIDOMYCOSIS SKIN TEST	16
86510	HISTOPLASMOSIS SKIN TEST	18
86580	TB INTRADERMAL TEST	15
86585	TB TINE TEST	12
86586	SKIN TEST, UNLISTED	18
86590	STREPTOKINASE, ANTIBODY	20
86592	BLOOD SEROLOGY, QUALITATIVE	8
86593	BLOOD SEROLOGY, QUANTITATIVE	8
86602	ANTINOMYCES ANTIBODY	18
86603	ADENOVIRUS ANTIBODY	23
86606	ASPERGILLUS ANTIBODY	27
86609	BACTERIUM ANTIBODY	23
86611	BARTONELLA ANTIBODY	18
86612	BLASTOMYCES ANTIBODY	23
86615	BORDETELLA ANTIBODY	24
86617	LYME DISEASE ANTIBODY	28
86618	LYME DISEASE ANTIBODY	31
86619	BORRELIA ANTIBODY	24
86622	BRUCELLA ANTIBODY	16
86625	CAMPYLOBACTER ANTIBODY	24
86628	CANDIDA ANTIBODY	22
86631	CHLAMYDIA ANTIBODY	21
86632	CHLAMYDIA IGM ANTIBODY	23
86635	COCCIDIOIDES ANTIBODY	21
86638	Q FEVER ANTIBODY	22
86641	CRYPTOCOCCUS ANTIBODY	26
86644	CMV ANTIBODY	26
86645	CMV ANTIBODY, IGM	30
86648	DIPHTHERIA ANTIBODY	27
86651	ENCEPHALITIS ANTIBODY	24
86652	ENCEPHALITIS ANTIBODY	24
86653	ENCEPHALITIS ANTIBODY	24
86654	ENCEPHALITIS ANTIBODY	24
86658	ENTEROVIRUS ANTIBODY	24
86663	EPSTEIN-BARR ANTIBODY	24
86664	EPSTEIN-BARR ANTIBODY	28

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
86665	EPSTEIN-BARR ANTIBODY	33
86666	EHRLICHIA ANTIBODY	18
86668	FRANCISELLA TULARENSIS	19
86671	FUNGUS ANTIBODY	22
86674	GIARDIA LAMBLIA ANTIBODY	27
86677	HELICOBACTER PYLORI	26
86682	HELMINTH ANTIBODY	23
86684	HEMOPHILUS INFLUENZA	29
86687	HTLV-I ANTIBODY	15
86688	HTLV-II ANTIBODY	25
86689	HTLV/HIV CONFIRMATORY TEST	35
86692	HEPATITIS, DELTA AGENT	31
86694	HERPES SIMPLEX TEST	26
86695	HERPES SIMPLEX TEST	24
86696	HERPES SIMPLEX TYPE 2	35
86698	HISTOPLASMA	23
86701	HIV-1	16
86702	HIV-2	24
86703	HIV-1/HIV-2, SINGLE ASSAY	25
86704	HEP B CORE ANTIBODY, TOTAL	22
86705	HEP B CORE ANTIBODY, IGM	21
86706	HEP B SURFACE ANTIBODY	19
86707	HEP BE ANTIBODY	21
86708	HEP A ANTIBODY, TOTAL	22
86709	HEP A ANTIBODY, IGM	20
86710	INFLUENZA VIRUS ANTIBODY	24
86713	LEGIONELLA ANTIBODY	28
86717	LEISHMANIA ANTIBODY	22
86720	LEPTOSPIRA ANTIBODY	24
86723	LISTERIA MONOCYTOGENES AB	24
86727	LYMPH CHORIOMENINGITIS AB	23
86729	LYMPHO VENEREUM ANTIBODY	22
86732	MUCORMYCOSIS ANTIBODY	24
86735	MUMPS ANTIBODY	24
86738	MYCOPLASMA ANTIBODY	24
86741	NEISSERIA MENINGITIDIS	24
86744	NOCARDIA ANTIBODY	24
86747	PARVOVIRUS ANTIBODY	27
86750	MALARIA ANTIBODY	24

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
86753	PROTOZOA ANTIBODY NOS	22
86756	RESPIRATORY VIRUS ANTIBODY	23
86757	RICKETTSIA ANTIBODY	35
86759	ROTAVIRUS ANTIBODY	24
86762	RUBELLA ANTIBODY	26
86765	RUBEOLA ANTIBODY	23
86768	SALMONELLA ANTIBODY	24
86771	SHIGELLA ANTIBODY	24
86774	TETANUS ANTIBODY	27
86777	TOXOPLASMA ANTIBODY	26
86778	TOXOPLASMA ANTIBODY, IGM	26
86781	TREPONEMA PALLIDUM, CONFIRM	24
86784	TRICHINELLA ANTIBODY	23
86787	VARICELLA-ZOSTER ANTIBODY	23
86790	VIRUS ANTIBODY NOS	23
86793	YERSINIA ANTIBODY	24
86800	THYROGLOBULIN ANTIBODY	29
86803	HEPATITIS C AB TEST	26
86804	HEP C AB TEST, CONFIRM	28
86805	LYMPHOCYTOTOXICITY ASSAY	94
86806	LYMPHOCYTOTOXICITY ASSAY	86
86807	CYTOTOXIC ANTIBODY SCREENING	71
86808	CYTOTOXIC ANTIBODY SCREENING	54
86812	HLA TYPING, A, B, OR C	47
86813	HLA TYPING, A, B, OR C	105
86816	HLA TYPING, DR/DQ	50
86817	HLA TYPING, DR/DQ	116
86821	LYMPHOCYTE CULTURE, MIXED	102
86822	LYMPHOCYTE CULTURE, PRIMED	66
86849	IMMUNOLOGY PROCEDURE	66
86850	RBC ANTIBODY SCREEN	38
86860	RBC ANTIBODY ELUTION	51
86870	RBC ANTIBODY IDENTIFICATION	55
86880	COOMBS TEST, DIRECT	10
86885	COOMBS TEST, INDIRECT, QUAL	10
86886	COOMBS TEST, INDIRECT, TITER	9
86890	AUTOLOGOUS BLOOD PROCESS	204
86891	AUTOLOGOUS BLOOD, OP SALVAGE	189
86900	BLOOD TYPING, ABO	5

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
86901	BLOOD TYPING, RH (D)	24
86903	BLOOD TYPING, ANTIGEN SCREEN	17
86904	BLOOD TYPING, PATIENT SERUM	17
86905	BLOOD TYPING, RBC ANTIGENS	7
86906	BLOOD TYPING, RH PHENOTYPE	14
86910	BLOOD TYPING, PATERNITY TEST	80
86911	BLOOD TYPING, ANTIGEN SYSTEM	9
86920	COMPATIBILITY TEST	90
86921	COMPATIBILITY TEST	68
86922	COMPATIBILITY TEST	81
86927	PLASMA, FRESH FROZEN	64
86930	FROZEN BLOOD PREP	224
86931	FROZEN BLOOD THAW	166
86932	FROZEN BLOOD FREEZE/THAW	231
86940	HEMOLYSINS/AGGLUTININS, AUTO	15
86941	HEMOLYSINS/AGGLUTININS	22
86945	BLOOD PRODUCT/IRRADIATION	30
86950	LEUKACYTE TRANSFUSION	499
86965	POOLING BLOOD PLATELETS	70
86970	RBC PRETREATMENT	116
86971	RBC PRETREATMENT	24
86972	RBC PRETREATMENT	31
86975	RBC PRETREATMENT, SERUM	24
86976	RBC PRETREATMENT, SERUM	143
86977	RBC PRETREATMENT, SERUM	143
86978	RBC PRETREATMENT, SERUM	184
86985	SPLIT BLOOD OR PRODUCTS	50
86999	TRANSFUSION PROCEDURE	15
87001	SMALL ANIMAL INOCULATION	24
87003	SMALL ANIMAL INOCULATION	30
87015	SPECIMEN CONCENTRATION	12
87040	BLOOD CULTURE FOR BACTERIA	19
87045	FECES CULTURE, BACTERIA	17
87046	STOOL CULTR, BACTERIA, EACH	17
87070	CULTURE, BACTERIA, OTHER	16
87071	CULTURE BACTERI AEROBIC OTHR	17
87073	CULTURE BACTERIA ANAEROBIC	17
87075	CULTR BACTERIA, EXCEPT BLOOD	17
87076	CULTURE ANAEROBE IDENT, EACH	15

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87077	CULTURE AEROBIC IDENTIFY	15
87081	CULTURE SCREEN ONLY	12
87084	CULTURE SPECIMEN BY KIT	16
87086	URINE CULTURE/COLONY COUNT	15
87088	URINE BACTERIA CULTURE	15
87101	SKIN FUNGI CULTURE	14
87102	FUNGUS ISOLATION CULTURE	15
87103	BLOOD FUNGUS CULTURE	16
87106	FUNGI IDENTIFICATION, YEAST	19
87107	FUNGI IDENTIFICATION, MOLD	19
87109	MYCOPLASMA	28
87110	CHLAMYDIA CULTURE	35
87116	MYCOBACTERIA CULTURE	20
87118	MYCOBACTERIC IDENTIFICATION	20
87140	CULTURE TYPE IMMUNOFLUORESC	10
87143	CULTURE TYPING, GLC/HPLC	23
87147	CULTURE TYPE, IMMUNOLOGIC	9
87149	CULTURE TYPE, NUCLEIC ACID	36
87152	CULTURE TYPE PULSE FIELD GEL	9
87158	CULTURE TYPING, ADDED METHOD	9
87164	DARK FIELD EXAMINATION	19
87166	DARK FIELD EXAMINATION	20
87168	MACROSCOPIC EXAM ARTHROPOD	8
87169	MACROSCOPIC EXAM PARASITE	8
87172	PINWORM EXAM	8
87176	TISSUE HOMOGENIZATION, CULTR	11
87177	OVA AND PARASITES SMEARS	16
87181	MICROBE SUSCEPTIBLE, DIFFUSE	9
87184	MICROBE SUSCEPTIBLE, DISK	12
87185	MICROBE SUSCEPTIBLE, ENZYME	9
87186	MICROBE SUSCEPTIBLE, MIC	16
87187	MICROBE SUSCEPTIBLE, MLC	19
87188	MICROBE SUSCEPT, MACROBROTH	12
87190	MICROBE SUSCEPT, MYCOBACTERI	10
87197	BACTERICIDAL LEVEL, SERUM	27
87205	SMEAR, GRAM STAIN	8
87206	SMEAR, FLUORESCENT/ACID STAI	10
87207	SMEAR, SPECIAL STAIN	11
87210	SMEAR, WET MOUNT, SALINE/INK	8

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87220	TISSUE EXAM FOR FUNGI	8
87230	ASSAY, TOXIN OR ANTITOXIN	36
87250	VIRUS INOCULATE, EGGS/ANIMAL	35
87252	VIRUS INOCULATE TISSUE	47
87253	VIRUS INOCULATE TISSUE, ADD	36
87254	VIRUS INOCULATE, SHELL VIA	35
87255	GENET VIRUS ISOLATE, HSV	61
87260	ADENOVIRUS AG, IF	22
87265	PERTUSSIS AG, IF	22
87267	ENTEROVIRUS ANTIBODY, DFA	22
87269	GIARDIA AG, IF	22
87270	CHLAMYDIA TRACHOMATIS AG, IF	22
87271	CRYPTOSPORIDUM/GARDIA AG, IF	22
87272	CRYPTOSPORIDIUM AG, IF	22
87273	HERPES SIMPLEX 2, AG, IF	22
87274	HERPES SIMPLEX 1, AG, IF	22
87275	INFLUENZA B, AG, IF	22
87276	INFLUENZA A, AG, IF	22
87277	LEGIONELLA MICDADEI, AG, IF	22
87278	LEGION PNEUMOPHILIA AG, IF	22
87279	PARAINFLUENZA, AG, IF	22
87280	RESPIRATORY SYNCYTIAL AG, IF	22
87281	PNEUMOCYSTIS CARINII, AG, IF	22
87283	RUBEOLA, AG, IF	22
87285	TREPONEMA PALLIDUM, AG, IF	22
87290	VARICELLA ZOSTER, AG, IF	22
87299	ANTIBODY DETECTION, NOS, IF	22
87300	AG DETECTION, POLYVAL, IF	22
87301	ADENOVIRUS AG, EIA	22
87320	CHYLMD TRACH AG, EIA	22
87324	CLOSTRIDIUM AG, EIA	22
87327	CRYPTOCOCCUS NEOFORM AG, EIA	22
87328	CRYPTOSPORIDIUM AG, EIA	22
87329	GIARDIA AG, EIA	22
87332	CYTOMEGALOVIRUS AG, EIA	22
87335	E COLI 0157 AG, EIA	22
87336	ENTAMOEB HIST DISPR, AG, EIA	22
87337	ENTAMOEB HIST GROUP, AG, EIA	22
87338	HPYLORI, STOOL, EIA	26

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87339	H PYLORI AG, EIA	22
87340	HEPATITIS B SURFACE AG, EIA	19
87341	HEPATITIS B SURFACE, AG, EIA	19
87350	HEPATITIS BE AG, EIA	21
87380	HEPATITIS DELTA AG, EIA	30
87385	HISTOPLASMA CAPSUL AG, EIA	22
87390	HIV-1 AG, EIA	32
87391	HIV-2 AG, EIA	32
87400	INFLUENZA A/B, AG, EIA	22
87420	RESP SYNCYTIAL AG, EIA	22
87425	ROTAVIRUS AG, EIA	22
87427	SHIGA-LIKE TOXIN AG, EIA	22
87430	STREP A AG, EIA	22
87449	AG DETECT NOS, EIA, MULT	22
87450	AG DETECT NOS, EIA, SINGLE	17
87451	AG DETECT POLYVAL, EIA, MULT	17
87470	BARTONELLA, DNA, DIR PROBE	36
87471	BARTONELLA, DNA, AMP PROBE	63
87472	BARTONELLA, DNA, QUANT	77
87475	LYME DIS, DNA, DIR PROBE	36
87476	LYME DIS, DNA, AMP PROBE	63
87477	LYME DIS, DNA, QUANT	77
87480	CANDIDA, DNA, DIR PROBE	36
87481	CANDIDA, DNA, AMP PROBE	63
87482	CANDIDA, DNA, QUANT	75
87485	CHYLMD PNEUM, DNA, DIR PROBE	36
87486	CHYLMD PNEUM, DNA, AMP PROBE	63
87487	CHYLMD PNEUM, DNA, QUANT	77
87490	CHYLMD TRACH, DNA, DIR PROBE	36
87491	CHYLMD TRACH, DNA, AMP PROBE	63
87492	CHYLMD TRACH, DNA, QUANT	63
87495	CYTOMEG, DNA, DIR PROBE	36
87496	CYTOMEG, DNA, AMP PROBE	63
87497	CYTOMEG, DNA, QUANT	77
87510	GARDNER VAG, DNA, DIR PROBE	36
87511	GARDNER VAG, DNA, AMP PROBE	63
87512	GARDNER VAG, DNA, QUANT	75
87515	HEPATITIS B, DNA, DIR PROBE	36
87516	HEPATITIS B, DNA, AMP PROBE	63

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87517	HEPATITIS B, DNA, QUANT	77
87520	HEPATITIS C, RNA, DIR PROBE	36
87521	HEPATITIS C, RNA, AMP PROBE	63
87522	HEPATITIS C, RNA, QUANT	77
87525	HEPATITIS G, DNA, DIR PROBE	36
87526	HEPATITIS G, DNA, AMP PROBE	63
87527	HEPATITIS G, DNA, QUANT	75
87528	HSV, DNA, DIR PROBE	36
87529	HSV, DNA, AMP PROBE	63
87530	HSV, DNA, QUANT	77
87531	HHV-6, DNA, DIR PROBE	36
87532	HHV-6, DNA, AMP PROBE	63
87533	HHV-6, DNA, QUANT	75
87534	HIV-1, DNA, DIR PROBE	36
87535	HIV-1, DNA, AMP PROBE	63
87536	HIV-1, DNA, QUANT	154
87537	HIV-2, DNA, DIR PROBE	36
87538	HIV-2, DNA, AMP PROBE	63
87539	HIV-2, DNA, QUANT	77
87540	LEGION PNEUMO, DNA, DIR PROB	36
87541	LEGION PNEUMO, DNA, AMP PROB	63
87542	LEGION PNEUMO, DNA, QUANT	75
87550	MYCOBACTERIA, DNA, DIR PROBE	36
87551	MYCOBACTERIA, DNA, AMP PROBE	63
87552	MYCOBACTERIA, DNA, QUANT	77
87555	M.TUBERCULO, DNA, DIR PROBE	36
87556	M.TUBERCULO, DNA, AMP PROBE	63
87557	M.TUBERCULO, DNA, QUANT	77
87560	M.AVIUM-INTRA, DNA, DIR PROB	36
87561	M.AVIUM-INTRA, DNA, AMP PROB	63
87562	M.AVIUM-INTRA, DNA, QUANT	77
87580	M.PNEUMON, DNA, DIR PROBE	36
87581	M.PNEUMON, DNA, AMP PROBE	63
87582	M.PNEUMON, DNA, QUANT	75
87590	N.GONORRHOEAE, DNA, DIR PROB	36
87591	N.GONORRHOEAE, DNA, AMP PROB	63
87592	N.GONORRHOEAE, DNA, QUANT	77
87620	HPV, DNA, DIR PROBE	36
87621	HPV, DNA, AMP PROBE	63

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87622	HPV, DNA, QUANT	75
87650	STREP A, DNA, DIR PROBE	36
87651	STREP A, DNA, AMP PROBE	63
87652	STREP A, DNA, QUANT	75
87660	TRICHOMONAS VAGIN, DIR PROBE	36
87797	DETECT AGENT NOS, DNA, DIR	36
87798	DETECT AGENT NOS, DNA, AMP	63
87799	DETECT AGENT NOS, DNA, QUANT	77
87800	DETECT AGNT MULT, DNA, DIREC	72
87801	DETECT AGNT MULT, DNA, AMPLI	127
87802	STREP B ASSAY W/OPTIC	22
87803	CLOSTRIDIUM TOXIN A W/OPTIC	22
87804	INFLUENZA ASSAY W/OPTIC	22
87810	CHYLMD TRACH ASSAY W/OPTIC	22
87850	N. GONORRHOEAE ASSAY W/OPTIC	22
87880	STREP A ASSAY W/OPTIC	22
87899	AGENT NOS ASSAY W/OPTIC	22
87901	GENOTYPE, DNA, HIV REVERSE T	465
87902	GENOTYPE, DNA, HEPATITIS C	465
87903	PHENOTYPE, DNA HIV W/CULTURE	882
87904	PHENOTYPE, DNA HIV W/CLT ADD	47
87999	MICROBIOLOGY PROCEDURE	9
88000	AUTOPSY (NECROPSY), GROSS	769
88005	AUTOPSY (NECROPSY), GROSS	865
88007	AUTOPSY (NECROPSY), GROSS	961
88012	AUTOPSY (NECROPSY), GROSS	806
88014	AUTOPSY (NECROPSY), GROSS	806
88016	AUTOPSY (NECROPSY), GROSS	795
88020	AUTOPSY (NECROPSY), COMPLETE	994
88025	AUTOPSY (NECROPSY), COMPLETE	1,093
88027	AUTOPSY (NECROPSY), COMPLETE	1,193
88028	AUTOPSY (NECROPSY), COMPLETE	1,033
88029	AUTOPSY (NECROPSY), COMPLETE	1,033
88036	LIMITED AUTOPSY	855
88037	LIMITED AUTOPSY	695
88040	FORENSIC AUTOPSY (NECROPSY)	2,583
88104	CYTOPATHOLOGY, FLUIDS	69
88106	CYTOPATHOLOGY, FLUIDS	62
88107	CYTOPATHOLOGY, FLUIDS	92

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
88108	CYTOPATH, CONCENTRATE TECH	72
88112	CYTOPATH, CELL ENHANCE TECH	167
88125	FORENSIC CYTOPATHOLOGY	28
88130	SEX CHROMATIN IDENTIFICATION	27
88140	SEX CHROMATIN IDENTIFICATION	14
88141	CYTOPATH, C/V, INTERPRET	31
88142	CYTOPATH, C/V, THIN LAYER	37
88143	CYTOPATH C/V THIN LAYER REDO	37
88147	CYTOPATH, C/V, AUTOMATED	21
88148	CYTOPATH, C/V, AUTO RESCREEN	27
88150	CYTOPATH, C/V, MANUAL	18
88152	CYTOPATH, C/V, AUTO REDO	18
88153	CYTOPATH, C/V, REDO	18
88154	CYTOPATH, C/V, SELECT	18
88155	CYTOPATH, C/V, INDEX ADD-ON	11
88160	CYTOPATH SMEAR, OTHER SOURCE	75
88161	CYTOPATH SMEAR, OTHER SOURCE	73
88162	CYTOPATH SMEAR, OTHER SOURCE	76
88164	CYTOPATH TBS, C/V, MANUAL	18
88165	CYTOPATH TBS, C/V, REDO	18
88166	CYTOPATH TBS, C/V, AUTO REDO	18
88167	CYTOPATH TBS, C/V, SELECT	18
88172	CYTOPATHOLOGY EVAL FNA	66
88173	CYTOPATH EVAL, FNA, REPORT	166
88174	CYTOPATH, C/V AUTO, IN FLUID	39
88175	CYTOPATH C/V AUTO FLUID REDO	48
88180	CELL MARKER STUDY	95
88182	CELL MARKER STUDY	126
88199	CYTOPATHOLOGY PROCEDURE	66
88230	TISSUE CULTURE, LYMPHOCYTE	210
88233	TISSUE CULTURE, SKIN/BIOPSY	254
88235	TISSUE CULTURE, PLACENTA	266
88237	TISSUE CULTURE, BONE MARROW	228
88239	TISSUE CULTURE, TUMOR	266
88240	CELL CRYOPRESERVE/STORAGE	18
88241	FROZEN CELL PREPARATION	18
88245	CHROMOSOME ANALYSIS, 20-25	269
88248	CHROMOSOME ANALYSIS, 50-100	313
88249	CHROMOSOME ANALYSIS, 100	313

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
88261	CHROMOSOME ANALYSIS, 5	319
88262	CHROMOSOME ANALYSIS, 15-20	225
88263	CHROMOSOME ANALYSIS, 45	271
88264	CHROMOSOME ANALYSIS, 20-25	225
88267	CHROMOSOME ANALYS, PLACENTA	324
88269	CHROMOSOME ANALYS, AMNIOTIC	300
88271	CYTOGENETICS, DNA PROBE	39
88272	CYTOGENETICS, 3-5	48
88273	CYTOGENETICS, 10-30	58
88274	CYTOGENETICS, 25-99	63
88275	CYTOGENETICS, 100-300	72
88280	CHROMOSOME KARYOTYPE STUDY	45
88283	CHROMOSOME BANDING STUDY	124
88285	CHROMOSOME COUNT, ADDITIONAL	34
88289	CHROMOSOME STUDY, ADDITIONAL	62
88291	CYTO/MOLECULAR REPORT	41
88299	CYTOGENETIC STUDY	18
88300	SURGICAL PATH, GROSS	20
88302	TISSUE EXAM BY PATHOLOGIST	44
88304	TISSUE EXAM BY PATHOLOGIST	58
88305	TISSUE EXAM BY PATHOLOGIST	132
88307	TISSUE EXAM BY PATHOLOGIST	225
88309	TISSUE EXAM BY PATHOLOGIST	292
88311	DECALCIFY TISSUE	23
88312	SPECIAL STAINS	100
88313	SPECIAL STAINS	71
88314	HISTOCHEMICAL STAIN	71
88318	CHEMICAL HISTOCHEMISTRY	64
88319	ENZYME HISTOCHEMISTRY	128
88321	MICROSLIDE CONSULTATION	96
88323	MICROSLIDE CONSULTATION	147
88325	COMPREHENSIVE REVIEW DATA	165
88329	PATH CONSULT INTROP	50
88331	PATH CONSULT INTRAOP, 1 BLOC	115
88332	PATH CONSULT INTRAOP, ADD□L	57
88342	IMMUNOHISTOCHEMISTRY	116
88346	IMMUNOFLUORESCENT STUDY	122
88347	IMMUNOFLUORESCENT STUDY	139
88348	ELECTRON MICROSCOPY	530

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
88349	SCANNING ELECTRON MICROSCOPY	573
88355	ANALYSIS, SKELETAL MUSCLE	236
88356	ANALYSIS, NERVE	310
88358	ANALYSIS, TUMOR	129
88361	IMMUNOHISTOCHEMISTRY, TUMOR	192
88362	NERVE TEASING PREPARATIONS	347
88365	TISSUE HYBRIDIZATION	166
88371	PROTEIN, WESTERN BLOT TISSUE	40
88372	PROTEIN ANALYSIS W/PROBE	41
88399	SURGICAL PATHOLOGY PROCEDURE	66
88400	BILIRUBIN TOTAL TRANSCUT	9
89050	BODY FLUID CELL COUNT	9
89051	BODY FLUID CELL COUNT	10
89055	LEUKOCYTE ASSESSMENT, FECAL	8
89060	EXAM,SYNOVIAL FLUID CRYSTALS	13
89100	SAMPLE INTESTINAL CONTENTS	42
89105	SAMPLE INTESTINAL CONTENTS	35
89125	SPECIMEN FAT STAIN	8
89130	SAMPLE STOMACH CONTENTS	30
89132	SAMPLE STOMACH CONTENTS	13
89135	SAMPLE STOMACH CONTENTS	54
89136	SAMPLE STOMACH CONTENTS	16
89140	SAMPLE STOMACH CONTENTS	63
89141	SAMPLE STOMACH CONTENTS	62
89160	EXAM FECES FOR MEAT FIBERS	7
89190	NASAL SMEAR FOR EOSINOPHILS	9
89225	STARCH GRANULES, FECES	6
89235	WATER LOAD TEST	10
89250	CULTR OOCYTE/EMBRYO <4 DAYS	1,340
89253	EMBRYO HATCHING	704
89254	OOCYTE IDENTIFICATION	424
89255	PREPARE EMBRYO FOR TRANSFER	269
89258	CRYOPRESERVATION; EMBRYO(S)	728
89259	CRYOPRESERVATION, SPERM	211
89260	SPERM ISOLATION, SIMPLE	105
89261	SPERM ISOLATION, COMPLEX	134
89264	IDENTIFY SPERM TISSUE	72
89300	SEMEN ANALYSIS W/HUHNER	16
89310	SEMEN ANALYSIS W/COUNT	16

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
89320	SEMEN ANALYSIS, COMPLETE	22
89321	SEMEN ANALYSIS & MOTILITY	22
89325	SPERM ANTIBODY TEST	19
89329	SPERM EVALUATION TEST	38
89330	EVALUATE CERVICAL MUCUS	18
90281	HUMAN IG, IM	44
90283	HUMAN IG, IV	104
90296	DIPHTHERIA ANTITOXIN	50
90371	HEP B IG, IM	812
90375	RABIES IG, IM/SC	91
90376	RABIES IG, HEAT TREATED	98
90378	RSV IG, IM, 50MG	1,153
90379	RSV IG, IV	21
90384	RH IG, FULL-DOSE, IM	169
90385	RH IG, MINIDOSE, IM	43
90386	RH IG, IV	50
90389	TETANUS IG, IM	143
90393	VACCINA IG, IM	50
90396	VARICELLA-ZOSTER IG, IM	50
90471	IMMUNIZATION ADMIN	12
90472	IMMUNIZATION ADMIN, EACH ADD	8
90476	ADENOVIRUS VACCINE, TYPE 4	50
90477	ADENOVIRUS VACCINE, TYPE 7	50
90581	ANTHRAX VACCINE, SC	50
90585	BCG VACCINE, PERCUT	200
90586	BCG VACCINE, INTRAVESICAL	259
90632	HEP A VACCINE, ADULT IM	93
90633	HEP A VACC, PED/ADOL, 2 DOSE	37
90634	HEP A VACC, PED/ADOL, 3 DOSE	37
90636	HEP A/HEP B VACC, ADULT IM	130
90645	HIB VACCINE, HBOC, IM	30
90646	HIB VACCINE, PRP-D, IM	46
90647	HIB VACCINE, PRP-OMP, IM	45
90648	HIB VACCINE, PRP-T, IM	48
90655	FLU VACCINE, 6-35 MO, IM	49
90657	FLU VACCINE, 6-35 MO, IM	23
90658	FLU VACCINE, 3 YRS, IM	12
90660	FLU VACCINE, NASAL	23
90665	LYME DISEASE VACCINE, IM	104

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
90669	PNEUMOCOCCAL VACC, PED <5	111
90675	RABIES VACCINE, IM	170
90676	RABIES VACCINE, ID	141
90680	ROTOVIRUS VACCINE, ORAL	99
90690	TYPHOID VACCINE, ORAL	61
90691	TYPHOID VACCINE, IM	53
90692	TYPHOID VACCINE, H-P, SC/ID	55
90693	TYPHOID VACCINE, AKD, SC	50
90698	DTAP-HIB-IP VACCINE, IM	49
90700	DTAP VACCINE, IM	28
90701	DTP VACCINE, IM	46
90702	DT VACCINE < 7, IM	36
90703	TETANUS VACCINE, IM	18
90704	MUMPS VACCINE, SC	24
90705	MEASLES VACCINE, SC	19
90706	RUBELLA VACCINE, SC	21
90707	MMR VACCINE, SC	49
90708	MEASLES-RUBELLA VACCINE, SC	78
90710	MMRV VACCINE, SC	74
90712	ORAL POLIOVIRUS VACCINE	35
90713	POLIOVIRUS, IPV, SC	32
90715	TDAP VACCINE >7 IM	49
90716	CHICKEN POX VACCINE, SC	86
90717	YELLOW FEVER VACCINE, SC	74
90718	TD VACCINE > 7, IM	14
90719	DIPHTHERIA VACCINE, IM	34
90720	DTP/HIB VACCINE, IM	47
90721	DTAP/HIB VACCINE, IM	61
90723	DTAP-HEP B-IPV VACCINE, IM	23
90725	CHOLERA VACCINE, INJECTABLE	40
90727	PLAGUE VACCINE, IM	41
90732	PNEUMOCOCCAL VACCINE	23
90733	MENINGOCOCCAL VACCINE, SC	87
90734	MENINGOCOCCAL VACCINE, IM	49
90735	ENCEPHALITIS VACCINE, SC	100
90740	HEP B VACC, ILL PAT 3 DOSE I	139
90743	HEP B VACC, ADOL, 2 DOSE, IM	34
90744	HEP B VACC PED/ADOL 3 DOSE I	34
90746	HEP B VACCINE, ADULT, IM	69

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
90747	HEP B VACC, ILL PAT 4 DOSE I	139
90748	HEP B/HIB VACCINE, IM	88
90780	IV INFUSION THERAPY, 1 HOUR	166
90781	IV INFUSION, ADDITIONAL HOUR	46
90782	INJECTION, SC/IM	34
90783	INJECTION, IA	35
90784	INJECTION, IV	70
90788	INJECTION ANTIBIOTIC	31
90799	THER/PROPHYLACTIC/DX INJECT	134
90801	PSYCH DX INTERVIEW	191
90802	INTERACT PSYCH DX INTERVIEW	204
90804	PSYCHTX OFFICE 20-30"	82
90805	PSYCHTX OFFICE 20-30" W/E&M	92
90806	PSYCHTX OFFICE 45-50"	126
90807	PSYCHTX OFFICE 45-50" W/E&M	136
90808	PSYCHTX OFFICE 75-80"	189
90809	PSYCHTX OFFICE 75-80, W/E&M	198
90810	INTER PSYCHTX OFF 20-30"	89
90811	INTER PSYCHTX OFF 20-30, W/E	99
90812	INTER PSYCHTX OFF 45-50"	134
90813	INTER PSYCHTX OFF 45-50" W/E	143
90814	INTER PSYCHTX OFF 75-80"	199
90815	INTER PSYCHTX OFF 75-80 W/E&	205
90816	PSYCHTX HOSP 20-30"	88
90817	PSYCHTX HOSP 20-30" W/E&M	95
90818	PSYCHTX HOSP 45-50"	132
90819	PSYCHTX HOSP 45-50" W/E&M	138
90821	PSYCHTX HOSP 75-80"	196
90822	PSYCHTX HOSP 75-80" W/E&M	201
90823	INTER PSYCHTX HOSP 20-30"	94
90824	INTER PSYCHTX HOSP 20-30 W/E	103
90826	INTER PSYCHTX HOSP 45-50"	140
90827	INTER PSYCHTX HOSP 45-50 W/E	146
90828	INTER PSYCHTX HOSP 75-80"	205
90829	INTER PSYCHTX HOSP 75-80 W/E	209
90845	PSYCHOANALYSIS	120
90846	FAMILY PSYCHTX W/O PATIENT	127
90847	FAMILY PSYCHTX W/PATIENT	152
90849	MULTIPLE FAMILY GROUP PSYCHT	42

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
90853	GROUP PSYCHOTHERAPY	42
90857	INTERACTIVE GROUP PSYCHTX	46
90862	MEDICATION MANAGEMENT	65
90865	NARCOSYNTHESIS	191
90870	ELECTROCONVULSIVE THERAPY	137
90871	ELECTROCONVULSIVE THERAPY	290
90875	PSYCHOPHYSIOLOGICAL THERAPY	135
90876	PSYCHOPHYSIOLOGICAL THERAPY	165
90880	HYPNOTHERAPY	147
90882	ENVIRONMENTAL MANIPULATION	64
90885	PSY EVALUATION RECORDS	84
90887	CONSULTATION WITH FAMILY	120
90889	PREPARATION REPORT	44
90899	PSYCHIATRIC SERVICE/THERAPY	185
90901	BIOFEEDBACK TRAIN, ANY METH	29
90911	BIOFEEDBACK PERI/URO/RECTAL	63
90918	ESRD RELATED SERVICES, MONTH	1,328
90919	ESRD RELATED SERVICES, MONTH	1,044
90920	ESRD RELATED SERVICES, MONTH	1,051
90921	ESRD RELATED SERVICES, MONTH	578
90922	ESRD RELATED SERVICES, DAY	38
90923	ESRD RELATED SERVICES, DAY	35
90924	ESRD RELATED SERVICES, DAY	39
90925	ESRD RELATED SERVICES, DAY	20
90935	HEMODIALYSIS, ONE EVALUATION	98
90937	HEMODIALYSIS, REPEATED EVAL	159
90945	DIALYSIS, ONE EVALUATION	103
90947	DIALYSIS, REPEATED EVAL	163
90989	DIALYSIS TRAINING, COMPLETE	740
90993	DIALYSIS TRAINING, INCOMPL	145
90997	HEMOPERFUSION	168
91000	ESOPHAGEAL INTUBATION	56
91010	ESOPHAGUS MOTILITY STUDY	211
91011	ESOPHAGUS MOTILITY STUDY	249
91012	ESOPHAGUS MOTILITY STUDY	256
91020	GASTRIC MOTILITY	233
91030	ACID PERFUSION ESOPHAGUS	175
91032	ESOPHAGUS, ACID REFLUX TEST	283
91033	PROLONGED ACID REFLUX TEST	293

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
91052	GASTRIC ANALYSIS TEST	158
91055	GASTRIC INTUBATION FOR SMEAR	175
91060	GASTRIC SALINE LOAD TEST	40
91065	BREATH HYDROGEN TEST	115
91100	PASS INTESTINE BLEEDING TUBE	72
91105	GASTRIC INTUBATION TREATMENT	24
91110	GI TRACT CAPSULE ENDOSCOPY	1,307
91122	ANAL PRESSURE RECORD	418
91132	ELECTROGASTROGRAPHY	38
91133	ELECTROGASTROGRAPHY W/TEST	47
91299	GASTROENTEROLOGY PROCEDURE	192
92002	EYE EXAM, NEW PATIENT	63
92004	EYE EXAM, NEW PATIENT	120
92012	EYE EXAM ESTABLISHED PAT	49
92014	EYE EXAM & TREATMENT	80
92015	REFRACTION	98
92018	NEW EYE EXAM & TREATMENT	182
92019	EYE EXAM & TREATMENT	96
92020	SPECIAL EYE EVALUATION	27
92060	SPECIAL EYE EVALUATION	73
92065	ORTHOPTIC/PLEOPTIC TRAINING	48
92070	FITTING CONTACT LENS	52
92081	VISUAL FIELD EXAMINATION(S)	64
92082	VISUAL FIELD EXAMINATION(S)	84
92083	VISUAL FIELD EXAMINATION(S)	96
92100	SERIAL TONOMETRY EXAM(S)	66
92120	TONOGRAPHY & EYE EVALUATION	58
92130	WATER PROVOCATION TONOGRAPHY	60
92135	OPTHALMIC DX IMAGING	60
92136	OPHTHALMIC BIOMETRY	123
92140	GLAUCOMA PROVOCATIVE TESTS	36
92225	SPECIAL EYE EXAM, INITIAL	28
92226	SPECIAL EYE EXAM, SUBSEQUENT	25
92230	EYE EXAM WITH PHOTOS	41
92235	EYE EXAM WITH PHOTOS	199
92240	ICG ANGIOGRAPHY	431
92250	EYE EXAM WITH PHOTOS	115
92260	OPHTHALMOSCOPY/DYNAMOMETRY	15
92265	EYE MUSCLE EVALUATION	142

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
92270	ELECTRO-OCULOGRAPHY	126
92275	ELECTRORETINOGRAPHY	154
92283	COLOR VISION EXAMINATION	53
92284	DARK ADAPTATION EYE EXAM	136
92285	EYE PHOTOGRAPHY	68
92286	INTERNAL EYE PHOTOGRAPHY	213
92287	INTERNAL EYE PHOTOGRAPHY	57
92310	CONTACT LENS FITTING	120
92311	CONTACT LENS FITTING	74
92312	CONTACT LENS FITTING	90
92313	CONTACT LENS FITTING	62
92314	PRESCRIPTION CONTACT LENS	110
92315	PRESCRIPTION CONTACT LENS	31
92316	PRESCRIPTION CONTACT LENS	50
92317	PRESCRIPTION CONTACT LENS	31
92325	MODIFICATION CONTACT LENS	21
92326	REPLACE CONTACT LENS	90
92330	FIT ARTIFICIAL EYE	73
92335	FIT ARTIFICIAL EYE	32
92340	FIT SPECTACLES	55
92341	FIT SPECTACLES	63
92342	FIT SPECTACLES	138
92352	SPECIAL SPECTACLES FITTING	73
92353	SPECIAL SPECTACLES FITTING	85
92354	SPECIAL SPECTACLES FITTING	417
92355	SPECIAL SPECTACLES FITTING	202
92358	EYE PROSTHESIS SERVICE	48
92370	REPAIR & ADJUST SPECTACLES	135
92371	REPAIR & ADJUST SPECTACLES	30
92390	SUPPLY SPECTACLES	111
92391	SUPPLY CONTACT LENSES	46
92392	SUPPLY LOW VISION AIDS	189
92393	SUPPLY ARTIFICIAL EYE	1,126
92395	SUPPLY SPECTACLES	126
92396	SUPPLY CONTACT LENSES	105
92499	EYE SERVICE OR PROCEDURE	137
92502	EAR AND THROAT EXAMINATION	138
92504	EAR MICROSCOPY EXAMINATION	14
92506	SPEECH/HEARING EVALUATION	66

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
92507	SPEECH/HEARING THERAPY	39
92508	SPEECH/HEARING THERAPY	20
92510	REHAB FOR EAR IMPLANT	183
92511	NASOPHARYNGOSCOPY	85
92512	NASAL FUNCTION STUDIES	38
92516	FACIAL NERVE FUNCTION TEST	34
92520	LARYNGEAL FUNCTION STUDIES	59
92526	ORAL FUNCTION THERAPY	39
92531	SPONTANEOUS NYSTAGMUS STUDY	68
92532	POSITIONAL NYSTAGMUS TEST	56
92533	CALORIC VESTIBULAR TEST	63
92534	OPTOKINETIC NYSTAGMUS TEST	41
92541	SPONTANEOUS NYSTAGMUS TEST	73
92542	POSITIONAL NYSTAGMUS TEST	74
92543	CALORIC VESTIBULAR TEST	34
92544	OPTOKINETIC NYSTAGMUS TEST	59
92545	OSCILLATING TRACKING TEST	55
92546	SINUSOIDAL ROTATIONAL TEST	111
92547	SUPPLEMENTAL ELECTRICAL TEST	64
92548	POSTUROGRAPHY	201
92551	PURE TONE HEARING TEST, AIR	33
92552	PURE TONE AUDIOMETRY, AIR	25
92553	AUDIOMETRY, AIR & BONE	38
92555	SPEECH THRESHOLD AUDIOMETRY	21
92556	SPEECH AUDIOMETRY, COMPLETE	33
92557	COMPREHENSIVE HEARING TEST	69
92559	GROUP AUDIOMETRIC TESTING	64
92560	BEKESY AUDIOMETRY, SCREEN	33
92561	BEKESY AUDIOMETRY, DIAGNOSIS	41
92562	LOUDNESS BALANCE TEST	23
92563	TONE DECAY HEARING TEST	21
92564	SISI HEARING TEST	27
92565	STENGER TEST, PURE TONE	23
92567	TYMPANOMETRY	30
92568	ACOUSTIC REFLEX TESTING	21
92569	ACOUSTIC REFLEX DECAY TEST	23
92571	FILTERED SPEECH HEARING TEST	22
92572	STAGGERED SPONDAIC WORD TEST	5
92573	LOMBARD TEST	20

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
92575	SENSORINEURAL ACUITY TEST	17
92576	SYNTHETIC SENTENCE TEST	26
92577	STENGER TEST, SPEECH	41
92579	VISUAL AUDIOMETRY (VRA)	41
92582	CONDITIONING PLAY AUDIOMETRY	41
92583	SELECT PICTURE AUDIOMETRY	51
92584	ELECTROCOCHLEOGRAPHY	142
92585	AUDITOR EVOKE POTENT, COMPRE	142
92586	AUDITOR EVOKE POTENT, LIMIT	105
92587	EVOKED AUDITORY TEST	85
92588	EVOKED AUDITORY TEST	111
92589	AUDITORY FUNCTION TEST(S)	31
92590	HEARING AID EXAM, ONE EAR	118
92591	HEARING AID EXAM, BOTH EARS	164
92592	HEARING AID CHECK, ONE EAR	43
92593	HEARING AID CHECK, BOTH EARS	71
92594	ELECTRO HEARNG AID TEST, ONE	40
92595	ELECTRO HEARNG AID TST, BOTH	65
92596	EAR PROTECTOR EVALUATION	34
92597	ORAL SPEECH DEVICE EVAL	69
92601	COCHLEAR IMPLT F/UP EXAM < 7	184
92602	REPROGRAM COCHLEAR IMPLT < 7	129
92603	COCHLEAR IMPLT F/UP EXAM 7 >	122
92604	REPROGRAM COCHLEAR IMPLT 7 >	81
92607	EX FOR SPEECH DEVICE RX, 1HR	173
92608	EX FOR SPEECH DEVICE RX ADD	38
92609	USE SPEECH DEVICE SERVICE	87
92610	EVALUATE SWALLOWING FUNCTION	186
92611	MOTION FLUOROSCOPY/SWALLOW	186
92612	ENDOSCOPY SWALLOW TST (FEES)	102
92613	ENDOSCOPY SWALLOW TST (FEES)	58
92614	LARYNGOSCOPIC SENSORY TEST	99
92615	EVAL LARYNGOSCOPY SENSE TST	52
92616	FEES W/LARYNGEAL SENSE TEST	148
92617	INTERPRT FEES/LARYNGEAL TEST	65
92950	HEART/LUNG RESUSCITATION CPR	250
92953	TEMPORARY EXTERNAL PACING	24
92960	CARDIOVERSION ELECTRIC, EXT	178
92961	CARDIOVERSION, ELECTRIC, INT	347

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
92970	CARDIOASSIST, INTERNAL	239
92971	CARDIOASSIST, EXTERNAL	136
92973	PERCUT CORONARY THROMBECTOMY	236
92974	CATH PLACE, CARDIO BRACHYTX	218
92975	DISSOLVE CLOT, HEART VESSEL	518
92977	DISSOLVE CLOT, HEART VESSEL	450
92978	INTRAVASC US, HEART ADD-ON	384
92979	INTRAVASC US, HEART ADD-ON	231
92980	INSERT INTRACORONARY STENT	1,091
92981	INSERT INTRACORONARY STENT	303
92982	CORONARY ARTERY DILATION	810
92984	CORONARY ARTERY DILATION	216
92986	REVISE AORTIC VALVE	1,752
92987	REVISE MITRAL VALVE	1,819
92990	REVISE PULMONARY VALVE	1,414
92992	REVISE HEART CHAMBER	7,164
92993	REVISE HEART CHAMBER	4,831
92995	CORONARY ATHERECTOMY	891
92996	CORONARY ATHERECTOMY ADD-ON	237
92997	PUL ART BALLOON REPR, PERCUT	882
92998	PUL ART BALLOON REPR, PERCUT	429
93000	ELECTROCARDIOGRAM, COMPLETE	37
93005	ELECTROCARDIOGRAM, TRACING	25
93010	ELECTROCARDIOGRAM REPORT	12
93012	TRANSMIT ECG	329
93014	REPORT ON TRANSMITTED ECG	37
93015	CARDIOVASCULAR STRESS TEST	148
93016	CARDIOVASCULAR STRESS TEST	32
93017	CARDIOVASCULAR STRESS TEST	95
93018	CARDIOVASCULAR STRESS TEST	22
93024	CARDIAC DRUG STRESS TEST	147
93025	MICROVOLT T-WAVE ASSESS	478
93040	RHYTHM ECG WITH REPORT	19
93041	RHYTHM ECG, TRACING	8
93042	RHYTHM ECG, REPORT	11
93224	ECG MONITOR/REPORT, 24 HRS	229
93225	ECG MONITOR/RECORD, 24 HRS	69
93226	ECG MONITOR/REPORT, 24 HRS	123
93227	ECG MONITOR/REVIEW, 24 HRS	37

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
93230	ECG MONITOR/REPORT, 24 HRS	245
93231	ECG MONITOR/RECORD, 24 HRS	86
93232	ECG MONITOR/REPORT, 24 HRS	122
93233	ECG MONITOR/REVIEW, 24 HRS	37
93235	ECG MONITOR/REPORT, 24 HRS	177
93236	ECG MONITOR/REPORT, 24 HRS	146
93237	ECG MONITOR/REVIEW, 24 HRS	32
93268	ECG RECORD/REVIEW	435
93270	ECG RECORDING	69
93271	ECG/MONITORING AND ANALYSIS	329
93272	ECG/REVIEW, INTERPRET ONLY	37
93278	ECG/SIGNAL-AVERAGED	84
93303	ECHO TRANSTHORACIC	308
93304	ECHO TRANSTHORACIC	162
93307	ECHO EXAM HEART	282
93308	ECHO EXAM HEART	148
93312	ECHO TRANSESOPHAGEAL	369
93313	ECHO TRANSESOPHAGEAL	61
93314	ECHO TRANSESOPHAGEAL	303
93315	ECHO TRANSESOPHAGEAL	197
93316	ECHO TRANSESOPHAGEAL	62
93317	ECHO TRANSESOPHAGEAL	129
93318	ECHO TRANSESOPHAGEAL INTRAOP	137
93320	DOPPLER ECHO EXAM, HEART	124
93321	DOPPLER ECHO EXAM, HEART	74
93325	DOPPLER COLOR FLOW ADD-ON	170
93350	ECHO TRANSTHORACIC	204
93501	RIGHT HEART CATH	1,167
93503	INSERT/PLACE HEART CATH	188
93505	BIOPSY HEART LINING	431
93508	CATH PLACEMENT, ANGIOGRAPHY	1,025
93510	LEFT HEART CATH	2,414
93511	LEFT HEART CATH	2,410
93514	LEFT HEART CATH	2,552
93524	LEFT HEART CATH	3,169
93526	RIGHT & LEFT HEART CATH	3,172
93527	RIGHT & LEFT HEART CATH	3,194
93528	RIGHT & LEFT HEART CATH	3,322
93529	RIGHT, LEFT HEART CATH	3,009

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
93530	RIGHT HEART CATH, CONGENITAL	1,272
93531	RIGHT & LEFT HRT CATH, CONGE	3,337
93532	RIGHT & LEFT HRT CATH, CONGE	3,386
93533	RIGHT & LEFT HRT CATH, CONGE	3,140
93539	INJECTION FOR CARDIAC CATH	29
93540	INJECTION FOR CARDIAC CATH	31
93541	INJECTION FOR LUNG ANGIOGRAM	21
93542	INJECTION FOR HEART X-RAYS	21
93543	INJECTION FOR HEART X-RAYS	21
93544	INJECTION FOR AORTOGRAPHY	18
93545	INJECT FOR CORONARY X-RAYS	29
93555	IMAGING, CARDIAC CATH	409
93556	IMAGING, CARDIAC CATH	611
93561	CARDIAC OUTPUT MEASUREMENT	64
93562	CARDIAC OUTPUT MEASUREMENT	30
93571	HEART FLOW RESERVE MEASURE	385
93572	HEART FLOW RESERVE MEASURE	235
93580	TRANSCATH CLOSURE ASD	1,330
93581	TRANSCATH CLOSURE VSD	1,777
93600	BUNDLE OF HIS RECORDING	264
93602	INTRA-ATRIAL RECORDING	218
93603	RIGHT VENTRICULAR RECORDING	249
93609	MAP TACHYCARDIA, ADD-ON	530
93610	INTRA-ATRIAL PACING	297
93612	INTRAVENTRICULAR PACING	311
93613	ELECTROPHYS MAP 3D, ADD-ON	519
93615	ESOPHAGEAL RECORDING	83
93616	ESOPHAGEAL RECORDING	117
93618	HEART RHYTHM PACING	533
93619	ELECTROPHYSIOLOGY EVALUATION	983
93620	ELECTROPHYSIOLOGY EVALUATION	861
93621	ELECTROPHYSIOLOGY EVALUATION	155
93622	ELECTROPHYSIOLOGY EVALUATION	253
93623	STIMULATION, PACING HEART	208
93624	ELECTROPHYSIOLOGIC STUDY	478
93631	HEART PACING, MAPPING	913
93640	EVALUATION HEART DEVICE	657
93641	ELECTROPHYSIOLOGY EVALUATION	833
93642	ELECTROPHYSIOLOGY EVALUATION	768

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
93650	ABLATE HEART DYSRHYTHM FOCUS	783
93651	ABLATE HEART DYSRHYTHM FOCUS	1,183
93652	ABLATE HEART DYSRHYTHM FOCUS	1,287
93660	TILT TABLE EVALUATION	226
93662	INTRACARDIAC ECG (ICE)	219
93668	PERIPHERAL VASCULAR REHAB	1
93701	BIOIMPEDANCE, THORACIC	63
93720	TOTAL BODY PLETHYSMOGRAPHY	52
93721	PLETHYSMOGRAPHY TRACING	40
93722	PLETHYSMOGRAPHY REPORT	11
93724	ANALYZE PACEMAKER SYSTEM	575
93727	ANALYZE ILR SYSTEM	39
93731	ANALYZE PACEMAKER SYSTEM	60
93732	ANALYZE PACEMAKER SYSTEM	95
93733	TELEPHONE ANALY, PACEMAKER	54
93734	ANALYZE PACEMAKER SYSTEM	47
93735	ANALYZE PACEMAKER SYSTEM	79
93736	TELEPHONIC ANALY, PACEMAKER	47
93740	TEMPERATURE GRADIENT STUDIES	30
93741	ANALYZE HT PACE DEVICE SING	95
93742	ANALYZE HT PACE DEVICE SING	102
93743	ANALYZE HT PACE DEVICE DUAL	115
93744	ANALYZE HT PACE DEVICE DUAL	122
93760	CEPHALIC THERMOGRAM	72
93762	PERIPHERAL THERMOGRAM	77
93770	MEASURE VENOUS PRESSURE	17
93784	AMBULATORY BP MONITORING	102
93786	AMBULATORY BP RECORDING	49
93788	AMBULATORY BP ANALYSIS	28
93790	REVIEW/REPORT BP RECORDING	26
93797	CARDIAC REHAB	13
93798	CARDIAC REHAB/MONITOR	20
93799	CARDIOVASCULAR PROCEDURE	287
93875	EXTRACRANIAL STUDY	104
93880	EXTRACRANIAL STUDY	270
93882	EXTRACRANIAL STUDY	192
93886	INTRACRANIAL STUDY	304
93888	INTRACRANIAL STUDY	205
93922	EXTREMITY STUDY	122

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
93923	EXTREMITY STUDY	194
93924	EXTREMITY STUDY	238
93925	LOWER EXTREMITY STUDY	305
93926	LOWER EXTREMITY STUDY	217
93930	UPPER EXTREMITY STUDY	246
93931	UPPER EXTREMITY STUDY	177
93965	EXTREMITY STUDY	122
93970	EXTREMITY STUDY	265
93971	EXTREMITY STUDY	188
93975	VASCULAR STUDY	423
93976	VASCULAR STUDY	260
93978	VASCULAR STUDY	242
93979	VASCULAR STUDY	175
93980	PENILE VASCULAR STUDY	334
93981	PENILE VASCULAR STUDY	281
93990	DOPPLER FLOW TESTING	205
94010	BREATHING CAPACITY TEST	45
94014	PATIENT RECORDED SPIROMETRY	68
94015	PATIENT RECORDED SPIROMETRY	32
94016	REVIEW PATIENT SPIROMETRY	36
94060	EVALUATE WHEEZING	78
94070	EVALUATE WHEEZING	194
94150	VITAL CAPACITY TEST	35
94200	LUNG FUNCTION TEST (MBC/MVV)	30
94240	RESIDUAL LUNG CAPACITY	50
94250	EXPIRED GAS COLLECTION	41
94260	THORACIC GAS VOLUME	39
94350	LUNG NITROGEN WASHOUT CURVE	55
94360	MEASURE AIRFLOW RESISTANCE	53
94370	BREATH AIRWAY CLOSING VOLUME	52
94375	RESPIRATORY FLOW VOLUME LOOP	49
94400	CO2 BREATHING RESPONSE CURVE	67
94450	HYPOXIA RESPONSE CURVE	58
94620	PULMONARY STRESS TEST/SIMPLE	166
94621	PULM STRESS TEST/COMPLEX	187
94640	AIRWAY INHALATION TREATMENT	18
94642	AEROSOL INHALATION TREATMENT	48
94656	INITIAL VENTILATOR MGMT	80
94657	CONTINUED VENTILATOR MGMT	56

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
94660	POS AIRWAY PRESSURE, CPAP	52
94662	NEG PRESS VENTILATION, CNP	51
94664	EVALUATE PT USE OF INHALER	19
94667	CHEST WALL MANIPULATION	31
94668	CHEST WALL MANIPULATION	25
94680	EXHALED AIR ANALYSIS, O2	116
94681	EXHALED AIR ANALYSIS, O2/CO2	155
94690	EXHALED AIR ANALYSIS	110
94720	MONOXIDE DIFFUSING CAPACITY	69
94725	MEMBRANE DIFFUSION CAPACITY	174
94750	PULMONARY COMPLIANCE STUDY	85
94760	MEASURE BLOOD OXYGEN LEVEL	3
94761	MEASURE BLOOD OXYGEN LEVEL	6
94762	MEASURE BLOOD OXYGEN LEVEL	26
94770	EXHALED CARBON DIOXIDE TEST	100
94772	BREATH RECORDING, INFANT	285
94799	PULMONARY SERVICE/PROCEDURE	115
95004	PERCUT ALLERGY SKIN TESTS	6
95010	PERCUT ALLERGY TITRATE TEST	11
95015	ID ALLERGY TITRATE-DRUG/BUG	11
95024	ID ALLERGY TEST, DRUG/BUG	8
95027	ID ALLERGY TITRATE-AIRBORNE	8
95028	ID ALLERGY TEST-DELAYED TYPE	13
95044	ALLERGY PATCH TESTS	12
95052	PHOTO PATCH TEST	14
95056	PHOTOSENSITIVITY TESTS	10
95060	EYE ALLERGY TESTS	20
95065	NOSE ALLERGY TEST	12
95070	BRONCHIAL ALLERGY TESTS	123
95071	BRONCHIAL ALLERGY TESTS	157
95075	INGESTION CHALLENGE TEST	69
95078	PROVOCATIVE TESTING	15
95115	IMMUNOTHERAPY, ONE INJECTION	21
95117	IMMUNOTHERAPY INJECTIONS	27
95120	IMMUNOTHERAPY, ONE INJECTION	48
95125	IMMUNOTHERAPY, MANY ANTIGENS	63
95130	IMMUNOTHERAPY, INSECT VENOM	35
95131	IMMUNOTHERAPY, INSECT VENOMS	61
95132	IMMUNOTHERAPY, INSECT VENOMS	63

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
95133	IMMUNOTHERAPY, INSECT VENOMS	99
95134	IMMUNOTHERAPY, INSECT VENOMS	114
95144	ANTIGEN THERAPY SERVICES	4
95145	ANTIGEN THERAPY SERVICES	4
95146	ANTIGEN THERAPY SERVICES	5
95147	ANTIGEN THERAPY SERVICES	4
95148	ANTIGEN THERAPY SERVICES	5
95149	ANTIGEN THERAPY SERVICES	5
95165	ANTIGEN THERAPY SERVICES	4
95170	ANTIGEN THERAPY SERVICES	4
95180	RAPID DESENSITIZATION	145
95199	ALLERGY IMMUNOLOGY SERVICES	80
95250	GLUCOSE MONITORING, CONT	204
95805	MULTIPLE SLEEP LATENCY TEST	975
95806	SLEEP STUDY, UNATTENDED	301
95807	SLEEP STUDY, ATTENDED	724
95808	POLYSOMNOGRAPHY, 1-3	841
95810	POLYSOMNOGRAPHY, 4 OR MORE	1,103
95811	POLYSOMNOGRAPHY W/CPAP	1,194
95812	EEG, 41-60"UTES	268
95813	EEG, OVER 1 HOUR	355
95816	EEG, AWAKE AND DROWSY	227
95819	EEG, AWAKE AND ASLEEP	256
95822	EEG, COMA OR SLEEP ONLY	292
95824	EEG, CEREBRAL DEATH ONLY	56
95827	EEG, ALL NIGHT RECORDING	205
95829	SURGERY ELECTROCORTICOGRAM	1,987
95830	INSERT ELECTRODES FOR EEG	126
95831	LIMB MUSCLE TESTING, MANUAL	21
95832	HAND MUSCLE TESTING, MANUAL	21
95833	BODY MUSCLE TESTING, MANUAL	36
95834	BODY MUSCLE TESTING, MANUAL	45
95851	RANGE OF MOTION MEASUREMENTS	13
95852	RANGE OF MOTION MEASUREMENTS	9
95857	TENSILON TEST	39
95858	TENSILON TEST & MYOGRAM	137
95860	MUSCLE TEST, ONE LIMB	127
95861	MUSCLE TEST, 2 LIMBS	157
95863	MUSCLE TEST, 3 LIMBS	191

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
95864	MUSCLE TEST, 4 LIMBS	248
95867	MUSCLE TEST CRAN NERV UNILAT	92
95868	MUSCLE TEST CRAN NERVE BILAT	127
95869	MUSCLE TEST, THOR PARASPINAL	40
95870	MUSCLE TEST, NONPARASPINAL	40
95872	MUSCLE TEST, ONE FIBER	144
95875	LIMB EXERCISE TEST	137
95900	MOTOR NERVE CONDUCTION TEST	91
95903	MOTOR NERVE CONDUCTION TEST	96
95904	SENSE NERVE CONDUCTION TEST	77
95920	INTRAOP NERVE TEST ADD-ON	234
95921	AUTONOMIC NERV FUNCTION TEST	84
95922	AUTONOMIC NERV FUNCTION TEST	91
95923	AUTONOMIC NERV FUNCTION TEST	158
95925	SOMATOSENSORY TESTING	91
95926	SOMATOSENSORY TESTING	91
95927	SOMATOSENSORY TESTING	93
95930	VISUAL EVOKED POTENTIAL TEST	94
95933	BLINK REFLEX TEST	87
95934	H-REFLEX TEST	50
95936	H-REFLEX TEST	53
95937	NEUROMUSCULAR JUNCTION TEST	66
95950	AMBULATORY EEG MONITORING	336
95951	EEG MONITORING/VIDEORECORD	443
95953	EEG MONITORING/COMPUTER	582
95954	EEG MONITORING/GIVING DRUGS	357
95955	EEG DURING SURGERY	184
95956	EEG MONITORING, CABLE/RADIO	928
95957	EEG DIGITAL ANALYSIS	243
95958	EEG MONITORING/FUNCTION TEST	411
95961	ELECTRODE STIMULATION, BRAIN	299
95962	ELECTRODE STIM, BRAIN ADD-ON	314
95965	MEG, SPONTANEOUS	592
95966	MEG, EVOKED, SINGLE	297
95967	MEG, EVOKED, EACH ADD□L	250
95970	ANALYZE NEUROSTIM, NO PROG	32
95971	ANALYZE NEUROSTIM, SIMPLE	54
95972	ANALYZE NEUROSTIM, COMPLEX	109
95973	ANALYZE NEUROSTIM, COMPLEX	68

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
95974	CRANIAL NEUROSTIM, COMPLEX	224
95975	CRANIAL NEUROSTIM, COMPLEX	126
95990	SPIN/BRAIN PUMP REFIL & MAIN	82
95991	SPIN/BRAIN PUMP REFIL & MAIN	51
96000	MOTION ANALYSIS, VIDEO/3D	119
96001	MOTION TEST W/FT PRESS MEAS	142
96002	DYNAMIC SURFACE EMG	29
96003	DYNAMIC FINE WIRE EMG	27
96004	PHYS REVIEW OF MOTION TESTS	160
96100	PSYCHOLOGICAL TESTING	102
96105	ASSESS APHASIA	102
96110	DEVELOPMENTAL TEST, LIMITED	18
96111	DEVELOPMENTAL TEST, EXTEND	193
96115	NEUROBEHAVIOR STATUS EXAM	102
96117	NEUROPSYCH TEST BATTERY	102
96150	ASSESS HEALTH/BEHAVE, INIT	35
96151	ASSESS HEALTH/BEHAVE, SUBSEQ	34
96152	INTERVENE HLTH/BEHAVE, INDIV	32
96153	INTERVENE HLTH/BEHAVE, GROUP	8
96154	INTERV HLTH/BEHAV, FAM W/PT	32
96155	INTERV HLTH/BEHAV FAM NO PT	60
96400	CHEMOTHERAPY, SC/IM	90
96405	INTRALESIONAL CHEMO ADMIN	39
96406	INTRALESIONAL CHEMO ADMIN	56
96408	CHEMOTHERAPY, PUSH TECHNIQUE	219
96410	CHEMOTHERAPY,INFUSION METHOD	308
96412	CHEMO, INFUSE METHOD ADD-ON	64
96414	CHEMO, INFUSE METHOD ADD-ON	382
96420	CHEMOTHERAPY, PUSH TECHNIQUE	213
96422	CHEMOTHERAPY,INFUSION METHOD	380
96423	CHEMO, INFUSE METHOD ADD-ON	150
96425	CHEMOTHERAPY,INFUSION METHOD	348
96440	CHEMOTHERAPY, INTRACAVITARY	189
96445	CHEMOTHERAPY, INTRACAVITARY	175
96450	CHEMOTHERAPY, INTO CNS	155
96520	PORT PUMP REFILL & MAIN	291
96530	SYST PUMP REFILL & MAIN	215
96542	CHEMOTHERAPY INJECTION	108
96545	PROVIDE CHEMOTHERAPY AGENT	75

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
96567	PHOTODYNAMIC TX, SKIN	54
96570	PHOTODYNAMIC TX, 30"	76
96571	PHOTODYNAMIC TX, ADD 15"	39
96900	ULTRAVIOLET LIGHT THERAPY	26
96902	TRICHOGRAM	64
96910	PHOTOCHEMOTHERAPY WITH UV-B	59
96912	PHOTOCHEMOTHERAPY WITH UV-A	73
96913	PHOTOCHEMOTHERAPY, UV-A OR B	99
96920	LASER TX, SKIN < 250 SQ CM	91
96921	LASER TX, SKIN 250-500 SQ CM	93
96922	LASER TX, SKIN > 500 SQ CM	167
96999	DERMATOLOGICAL PROCEDURE	65
97001	PHYSICAL THERAPY EVALUATION	86
97002	PHYSICAL THERAPY RE-EVAL	43
97003	OCCUPATIONAL THERAPY EVAL	83
97004	OCCUPATIONAL THERAPY RE-EVAL	41
97005	ATHLETIC TRAIN EVAL	259
97006	ATHLETIC TRAIN REEVAL	139
97010	HOT OR COLD PACKS THERAPY	28
97012	MECHANICAL TRACTION THERAPY	20
97014	ELECTRIC STIMULATION THERAPY	19
97016	VASOPNEUMATIC DEVICE THERAPY	19
97018	PARAFFIN BATH THERAPY	9
97020	MICROWAVE THERAPY	7
97022	WHIRLPOOL THERAPY	21
97024	DIATHERMY TREATMENT	8
97026	INFRARED THERAPY	7
97028	ULTRAVIOLET THERAPY	8
97032	ELECTRICAL STIMULATION	21
97033	ELECTRIC CURRENT THERAPY	29
97034	CONTRAST BATH THERAPY	19
97035	ULTRASOUND THERAPY	17
97036	HYDROTHERAPY	32
97039	PHYSICAL THERAPY TREATMENT	16
97110	THERAPEUTIC EXERCISES	39
97112	NEUROMUSCULAR REEDUCATION	39
97113	AQUATIC THERAPY/EXERCISES	45
97116	GAIT TRAINING THERAPY	33
97124	MASSAGE THERAPY	30

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
97139	PHYSICAL MEDICINE PROCEDURE	21
97140	MANUAL THERAPY	36
97150	GROUP THERAPEUTIC PROCEDURES	24
97504	ORTHOTIC TRAINING	42
97520	PROSTHETIC TRAINING	38
97530	THERAPEUTIC ACTIVITIES	40
97532	COGNITIVE SKILLS DEVELOPMENT	33
97533	SENSORY INTEGRATION	35
97535	SELF CARE MNGMENT TRAINING	41
97537	COMMUNITY/WORK REINTEGRATION	37
97542	WHEELCHAIR MNGMENT TRAINING	38
97545	WORK HARDENING	190
97546	WORK HARDENING ADD-ON	68
97601	WOUND(S) CARE, SELECTIVE	53
97602	WOUND(S) CARE NON-SELECTIVE	46
97703	PROSTHETIC CHECKOUT	35
97750	PHYSICAL PERFORMANCE TEST	39
97755	ASSISTIVE TECHNOLOGY ASSESS	47
97780	ACUPUNCTURE W/O STIMULLATION	94
97781	ACUPUNCTURE W/STIMULATION	115
97802	MEDICAL NUTRITION, INDIV, IN	25
97803	MED NUTRITION, INDIV, SUBSEQ	25
97804	MEDICAL NUTRITION, GROUP	11
98925	OSTEOPATHIC MANIPULATION	30
98926	OSTEOPATHIC MANIPULATION	46
98927	OSTEOPATHIC MANIPULATION	61
98928	OSTEOPATHIC MANIPULATION	71
98929	OSTEOPATHIC MANIPULATION	81
98940	CHIROPRACTIC MANIPULATION	29
98941	CHIROPRACTIC MANIPULATION	43
98942	CHIROPRACTIC MANIPULATION	57
98943	CHIROPRACTIC MANIPULATION	49
99000	SPECIMEN HANDLING	20
99001	SPECIMEN HANDLING	29
99002	DEVICE HANDLING	13
99024	POSTOP FOLLOW-UP VISIT	91
99025	INITIAL SURGICAL EVALUATION	94
99050	MEDICAL SERVICE AFTER HRS	33
99052	MEDICAL SERVICE AT NIGHT	45

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
99054	MEDICAL SERVICE UNUSUAL HRS	45
99056	NON-OFFICE MEDICAL SERVICES	35
99058	OFFICE EMERGENCY CARE	54
99070	SPECIAL SUPPLIES	40
99075	MEDICAL TESTIMONY	241
99090	COMPUTER DATA ANALYSIS	124
99091	COLLECT/REVIEW DATA FROM PT	8
99100	SPECIAL ANESTHESIA SERVICE	84
99116	ANESTHESIA WITH HYPOTHERMIA	344
99135	SPECIAL ANESTHESIA PROCEDURE	96
99140	EMERGENCY ANESTHESIA	146
99141	SEDATION, IV/IM OR INHALANT	179
99142	SEDATION, ORAL/RECTAL/NASAL	164
99170	ANOGENITAL EXAM, CHILD	117
99172	OCULAR FUNCTION SCREEN	33
99173	VISUAL ACUITY SCREEN	24
99175	INDUCE VOMITING	79
99183	HYPERBARIC OXYGEN THERAPY	160
99185	REGIONAL HYPOTHERMIA	36
99186	TOTAL BODY HYPOTHERMIA	115
99190	SPECIAL PUMP SERVICES	150
99191	SPECIAL PUMP SERVICES	89
99192	SPECIAL PUMP SERVICES	67
99195	PHLEBOTOMY	24
99201	OFFICE/OUTPATIENT VISIT, NEW	48
99202	OFFICE/OUTPATIENT VISIT, NEW	85
99203	OFFICE/OUTPATIENT VISIT, NEW	126
99204	OFFICE/OUTPATIENT VISIT, NEW	180
99205	OFFICE/OUTPATIENT VISIT, NEW	188
99211	OFFICE/OUTPATIENT VISIT, EST	29
99212	OFFICE/OUTPATIENT VISIT, EST	50
99213	OFFICE/OUTPATIENT VISIT, EST	70
99214	OFFICE/OUTPATIENT VISIT, EST	109
99215	OFFICE/OUTPATIENT VISIT, EST	125
99217	OBSERVATION CARE DISCHARGE	94
99218	OBSERVATION CARE	89
99219	OBSERVATION CARE	148
99220	OBSERVATION CARE	208
99221	INITIAL HOSPITAL CARE	90

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
99222	INITIAL HOSPITAL CARE	149
99223	INITIAL HOSPITAL CARE	208
99231	SUBSEQUENT HOSPITAL CARE	45
99232	SUBSEQUENT HOSPITAL CARE	74
99233	SUBSEQUENT HOSPITAL CARE	105
99234	OBSERV/HOSP SAME DATE	185
99235	OBSERV/HOSP SAME DATE	244
99236	OBSERV/HOSP SAME DATE	304
99238	HOSPITAL DISCHARGE DAY	94
99239	HOSPITAL DISCHARGE DAY	128
99241	OFFICE CONSULTATION	65
99242	OFFICE CONSULTATION	120
99243	OFFICE CONSULTATION	159
99244	OFFICE CONSULTATION	225
99245	OFFICE CONSULTATION	292
99251	INITIAL INPATIENT CONSULT	48
99252	INITIAL INPATIENT CONSULT	96
99253	INITIAL INPATIENT CONSULT	131
99254	INITIAL INPATIENT CONSULT	189
99255	INITIAL INPATIENT CONSULT	259
99261	FOLLOW-UP INPATIENT CONSULT	30
99262	FOLLOW-UP INPATIENT CONSULT	60
99263	FOLLOW-UP INPATIENT CONSULT	89
99271	CONFIRMATORY CONSULTATION	32
99272	CONFIRMATORY CONSULTATION	61
99273	CONFIRMATORY CONSULTATION	86
99274	CONFIRMATORY CONSULTATION	124
99275	CONFIRMATORY CONSULTATION	164
99281	EMERGENCY DEPT VISIT	22
99282	EMERGENCY DEPT VISIT	37
99283	EMERGENCY DEPT VISIT	82
99284	EMERGENCY DEPT VISIT	127
99285	EMERGENCY DEPT VISIT	199
99288	DIRECT ADVANCED LIFE SUPPORT	224
99289	PED CRIT CARE TRANSPORT	345
99290	PED CRIT CARE TRANSPORT ADD	166
99291	CRITICAL CARE, FIRST HOUR	272
99292	CRITICAL CARE, ADD 30"	136
99293	PED CRITICAL CARE, INITIAL	1,089

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
99294	PED CRITICAL CARE, SUBSEQ	539
99295	NEONATE CRIT CARE, INITIAL	1,234
99296	NEONATE CRITICAL CARE SUBSEQ	542
99298	IC LBW INFANT < 1500 GM	190
99299	IC LBW INFANT 1500-2500 GM	179
99301	NURSING FACILITY CARE	83
99302	NURSING FACILITY CARE	111
99303	NURSING FACILITY CARE	138
99311	NURSING FAC CARE, SUBSEQ	41
99312	NURSING FAC CARE, SUBSEQ	69
99313	NURSING FAC CARE, SUBSEQ	97
99315	NURSING FAC DISCHARGE DAY	78
99316	NURSING FAC DISCHARGE DAY	104
99321	REST HOME VISIT, NEW PATIENT	54
99322	REST HOME VISIT, NEW PATIENT	76
99323	REST HOME VISIT, NEW PATIENT	95
99331	REST HOME VISIT, EST PAT	47
99332	REST HOME VISIT, EST PAT	61
99333	REST HOME VISIT, EST PAT	75
99341	HOME VISIT, NEW PATIENT	78
99342	HOME VISIT, NEW PATIENT	114
99343	HOME VISIT, NEW PATIENT	166
99344	HOME VISIT, NEW PATIENT	217
99345	HOME VISIT, NEW PATIENT	269
99347	HOME VISIT, EST PATIENT	60
99348	HOME VISIT, EST PATIENT	102
99349	HOME VISIT, EST PATIENT	158
99350	HOME VISIT, EST PATIENT	229
99354	PROLONGED SERVICE, OFFICE	125
99355	PROLONGED SERVICE, OFFICE	123
99356	PROLONGED SERVICE, INPATIENT	120
99357	PROLONGED SERVICE, INPATIENT	121
99358	PROLONGED SERV, W/O CONTACT	185
99359	PROLONGED SERV, W/O CONTACT	101
99360	PHYSICIAN STANDBY SERVICES	231
99361	PHYSICIAN/TEAM CONFERENCE	120
99362	PHYSICIAN/TEAM CONFERENCE	176
99371	PHYSICIAN PHONE CONSULTATION	24
99372	PHYSICIAN PHONE CONSULTATION	41

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
99373	PHYSICIAN PHONE CONSULTATION	103
99374	HOME HEALTH CARE SUPERVISION	131
99375	HOME HEALTH CARE SUPERVISION	533
99377	HOSPICE CARE SUPERVISION	144
99378	HOSPICE CARE SUPERVISION	199
99379	NURSING FAC CARE SUPERVISION	143
99380	NURSING FAC CARE SUPERVISION	200
99381	PREV VISIT, NEW, INFANT	143
99382	PREV VISIT, NEW, AGE 1-4	154
99383	PREV VISIT, NEW, AGE 5-11	158
99384	PREV VISIT, NEW, AGE 12-17	174
99385	PREV VISIT, NEW, AGE 18-39	201
99386	PREV VISIT, NEW, AGE 40-64	223
99387	PREV VISIT, NEW, 65 & OVER	229
99391	PREV VISIT, EST, INFANT	116
99392	PREV VISIT, EST, AGE 1-4	126
99393	PREV VISIT, EST, AGE 5-11	131
99394	PREV VISIT, EST, AGE 12-17	144
99395	PREV VISIT, EST, AGE 18-39	166
99396	PREV VISIT, EST, AGE 40-64	183
99397	PREV VISIT, EST, 65 & OVER	194
99401	PREVENTIVE COUNSELING, INDIV	58
99402	PREVENTIVE COUNSELING, INDIV	98
99403	PREVENTIVE COUNSELING, INDIV	124
99404	PREVENTIVE COUNSELING, INDIV	170
99411	PREVENTIVE COUNSELING, GROUP	55
99412	PREVENTIVE COUNSELING, GROUP	49
99420	HEALTH RISK ASSESSMENT TEST	215
99431	INITIAL CARE, NORMAL NEWBORN	80
99432	NEWBORN CARE, NOT IN HOSP	86
99433	NORMAL NEWBORN CARE/HOSPITAL	42
99435	NEWBORN DISCHARGE DAY HOSP	103
99436	ATTENDANCE, BIRTH	101
99440	NEWBORN RESUSCITATION	200

Undesignated Procedure Codes

1	LEVEL 1	5
2	LEVEL 2	15
3	LEVEL 3	25

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
4	LEVEL 4	35
5	LEVEL 5	40
6	LEVEL 6	60
7	LEVEL 7	75
8	LEVEL 8	100
9	LEVEL 9	125
10	LEVEL 10	150
11	LEVEL 11	175
12	LEVEL 12	200
13	LEVEL 13	225
14	LEVEL 14	250
15	LEVEL 15	275
16	LEVEL 16	300
17	LEVEL 17	350
18	LEVEL 18	400
19	LEVEL 19	450
20	LEVEL 20	500
21	LEVEL 21	550
22	LEVEL 22	600
23	LEVEL 23	650
24	LEVEL 24	700
25	LEVEL 25	800
26	LEVEL 26	900
27	LEVEL 27	1,000
28	LEVEL 28	1,100
29	LEVEL 29	1,200
30	LEVEL 30	1,300
31	LEVEL 31	1,400
32	LEVEL 32	1,500
33	LEVEL 33	1,700
34	LEVEL 34	1,900
35	LEVEL 35	2,100
36	LEVEL 36	2,300
37	LEVEL 37	2,500
38	LEVEL 38	2,700
39	LEVEL 39	2,900
40	LEVEL 40	3,400
41	LEVEL 41	3,900
42	LEVEL 42	4,400

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ITEMIZED CHARGES

FISCAL YEAR 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
43	LEVEL 43	4,900
44	LEVEL 44	5,400

ATTACHMENT II

FISCAL YEAR 2004-05
PROPOSED RATE CHANGES

EFFECTIVE NOVEMBER 1, 2004

HOSPITAL INPATIENT SERVICES

ATTACHMENT II-A

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED
ELIMINATE PREVIOUSLY APPROVED CHARGES FOR OBSERVATION INPATIENT SERVICES
Fiscal Year 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

OBSERVATION INPATIENT RATE	PROCEDURE CODES	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
FACILITY			
LAC+USC MEDICAL CENTER	2143	$2,323	$2,164
HARBOR/UCLA MEDICAL CENTER	2243	2,929	2,915
MLK, JR/DREW MEDICAL CENTER	3243	3,939	3,898
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER	2443	2,579	2,516
OLIVE VIEW/UCLA MEDICAL CENTER	2543	2,555	1,623

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

SAN FERNANDO VALLEY AREA

PROPOSED INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES CHARGES

Fiscal Year 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

FACILITY: OLIVE VIEW/UCLA MEDICAL CENTER	PROCEDURE CODES	HOSPITAL & RELATED STAFF SERVICES	HOSPITAL SERVICES
INPATIENT SERVICES			
OB Special Care Nursery-Mother Discharged	2547	$5,055	$4,900
OB Special Care Nursery-Mother & Baby In-house	2584	5,055	4,900

ATTACHMENT II-C

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

PROPOSED ANTELOPE VALLEY AREA
INCLUSIVE HOSPITAL AND RELATED STAFF SERVICES CHARGES

Fiscal Year 2004-05

(EFFECTIVE NOVEMBER 1, 2004)

FACILITY: ANTELOPE VALLEY REHAB. CENTER	CONVALESCENT REHAB. & RELATED STAFF SERVICES	CONVALESCENT REHAB. SERVICES
INPATIENT SERVICES		
Residential Drug/Alcohol Treatment	$73	$73

ATTACHMENT III

FISCAL YEAR 2004-05
PROPOSED RATE CHANGES

EFFECTIVE NOVEMBER 1, 2004

FAMILY PLANNING ACCESS CARE TREATMENT (PACT) SERVICES & BREAST CANCER EARLY DETECTION PROGRAM (BCEDP)

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
X1500	DIAPHRAGM	*
X1500	FOAM	*
X1500	JELLY OR CREAM	*
X1500	FERTILITY AWARENESS SUPPLIES	*
X1500	SUPPOSITORIES	*
X1500	CERVICAL CAP	*
X1500	VAGINAL FILM (VCF)	*
X1500	CONDOMS	*
X1512	INTRA-UTERINE DEVICE	*
X1514	PROGESTERONE IUD	*
X1520	CONTRACEPTIVE IMPLANT	*
X1522	PARAGARD IUD	*
X1532	MIRENA INTRAUTERINE SYSTEM (IUS)	*
X5770	PENICILLIN G BENZATHINE (INJECTION 600,000 U/CC)	*
X5772	PENICILLIN G BENZATHINE (INJECTION 300,000 U/CC)	*
X5854	CEFOXITIN SODIUM (INJECTION 2 GM)	*
X5856	CEFOXITIN SODIUM (INJECTION 1 GM)	*
X5864	CEFTRINAXONE SODIUM (INJECTION 250 MG)	*
X6051	DEPO. INJECTION	*
X7088	HEPATITIS B VACCINE (10 MCG/0.5 ML)	*
X7090	HEPATITIS B VACCINE (20 MCG/1.0 ML) Deleted DOS 9/22/03	*
X7092	HEPATITIS B VACCINE (2.5 MCG/0.5ML)	*
X7094	HEPATITIS B VACCINE (5 MCG/0.5 ML) Deleted DOS 9/22/03	*
X7096	HEPATITIIS B VACCINE (10 MCG/1.0 ML) Deleted DOS 9/22/03	*
X7098	HEPATITIS B VACCINE (15 MCG/3.0 ML)	*
X7100	HEPATITIS B VACCINE (30 MCG/3.0 ML) Deleted DOS 9/22/03	*
X7102	HEPATITIS B VACCINE (40 MCG/1.0 ML)	*
X7460	PENICILLIN G BENZATHINE (1,200,000 U/CC)	*
X7462	PENICILLIN G BENZATHINE (2,400,000 U/CC)	*
X7490	LUNELLE INJECTION	*
X7706	ORAL CONTRACEPTIVES	*
X7716	AZITHROMYCIN	*
X7722	PLAN B	*
X7728	ETHINYL ESTRADIOL/NORGELGEST (PATCH)	*
X7730	ETONGESTREL/ETHINYL ESTRADIOL (RING)	*
X7913	ADMINISTRATION HEPATITIS B VACCINE	$11
X7914	ADMINISTRATION HEPATITIS B VACCINE	11
Z5218	COLLECTION & HANDLING OF BLOOD SPECIMEN	5
Z5220	COLLECTION & HANDLING OF BLOOD SPECIMEN	5
Z7500	USE OF HOSPITAL EXAMINING OR TREATMENT ROOM	30
Z7506	USE OF OPERATING ROOM, FIRST HOUR	128
Z7508	USE OF OPERATING ROOM, FIRST SUBSEQUENT HALF-HOUR	51
Z7510	USE OF OPERATING ROOM, SECOND SUBSEQUENT HALF-HOUR	51
Z7512	USE OF RECOVERY ROOM	23
Z7610	OTHER DRUGS	*
Z9750	GROUP EDUCATION/COUNSELING	5
Z9751	INITIAL METHODS EDUCATE/COUNSELING	16

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
Z9752	EDUCATION/COUNSELING (15 MIN)	24
Z9753	EDUCATION/COUNSELING (30 MIN)	40
Z9754	EDUCATION/COUNSELING (45 MIN)	56
Z9760	TEEN SMART COUNSELING-BRIEF	19
Z9761	TEEN SMART COUNSELING-EXT.	32
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES LOWER ABDOMEN	95
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES LOWER ABDOMEN	95
00869	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES LOWER ABDOMEN	47
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA	47
00940	ANESTHESIA FOR VAGINAL PROCEDURES	47
00952	ANESTHESIA FOR VAGINAL PROCEDURES; HYSTEROSCOPY	63
10060 ZK	INCISION AND DRAINAGE OF ABSCESS - SIMPLE OR SINGLE	138
10060 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	46
10060 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	24
10060 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	37
10061 ZK	INCISION AND DRAINAGE - COMPLICATED OR MULTIPLE	222
10061 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	63
10061 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	58
10061 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	24
10061 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
10140 ZK	INCISION AND DRAINAGE OF HEMATOMA - PRIMARY SURGERY	159
10140 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
10140 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	50
10180 ZK	COMPLEX DRAINAGE, WOUND	235
10180 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
10180 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	50
11975 ZK	NORPLANT INSERTION - PRIMARY SURGERY	336
11975 AN	NORPLANT INSERTION - PHYSICIAN ASSISTANT SERVICE	336
11975 YQ	NORPLANT INSERTION - CERTIFIED NURSE MIDWIFE	336
11975 YS	NORPLANT INSERTION - NURSE PRACTITIONER SERVICE	336
11975 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	5
11975 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	4
11976 ZK	NORPLANT REMOVAL - PRIMARY SURGERY	179
11976 AN	NORPLANT REMOVAL - PHYSICIAN ASSISTANT SERVICE	179
11976 YQ	NORPLANT REMOVAL - CERTIFIED NURSE MIDWIFE	179
11976 YS	NORPLANT REMOVAL - NURSE PRACTITIONER SERVICE	179
11976 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	16
11976 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	55
11977 ZK	NORPLANT REMOVAL/INSERTION - PRIMARY SURGERY	445
11977 AN	NORPLANT REMOVAL/INSERTION - PHYSICIAN ASSISTANT SERVICE	414
11977 YQ	NORPLANT REMOVAL/INSERTION - CERTIFIED NURSE MIDWIFE	414
11977 YS	NORPLANT REMOVAL/INSERTION - NURSE PRACTITIONER SERVICE	414
11977 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
11977 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
36000 ZK	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	33
36000 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
36000 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
36425 ZK	VENIPUNCTURE, CUTDOWN	75
36425 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
36425 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
49000 ZK	EXPLORATORY LAPAROTOMY	936
49000 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	106
49000 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49000 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	72
49020 ZK	DRAINAGE OF PERITONEAL ABSCESS	1,764
49020 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	159
49020 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	116
49020 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49020 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	74
49080 ZK	PERITONEOCENTESIS	299
49080 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	19
49080 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	43
49085 ZK	REMOVAL OF PERITONEAL FOREIGN BODY	972
49085 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	38
49085 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	75
49320 ZK	LAPAROSCOPY	427
49320 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	44
49320 ZN	MEDICAL SUPPLIES/DRUGS-GENERAL ANESTHESIA	80
49320 ZE	ANESTHESIOLOGIST-NURSE ANESTHETIST SERVICE	134
49320 P1	ANESTHESIOLOGIST-ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	169
54050 ZK	DESTRUCTION OF LESIONS, PENIS - PRIMARY SURGERY	121
54050 AN	DESTRUCTION OF LESIONS, PENIS - PHYSICIAN ASSISTANT SERVICE	76
54050 YQ	DESTRUCTION OF LESIONS, PENIS - NURSE MIDWIFE SERVICE	76
54050 YS	DESTRUCTION OF LESIONS, PENIS - NURSE PRACTITIONER SERVICE	76
54050 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
54050 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	77
54056 ZK	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - PRIMARY SURGERY	136
54056 AN	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY -PHYSICIAN ASSISTANT	87
54056 YQ	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - NURSE MIDWIFE	87
54056 YS	DESTRUCTION OF LESIONS, PENIS, CRYOSURGERY - NURSE PRACTITIONER	87
54056 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
54056 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	23
54100 ZK	BIOPSY PENIS, CUTANEOUS - PRIMARY SURGERY	143
54100 AN	BIOPSY PENIS, CUTANEOUS - PHYSICIAN ASSISTANT SERVICE	116
54100 YQ	BIOPSY PENIS, CUTANEOUS - NURSE MIDWIFE SERVICE	116
54100 YS	BIOPSY PENIS, CUTANEOUS - NURSE PRACTITIONER SERVICE	116
54100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	28
54100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	38
54520 ZK	ORCHIECTOMY SIMPLE	457
54520 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	127
54520 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	37
54520 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	70
54670 ZK	SUTURE/REPAIR OF TESTICULAR INJURY	546
54670 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
54670 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
54700 ZK	INCISION AND DRAINAGE OF EPIDIDYMIS	544
54700 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	25
54700 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	64
54820 ZK	EXPL. OF EPIDIDYMIS WITH OR WITHOUT BIOPSY	446
54820 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
54820 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55100 ZK	DRAINAGE OF SCROTAL WALL ABSCESS	244
55100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55110 ZK	SCROTAL EXPLORATION	479
55110 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	32
55110 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	59
55250 ZK	VASECTOMY	572
55250 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55250 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
55520 ZK	EXC. OF LESION OF SPERMATIC CORD	509
55520 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
55520 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
56501 ZK	DESTRUCTION OF LESION (S), VULVA PRIMARY SURGERY	198
56501 51	DESTRUCTION OF LESION (S), VULVA - MULTIPLE PROCEDURES	40
56501 AN	DESTRUCTION OF LESION (S), VULVA PHYSICAN ASSISTANT SERVICES	198
56501 YQ	DESTRUCTION OF LESION (S), VULVA NURSE MIDWIFE SERVICES	198
56501 YS	DESTRUCTION OF LESION (S), VULVA NURSE PRACTITIONER SERVICES	198
56501 ZM	DESTRUCTION OF LESION (S), VULVA - S/D NON-GENERAL ANESTHESIA	13
56501 ZN	DESTRUCTION OF LESION (S), VULVA - S/D GENERAL ANESTHESIA	39
57061 ZK	DESTRUCTION OF VAGINAL LESION (S) - PRIMARY SURGERY	180
57061 AN	DESTRUCTION OF VAGINAL LESION (S) - PHYSICIAN ASST. SERVICES	180
57061 YQ	DESTRUCTION OF VAGINAL LESION (S) - NURSE MIDWIFE SERVICES	180
57061 YS	DESTRUCTION OF VAGINAL LESION (S) - NURSE PRACTITIONER SERVICES	180
57061 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
57061 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	44
57061 ZS	DESTRUCTION OF VAGINAL LESION (S) - PROF & TECH COMPONENT	2,143
57170 ZK	DIAPHRAGM/CERVICAL CAP, FITTING	120
57170 AN	DIAPHRAGM/CERVICAL CAP, FITTING - PHYSICIAN ASSISTANT SERVICE	120
57170 YQ	DIAPHRAGM/CERVICAL CAP, FITTING - NURSE MIDWIFE SERVICE	120
57170 YS	DIAPHRAGM/CERVICAL CAP, FITTING - NURSE PRACTITIONER SERVICE	120
57170 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	40
57170 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57452 ZK	COLPOSCOPY WITHOUT BIOPSY - PRIMARY SURGERY	166
57452 51	COLPOSCOPY WITHOUT BIOPSY - MULTIPLE PROCEDURES	19
57452 AN	COLPOSCOPY WITHOUT BIOPSY - PHYSICIAN ASSISTANT SERVICES	166
57452 YQ	COLPOSCOPY WITHOUT BIOPSY - NURSE MIDWIFE SERVICES	166
57452 YS	COLPOSCOPY WITHOUT BIOPSY - NURSE PRACTITIONER SERVICES	166
57452 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
57452 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	13
57454 ZK	COLPOSCOPY WITH BIOPSY	226

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
57454 AN	COLPOSCOPY WITH BIOPSY - PHYSICIAN ASSISTANT SERVICES	226
57454 YQ	COLPOSCOPY WITH BIOPSY - NURSE MIDWIFE SERVICES	226
57454 YS	COLPOSCOPY WITH BIOPSY - NURSE PRACTITIONER SERVICES	226
57454 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	25
57454 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	58
57455 ZK	COLPOSCOPY INC. UPPER/ADJACENT VAGINA Added DOS 03/01/04	157
57455 AN	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - PHYS. ASST. SERVICES	157
57455 YQ	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - NURSE MIDWIFE SERVICES	157
57455 YS	COLPOSCOPY INC. UPPER/ADJACENT VAGINA - NURSE PRACTITIONER SERVICES	157
57455 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	40
57455 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57456 ZK	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE Added DOS 03/01/04	149
57456 AN	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - PHYS. ASST. SERVICES	149
57456 YQ	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - NURSE MIDWIFE SERVICES	149
57456 YS	COLPOSCOPY INC. UPPER/ADJACENT VAGINA W/ENDOCERVICAL CURETTAGE - NURSE PRACTITIONER SERVICI	149
57456 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	40
57456 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	50
57460 ZK	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) PRIMARY SURGERY	412
57460 AN	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) PHYSICIAN ASST. SERVICES	412
57460 YQ	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) NURSE MIDWIFE SERVICES	412
57460 YS	LOOP ELECTRODE EXCISION PROCEDURE (LEEP) NURSE PRACTITIONER SERVICES	412
57460 ZM	MEDICAL SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	31
57460 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	41
57500 ZK	BIOPSY, SINGLE OR MULTIPLE - PRIMARY SURGERY	157
57500 51	BIOPSY, SINGLE OR MULTIPLE - MULTIPLE PROCEDURES	13
57500 99	BIOPSY, SINGLE OR MULTIPLE - MULTIPLE MODIFIERS	7
57500 AN	BIOPSY, SINGLE OR MULTIPLE - PHYSICIAN ASSISTANT SERVICES	157
57500 YQ	BIOPSY, SINGLE OR MULTIPLE - NURSE MIDWIFE SERVICES	157
57500 YS	BIOPSY, SINGLE OR MULTIPLE - NURSE PRACTITIONER SERVICES	157
57500 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	31
57500 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	49
57510 ZK	CAUTERIZATION OF CERVIX - PRIMARY SURGERY	258
57510 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	8
57510 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	33
57511 ZK	CRYOTHERAPY - PRIMARY SURGERY	224
57511 AN	CRYOTHERAPY - PHYSICIAN ASSISTANT SERVICES	224
57511 YQ	CRYOTHERAPY - NURSE MIDWIFE SERVICES	224
57511 YS	CRYOTHERAPY - NURSE PRACTITIONERS SERVICES	224
57511 ZM	MEDICAL SUPPLIES/DRUGS -NON-GENERAL ANESTHESIA	8
57511 ZN	MEDICAL SUPPLIES/DRUGS GENERAL ANESTHESIA	33
57513 ZK	CAUTERIZATION OF CERVIX, LASER ABLATION	275
57513 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	19
57513 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	16
57720 ZK	TRACHELORRHAPHY	392
57720 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	46
57720 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	56
58100 ZK	ENDOMETRIAL SAMPLING	153

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
58100 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	100
58100 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	30
58100 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	71
58120 ZK	DILATATION AND CURETTAGE - PRIMARY SURGERY	302
58120 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	108
58120 ZE	ANESTHESIOLOGIST - NURSE ANESTHETIST SERVICE	59
58120 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	32
58120 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	48
58150 ZK	TOTAL ABDOMINAL HYSTERECTOMY	1,234
58150 P1	ANESTHESIOLOGIST - ANESTHESIA SERVICES (NORMAL, UNCOMPLICATED)	148
58150 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	75
58150 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	85
58300 ZK	INTRAUTERINE DEVICE (IUD) INSERTION	261
58300 AN	INTRAUTERINE DEVICE (IUD) INSERTION - PHYSICIAN ASSISTANT SERVICES	261
58300 YQ	INTRAUTERINE DEVICE (IUD) INSERTION - CERTIFIED NURSE MIDWIFE	261
58300 YS	INTRAUTERINE DEVICE (IUD) INSERTION - NURSE PRACTITIONER	261
58300 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	6
58300 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	32
58301 ZK	INTRAUTERINE DEVICE (IUD) REMOVAL	148
58301 AN	INTRAUTERINE DEVICE (IUD) REMOVAL - PHYSICIAN ASSISTANT SERVICES	148
58301 YQ	INTRAUTERINE DEVICE (IUD) REMOVAL - CERTIFIED NURSE MIDWIFE SERVICES	148
58301 YS	INTRAUTERINE DEVICE (IUD) REMOVAL - NURSE PRACTITIONER SERVICES	148
58301 ZM	MEDICAL SUPPLIES/DRUGS - S/D NON-GENERAL ANESTHESIA	7
58301 ZN	MEDICAL SUPPLIES/DRUGS -S/D GENERAL ANESTHESIA	23
58555 ZK	HYSTEROSCOPY - PRIMARY SURGERY	287
58555 ZN	MEDICAL SUPPLIES/DRUGS - GENERAL ANESTHESIA	37
58555 ZM	MEDICAL SUPPLIES/DRUGS - NON-GENERAL ANESTHESIA	13
58555 ZE	HYSTEROSCOPY - NURSE ANESTHETIST SERVICE	106
58562 ZK	HYSTEROSCOPY , SURGICAL	402
58562 ZM	MEDICAL SUPPLIES/DRUGS-NON-GENERAL ANESTHESIA	32
58562 ZN	MEDICAL SUPPLIES/DRUGS-GENERAL ANESTHESIA	67
58600 ZK	MINI-LAP WITH DIVISION OF FALLOPIAN TUBE(S)	836
58600 ZM	MINI-LAP WITH DIVISION OF FALLOPIAN TUBE(S) - S/D NON-GEN ANESTHESIA	24
58600 ZN	MINI-LAP WITH DIVISION OF FALLOPIAN TUBE(S) - S/D GENERAL ANESTHESIA	56
58615 ZK	MINI-LAP, OCCLUSION	697
58615 ZM	MINI-LAP, OCCLUSION - SUPPLIES/DRUGS NON-GENERAL ANESTHESIA	52
58615 ZN	MINI-LAP, OCCLUSION - SUPPLIES/DRUGS GENERAL ANESTHESIA	111
58670 ZK	LAPAROSCOPY SURGICAL, FULGURATION	527
58670 ZM	LAPAROSCOPY SURGICAL, FULGURATION - S/D NON-GENERAL ANESTHESIA	7
58670 ZN	LAPAROSCOPY SURGICAL, FULGURATION - S/D GENERAL ANESTHESIA	23
58671 ZK	LAPAROSCOPY WITH RING OR CLIP	557
58671 ZM	LAPAROSCOPY WITH RING OR CLIP - S/D NON-GENERAL ANESTHESIA	48
58671 ZN	LAPAROSCOPY WITH RING OR CLIP - S/D GENERAL ANESTHESIA	89
62270 ZK	LUMBAR PUNCTURE	102
62270 ZM	LUMBAR PUNCTURE - SUPPLIES/DRUGS NON GENERAL ANESTHESIA	24
71020 26	X-RAY EXAM OF CHEST	32
74000 26	X-RAY EXAM OF ABDOMEN	22

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
75741 26	ARTERY X-RAYS, LUNG - PROFESSIONAL COMPONENT	327
75741 TC	ARTERY X-RAYS, LUNG - TECHNICAL COMPONENT	63
75820 26	VEIN X-RAY, ARM/LEG - PROFESSIONAL COMPONENT	76
75820 TC	VEIN X-RAY, ARM/LEG - TECHNICAL COMPONENT	52
75822 26	VEIN X-RAY, ARMS/LEGS	117
75822 TC	VEIN X-RAY, ARMS/LEGS	78
76090 26	X-RAY EXAM OF BREAST	101
76092 26	SCREENING MAMMOGRAPHY	114
76856 26	ECHOGRAPHY PELVIC	130
76856 26	ECHOGRAPHY PELVIC - PROFESSIONAL COMPONENT	28
76856 TC	ECHOGRAPHY PELVIC - TECHNICAL COMPONENT	46
76856 ZS	ECHOGRAPHY PELVIC - PROF & TECH COMPONENT	74
76880 26	ECHOGRAPHY EXTREMITY	117
76880 26	ECHOGRAPHY EXTREMITY - PROFESSIONAL COMPONENT	28
76880 TC	ECHOGRAPHY EXTREMITY - TECHNICAL COMPONENT	41
76880 ZS	ECHOGRAPHY EXTREMITY - PROF & TECH COMPONENT	65
78455 TC	NUCLEAR SCAN OF VEIN CLOT	162
78457 26	NUCLEAR SCAN VEIN THROMBOSIS	87
78457 TC	NUCLEAR SCAN VEIN THROMBOSIS	52
78458 26	NUCLEAR SCAN VEIN THROMBOSIS	118
78458 TC	NUCLEAR SCAN VEIN THROMBOSIS	63
78596 26	PULMONARY QUANTATIVE DIFFERENTIAL - PROF	200
78596 TC	PULMONARY QUANTATIVE DIFFERENTIAL - TECH	115
80058 26	HEPATIC FUNCTION PANEL	13
80061 ZS	LIPID PROFILE	17
80076 26	HEPATIC FUNCTION PANEL	13
81000 26	URINALYSIS, REAGENT STRIPS, W/MICROSCOPY	5
81001 26	URINALYSIS (AUTOMATED W/MICROSCOPY)	5
81002 26	URINALYSIS (NON-AUTOMATED W/O MICROSCOPY)	4
81003 26	URINALYSIS (AUTOMATED W/O MICROSCOPY)	4
81005 26	URINALYSIS; CHEMICAL, QUALITATIVE	4
81015 26	MICROSCOPIC EXAM OF URINE	5
81025 26	URINE PREGNANCY TEST	6
82465 26	ASSAY SERUM CHOLESTEROL	5
82803 26	BLOOD GASES: PH, PO2 & PCO2	33
82805 26	GASES, BLOOD, ANY COMB PH,PCO2,PO2,CO2,HC0	48
82810 26	GASES,BLOOD,02 SATURATION ONLY, BY DIRECT	14
82947 26	ASSAY BODY FLUID, GLUCOSE	6
82951 26	GLUCOSE TOLERANCE TEST (GTT)	19
83001 26	PITUITARY GONADOTROPIN RIA	31
83002 26	PITUITARY GONADOTROPINS RIA	31
83986 26	ASSAY BODY FLUID ACIDITY Deleted DOS 12/01/03	5
84144 26	ASSAY PROGESTERONE	35
84146 26	RIA ASSAY FOR PROLACTIN	33
84155 26	ASSAY SERUM PROTEIN	6
84443 26	ASSAY THYROID STIM HORMONE	28
85002 26	BLEEDING TIME TEST	7

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
85004 26	DIFF WBC COUNT Added DOS 9/22/03	9
85007 26	DIFFERENTIAL WBC COUNT	5
85008 26	NONDIFFERENTIAL WBC COUNT	5
85013 26	SPUN, MICROHEMATOCRIT	3
85014 26	HEMATOCRIT	3
85018 26	HEMOGLOBIN, COLORIMETRIC	3
85021 26	AUTOMATED HEMOGRAM Deleted DOS 9/22/03	7
85022 26	AUTOMATED HEMOGRAM Deleted DOS 9/22/03	9
85023 26	AUTOMATED HEMOGRAM Deleted DOS 9/22/03	12
85024 26	AUTOMATED HEMOGRAM Deleted DOS 9/22/03	13
85025 26	AUTOMATED HEMOGRAM	13
85027 26	AUTOMATED HEMOGRAM	10
85031 26	MANUAL HEMOGRAM, COMPLETE CBC Deleted DOS 9/22/03	9
85032 26	HEMOGRAM Added DOS 9/22/03	10
85049 26	AUTOMATED PLATELET COUNT Added DOS 9/22/03	6
85610 26	PROTHROMBIN TIME	6
85651 26	RBC SEDIMENTATION RATE	5
85652 26	SEDIMENTATION RATE AUTOMATED	5
85730 26	THROMBOPLASTIN TIME, PARTIAL	10
86255 26	FLUORESCENT ANTIBODY; SCREEN	15
86287 26	HEPATITIS HAA, RIA, OR EIA	17
86289 26	HEPATITIS BC ANTIBODY TEST	20
86291 26	HEPATITIS BS ANTIBODY TEST	18
86592 26	BLOOD SEROLOGY, QUALITATIVE - PROF COMPONENT	6
86592 TC	BLOOD SEROLOGY, QUALITATIVE - TECHNICAL COMPONENT	6
86593 26	SYPHILIS QUALITATIVE TEST (VDRL, RPR)	8
86631 26	ANTIBODY, CHLAMYDIA	20
86632 26	ANTIBODY, CHLAMYDIA 1GM	21
86689 26	HTLVI CONFIRM TEST	33
86694 26	ANTIBODY, HERPES SIMPLEX	19
86695 26	ANTIBODY, HERPES SIMPLEX	22
86701 26	ANTIBODY, HIV - 1	15
86702 TC	ANTIBODY, HIV - 2	16
86703 26	HIV-1/HIV-2, SINGLE ASSAY	16
86704 26	HEPATITIS B CORE ANIBODY (HBcAb) Deleted DOS 2/15/03	20
86706 26	HEPATITIS B SURFACE ANTIBODY (HBsAb)	18
86781 26	CONFIRM TREPONEMA PALLIDUM	22
87081 26	BACTERIA CULTURE SCREEN	10
87086 26	URINE CULTURE, COLONY COUNT	10
87110 26	CULTURE, CHLAMYDIA	24
87164 26	DARK FIELD EXAMINATION	18
87166 26	DARK FIELD EXAMINATION	19
87178 26	CHLAMYDIA TRACHOMATIS PCR	28
87179 26	MICROBE IDENTIFICATION WITH AMPLIFICATION	28
87181 26	ANTIBIOTIC SENSITIVITY, EACH	2
87184 26	ANTIBIOTIC SENSITIVITY, EACH	11
87186 26	ANTIBIOTIC SENSITIVITY, MIC	14

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
87205 26	SMEAR, STAIN & INTERPRET	7
87206 26	SMEAR, STAIN & INTERPRET	8
87207 26	HERPES SIMPLEX VIRUS (HSV) SMEAR	10
87210 26	WET MOUNT	7
87252 26	HERPES SIMPLEX VIRUS (HSV) CULTURE	29
87270 26	CHLAMYDIA DFA	14
87274 26	HERPES DFA	14
87285 26	TREPONEMA DFA	14
87320 26	CHLAMYDIA EIA Deleted DOS 2/15/03	14
87340 26	HEPATITIS B SURFACE ANTIGEN (HBsAg) Deleted DOS 2/15/03	17
87490 26	DNA PROBE FOR CHLAMYDIA	34
87491 26	DNA WITH AMPLIFICATION, CHLAMYDIA	56
87590 26	DNA PROBE FOR GC	34
87591 26	DNA WITH AMPLIFICATION, GC	56
87620 26	PAPILLOMAVIRUS, HUMAN, DIRECT PROBE TECHNIQUE Deleted DOS 5/1/04	36
87621 26	PAPILLOMAVIRUS, HUMAN, AMPLIFIED PROBE TECHNIQUE	63
87622 26	PAPILLOMAVIRUS, HUMAN, QUANTIFICATION Deleted DOS 5/1/04	75
87800 26	DNA/RNA DIRECT PROBE FOR MULTIPLE INFECTIOUS ORGANISMS	72
88141 26	PAP SMEAR(S)	13
88142 26	PAP SMEAR(S)	37
88150 26	CYTOPATHOLOGY, PAP SMEAR	18
88151 26	PAP SMEAR (S)	9
88174 26	CYTOPATH Added DOS 9/22/03	30
88175 26	CYTOPATH Added DOS 9/22/03	37
88302 26	SURGICAL PATHOLOGY FOR VAS DEFERENCE	43
88304 26	SURGICAL PATHOLOGY, LEVEL III	48
88305 26	SURGICAL PATHOLOGY, LEVEL IV	130
88307 26	LEVEL V-SURGICAL PATHOLOGY,GROSS/MICROSCOPIC EXAMINATION	95
89050 26	CELL COUNT MISCELLANEOUS BODY FLUIDS	7
89051 26	CELL COUNT WITH DIFFERENTIAL COUNT	10
89300 ZS	SEMEN ANALYSIS	10
89320 26	COMPLETE SEMEN ANALYSIS	22
89330 26	SIMS-HUHNER TEST	20
90743 26	HEPATITIS B VACCINE ADOLESCENT ADDED DOS 9/22/03	35
90744 26	HEPATITIS B VACCINE PEDIATRIC ADDED DOS 9/22/03	35
90746 26	HEPATITIS B VACCINE ADULT ADDED DOS 9/22/03	85
90780 ZS	IV INFUSION THERAPY, 1 HOUR	33
90781 ZS	INTRAVENOUS (IV) INFUSION FOR UP TO 8-HOURS	61
93000 ZS	ELECTROCARDIOGRAM (ECG)	31
93307 26	ECHOCARDIOGRAPHY	188
93965 26	PLETHYSMOGRAPHY, COMPLETE BILATERAL	69
93965 TC	PLETHYSMOGRAPHY, COMPLETE BILATERAL - TECHNICAL COMPONENT	28
93970 26	DUPLEX SCAN OF EXTREMITY VEINS, COMPLETE BILATERAL	210
93971 26	DUPLEX SCAN OF EXTREMITY VEINS, UNILATERAL OR LIMITED STUDY	106
99141	SEDATION W OR W/O ANALGESIA; INTRAVENOUS, INTRAMUS OR INHALATION	179
99201	NEW PATIENT - BRIEF	48
99202	NEW PATIENT - LIMITED	85

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED FAMILY P.A.C.T. CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

PROCEDURE CODE	DESCRIPTION	RATE
99203	NEW PATIENT - INTERMEDIATE	126
99204	NEW PATIENT - EXTENDED	180
99211	ESTABLISHED PATIENT - BRIEF	29
99212	ESTABLISHED PATIENT - LIMITED	50
99213	ESTABLISHED PATIENT - INTERMEDIATE	70
99214	ESTABLISHED PATIENT - EXTENDED	109
99221	INITIAL HOSPITAL CARE, PER DAY (LEVEL 1)	90
99222	INITIAL HOSPITAL CARE, PER DAY (LEVEL 2)	149
99223	INITIAL HOSPITAL CARE, PER DAY (LEVEL 3)	208
99231	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 1)	45
99232	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 2)	74
99233	SUBSEQUENT HOSPITAL CARE, PER DAY (LEVEL 3)	105
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, THIRTY MIN. OR LESS	94
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MIN.	128
99241	OFFICE CONSULTATION (LEVEL 1)	65
99242	OFFICE CONSULTATION (LEVEL 2)	120
99243	OFFICE CONSULTATION (LEVEL 3)	159
99244	OFFICE CONSULTATION (LEVEL 4)	225
99245	OFFICE CONSULTATION (LEVEL 5)	292
99251	INITIAL INPATIENT CONSULTATION (LEVEL 1)	48
99252	INITIAL INPATIENT CONSULTATION (LEVEL 2)	96
99253	INITIAL INPATIENT CONSULTATION (LEVEL 3)	131
99254	INITIAL INPATIENT CONSULTATION (LEVEL 4)	189
99255	INITIAL INPATIENT CONSULTATION (LEVEL 5)	259

* To comply with the program policy, drugs and supplies dispensed by the Family PACT program provider must be billed " cost". Acquisition costs change periodically. As a result, charges for pharmaceuticals and supplies will be adjusted to assure that they equal the acquisition costs.

ATTACHMENT III-B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED BREAST CANCER EARLY DETECTION PROGRAM (BCEDP) CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

CPT4 CODE	DESCRIPTION	RATE
X7700	ADMINISTERED INTRAVENOUS SOLUTION, INITIAL, UP TO 1000 ML, INCLUDING RELATED SUPPLIES	$16
X7702	ADMINISTERED INTRAVENOUS SOLUTION, EACH ADDITIONAL, UP TO 1000 ML, INCLUDING RELATED SUPPLIES	9
X7704	ADMINISTERED IRRIGATION SOLUTIONS, EACH 1000 ML, INCLUDING RELATED SUPPLIES	8
Z7500	EXAMINING OR TREATMENT ROOM USE	30
Z7506	OPERATING ROOM OR CYSTOSCOPIC ROOM USE, FIRST HOUR	128
Z7508	OPERATING ROOM OR CYSTOSCOPIC ROOM, FIRST SUBSEQUENT HALF HOUR	51
Z7510	OPERATING ROOM OR CYSTOSCOPIC ROOM, SECOND SUBSEQUENT HALF HOUR	51
Z7512	RECOVERY ROOM USE	23
Z7514	ROOM AND BOARD, GENERAL NURSING CARE FOR STAYS OF < 24 HRS., INCLUDING ORDINARY MEDICATION	51
Z7610	MISCELLANEOUS DRUGS AND MEDICAL SUPPLIES	87
Z9617	ELIGIBILITY DETERMINATION AND CASE MANAGEMENT	38
Z9618	REPORTING & ASSURANCE OF FOLLOW-UP BY PROVIDER OTHER THAN PROVIDER WHO CERTIFIES RECIPIENT'S BCEDP ELIG.	25
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK & PERINEUM	47
19000	PUNCTURE ASPIRATION OF CYST OF BREAST	107
19001	PUNCTURE ASPIRATION OF EACH ADDITIONAL CYST OF BREAST	65
19100	BIOPSY OF BREAST; NEEDLE CORE (SEPARATE PROCEDURE)	141
19101	BIOPSY OF BREAST; INCISIONAL (VACUUM-ASSISTED NEEDLE BIOPSY FOR BCEDP PURPOSES)	426
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	279
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE	564
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	552
19125	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OP. PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	586
19126	EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A RADIOLOGICAL MARKER	214
19290	PREOPERATIVE PLACEMENT OF LOCALIZATION WIRE, BREAST	216
19291	EACH ADDITIONAL LESION (FOR RADIOLOGICAL SUPERVISION AND INTERPRETATION, SEE 76096)	120
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST BIOPSY	239
76090	MAMMOGRAPHY; UNILATERAL	108
76091	MAMMOGRAPHY; BILATERAL (TWO-VIEW FILM STUDY OF EACH BREAST)	133
76092	SCREENING MAMMOGRAPHY; BILATERAL	117
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION & INTERPRETATION	510
76096	PREOP. PLACEMENT OF NEEDLE LOCALIZATION WRE, BREAST, RADIOLOGICAL SUPERVISION & INTERPRETATION	112
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	35
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	97
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	204
88170	FINE NEEDLE ASPIRATION (FNA) W/ OR W/OUT PREPARATION OF SMEARS; SUPERFICIAL TISSUE (E.G., THYROID, BREAST, ETC.)	61
88173	INTERPRET. & REPORT. FOR EVALUATION OF FNA W/ OR W/OUT PREP. OF SMEARS	166
88305	LEVEL IV SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	132
99070	SUPPLIES & MATERIAL (EXCEPT SPECTACLES), PROVIDED BY PHYS. OVER & ABOVE THOSE USUALLY INCLUDED W/ OFFICE VISIT	40

ATTACHMENT III-B

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PROPOSED BREAST CANCER EARLY DETECTION PROGRAM (BCEDP) CHARGES
FISCAL YEAR 2004-05
(EFFECTIVE NOVEMBER 1, 2004)

CPT4 CODE	DESCRIPTION	RATE
99202	OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF A NEW PATIENT (CLINICAL BREAST EXAM FOR BCEDP PURPOSES)	85
99212	OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	50
99213	OFFICE OR OTHER O/P VISIT FOR THE EVAL. & MGMT. OF AN ESTABLISHED PATIENT	70
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	65
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	120
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	159
99358	CASE MANAGEMENT	185

ATTACHMENT IV

NOTICE OF PUBLIC HEARING

PROPOSED RATE CHANGES

NOTICE OF PUBLIC HEARING
PROPOSED RATE CHANGES

Notice is hereby given that a public hearing will be held by the Board of Supervisors regarding the proposed charge schedules, to be effective November 1, 2004, for the Department of Health Services. Said hearing will be held on October 26, 2004 at 9:30 a.m., in the Hearing Room of the Board of Supervisors, Room 381B, Kenneth Hahn Hall of Administration, 500 West Temple Street (corner of Temple Street and Grand Avenue), Los Angeles, California 90012.

The Board of Supervisors will consider and may adopt the proposed charges. Further, notice is given that the Board of Supervisors may continue this hearing from time to time.

Written comments may be sent to the Executive Office of the Board of Supervisors at the above address. If you do not understand this notice or need more information, please call the County of Los Angeles, Department of Health Services, Fiscal Programs at (213) 240-8109.

Si no entiende esta noticia o si necesita mas información, favor de llamar (213) 240-8109.

Violet Varana-Lukens
Executive Officer, Board of Supervisors

TLG:aw
09/22/04

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